

TANZANIA

HESAWA

THE CHATO CONVENTION
ON
SCHOOL HEALTH AND SANITATION
(17TH - 28TH MAY 1992)

PROCEEDINGS AND RECOMENDATIONS



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SANITATION SERVICES

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- Appendix 1 Short notes on LePSA method
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education programme
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WARSHA YA WALIMU WA WALIMU WA WAV (MIKOA NA WILAYA)
KANDA YA ZIWA - CHATO

INTRODUCTION

Warsha ya RTOTs na DTOTs kutoka mikoa mitatu ya Mwanza, Mara na Kagera hufanyika mara moja kila mwaka kujadili mafanikio , matatizo na kulinganisha utekelezaji wa mradi wa WAV na Usafi wa Mazingira katika mpango wa HESAWA.

Warsha ya Chato iliyofanyika kuanzia tarehe 17 Mei 1992 hadi 30 Mei 1992 ilijumuisha RTOTs wote na DTOTs wawili toka kila wilaya yenye mradi ambapo DTOTs 15 kati yao waluinda kikundi kimoja na waliobaki waliunda kikundi kingine.

Kikundi cha DTOTs 15 kilifanya kazi ya mafunzo kwa vitendo na kingine kiliendelea na warsha ya kawaida ya kila mwaka.

Kikundi kilichoendelea na warsha ya kawaida kilianza kazi yake kwa kuweka uongozi wa warsha chini ya Mwenyekiti Nd. F. B. Kalimanzira RHO Mara. Ratiba pia ilipangwa na washiriki wote wa warsha.

Madhumuni ya warsha:

Madhumuni ya warsha yalikuwa haya yafuatayo:

- a) Kujadili matokeo ya utafiti juu ya utendaji kazi wa WAV pamoja na usafi wa mazingira uliofanyika April 92, kujadili matatizo na kutafuta ufumbuzi wake.
- b) Kujadili jinsi ya kutekeleza mpango wa Elimu ya Afya mashuleni kama chanzo cha kuelimisha wananchi.
- c) Kujadili mfumo wa upimaji maji, utumiaji wa madawa katika maji (disinfection) pamoja na utoaji taarifa juu ya shughuli hizo.
- d) Kujifunza na kujenga aina mbalimbali za vyoo ikiwa ni pamoja na choo aina ya Bwina.

Madhumuni hayo yaliyoana sawa na matarajio ya wanawarsha ambayo yalikuwa kama ifuatavyo.

- a) Kupata taarifa za mafanikio kutoka mikoa yote mitatu ya mradi wa HESAWA.
- b) Kusahihisha fikra potovu za watu kuhusu vyoo katika mwadi wa HESAWA

- c) Kupata matatizo yanayokwamisha utekelezaji wa sera ya usafi wa mazingira na ufumbuzi wake.
- d) Kujadili hatua za kusimamia na kufanikisha shughuli za usafi wa mazingira katika mradi.
- e) Kuona na kujifunza ujenzi wa vyoo aina ya Bwina
- f) Fikra, mila na desturi zinazokwamisha utekelezaji wa usafi wa mazingira na hasa katika ujenzi wa vyoo.
- g) Kuona sababu zinazokwamisha mfuko wa mzunguko (revolving fund).
- h) Kujua aina ya vyoo vinavyohitajika katika mradi wa HESAWA.
- i) Kujua shughuli za usafi wa mazingira zitaendaje baada ya HESAWA kujiondoa - phasing-out.
- j) Kujua matatizo yanayowakabili WAV na kutafuta ufumbuzi wake.
- k) Kujadili matatizo juu ya upimaji maji.
- l) Kutafuta mbinu mbalimbali za kukabiliana na tatizo la vifo vya akina mama na watoto.
- m) Kutafuta mbinu za kuharakisha ongezeko la WAV ili kufikia lengo la Taifa.
- n) Kujua jinsi ya kuratibu shughuli za HESAWA pamoja na wahisani wengine.

SHUGHULI ZA KILA SIKU

TAREHE	SHUGHULI
17/5/92	<ol style="list-style-type: none"> 1. Utangulizi, kujitambulisha, kujiandikisha 2. Mipango ya utawala katika semina (climate setting)
18/5/92	<ol style="list-style-type: none"> 1. Madhumuni ya semina 2. Matarajio ya wanasemina 3. Majadiliani kwa vikundi juu ya Usafi wa Mazingira kwa kuzingatia kabrasha la Dr. E. S. Mwasha juu ya "Study on Revolving Fund and VHWS Performance Report".
19/5/92	<ol style="list-style-type: none"> 1. Majadiliano ya vikundi yaliendelea.
20/5/92	Kikao cha pamoja (Plenary session)
20/5/92	<ol style="list-style-type: none"> 1. Kusoma matokeo ya majadiliano ya vikundi 2. Kujadili matokeo ya majadiliano kwa vikundi 3. Uchambuzi wa mwisho juu ya matokeo ya majadiliano (angalia sura ya kwanza)
21/5/92	<p>Kikao cha pamoja (plenary session)</p> <ol style="list-style-type: none"> 1. Utangulizi juu ya School Health Package 2. Utumiaji wa LEPSA ana PBL tunaposhirikisha jamii katika kutatua matatizo yao 3. Mjadala juu ya School Health Package 4. Majadiliano katika vikundi juu ya SHP ili kuangalia utekelezaji wake katika mradi wa HESAWA (angalia sura ya pili)
22/5/92	<ol style="list-style-type: none"> 1. Kusoma matokeo ya mjadala juu ya School Health Package 2. Uchambuzi wa mwisho juu ya School Health Package (angalia sura ya pili) 3. Mazoezi juu ya kutumia LEPSA wakati wa kufundisha watu wazima.
25/5/92	<ol style="list-style-type: none"> 1. Majadiliano juu ya kabrasha la "SIDA Guidelines on Environmental Sanitation" (angalia sura ya tatu).

- 26/5/92
1. Mjadala juu ya takwimu za vyoo na sifa za choo bora. (angalia sura ya nne)
 2. Mjadala juu ya matatizo yanayokwamisha Revolving Fund (angalia sura ya nne)
-
- 27/5/92
1. Kutayarisha mipango ya kazi kwa kila mkoa/wilaya
 2. Kuunda 'Cobasheca' Club
 3. Mjadala juu ya Wakunga wa Jadi
 4. Kutayarisha malengo ya binafsi kwa mwaka 1992/93
 5. Kutembelea kijiji cha Bwina
-
- 28/5/92
1. Kujenga mabanda ya vyoo (superstructure) katika kijiji cha Bwina. (Tazama taarifa ya Sanitary Engineer).
 2. Kujadili matokeo ya tathmini ya warsha na kufunga warsha.
-

ORODHA YA WASHIRIKI WA AFYA - CHATO

1.	F. B. Kalimanzira	RHO	Mara
2.	F. Musira	PHNO - RTOT	Mara
3.	M. M. Kishumba	H/O - RTOT	Mara - (Secretary)
4.	E. Marwa	MCHA - DTOT	Sengerema
5.	A. Masige	PHNO - DTOT	Bunda
6.	H. Sarongo	MCHA - DTOT	Musoma (R)
7.	A. Lukwatage	NO - RTOT	Kagera - (Secretary)
8.	P. Rwekaza	H/O - DTOT	Muleba
9.	S. Rutta	PHNO - DSHPC	Biharamulo
10.	D. Misinde	RHO	Mwanza
11.	V. Ndalaha	NO - RTOT	Mwanza
12.	M. Sadataley	H/O - RTOT	Mwanza
13.	S. Ntomola	H/O - RTOT	Mwanza
14.	S. M. Kunaga	H/O - DTOT	Mwanza (Secretary)
15.	A. Kiteleja	H/A - DTOT	Kwimba
16.	M. Mayala	H/O	Kwimba
17.	T. Lukonge	PHN - DTOT	Ukerewe
18.	N. Simon	M/A - DTOT	Geita
19.	J. Bahati	M/A - DTOT	Sengerema
20.	S. Kilunga	H/A - S/TOT	Magu

Wakufunzi

Dr. E. S. Mwashu

HEA - Mwanza

Maoni ya Jumla

1. Kuhusu Choo Bora

Kuna umuhimu wa kuchukua takwimu za vyoo kutokana na sifa zake zilizotajwa pamoja na ainisho la choo bora.

Nani afanye: WAV, SubTOT na DTOT

Lini: Kabla ya mwisho wa 91/92 mwaka wa fedha

2. Usafiri

Magari ya mradi wa HESAWA badala ya kuuzwa kwa watu binafsi yatolewe kwa serikali za Halmashauri za wilaya zinazohusika ili yasaidie uendeshaji hata baada ya phasing-out.

Sababu kubwa ni kwamba Halmashauri za wilaya mara nyingi zina magari mazee ya miaka zaidi ya kumi, iwapo gari la mradi litamaliza miaka mitatu na kuuzwa basi litakuwa ni jipya kwa halmashauri za wilaya. Pia watekelezaji wapewe umuhimu wa pili wa kuuziwa magari hayo kama motisha.

3. Mradi wa afya mashuleni una lengo la kuhamasisha jamii katika kutambua, kupanga, kutekeleza na kutathmini matatizo yake. Wanawarsha wamesoma na kujadili na kuamua kuwa kabrasha la afya shuleni (SHP) linayo mambo yote muhimu na linafaa kutumiwa katika mradi wa HESAWA.
4. Ili kuhakikisha kuwa jamii inahusishwa kikamilifu katika utekelezaji wa mradi, Chato Convention tunapendekeza kuwa mradi unapoingia katika kijiji, mwaka wa kwanza utumike kuhamasisha na kutoa elimu ya afya halafu miaka inayofuata ndio shughuli za usambazaji maji na nyinginezo zifanyike.
5. Makisio ya Delivery Kit (visanduku vya kuzalishia) kwa ajili ya wakunga wa jadi yawepo na pia vifaa vya uzalishaji vinavyopatikana umuhimu wa kwanza wapewe wakunga wa jadi.

SURA YA KWANZA

A STUDY ON THE ROLE OF VILLAGE HEALTH WORKERS AND THE REVOLVING FUND IN THE HESAWA SANITATION STRATEGY (BY. Dr. E. S. Mwashu)

Washiriki walipewa taarifa juu ya utafiti uliofanyika kuhusu utendaji kazi wa WAV pamoja na usafi wa mazingira. Taarifa hiyo ilionyesha matokeo ya utafiti juu ya WAV na viongozi wa serikali za vijiji vyao. Matokeo ya vikao vya walimu na wasimamizi wa shughuli za WAV ngazi za wilaya, mkoa na vituo vya afya na matokeo ya focus group discussions.

Washiriki waligawanyika katika makundi ya mkoa kujadili taarifa hiyo na kufikia ufumbuzi wa baadhi ya matatizo yanayokwamisha utekelezaji wa shughuli za WAV.

Ili vikundi vijadili kikamilifu taarifa hiyo, mchokozi wa warsha alitoa maswali yafuatayo:

1. Kuainisha kwa undani zaidi maana ya neno "Sanitation"
- 2.1 Kwa nini utekelezaji wa sera ya usafi wa mazingira uko nyuma?
 - Taja matatizo yanayokwamisha
 - Yaweke matatizo yaliyotajwa kufuatana na umuhimu wa kila tatizo - Problem ranking
- 2.2 Jadili sababu zonazofanya matatizo yaliyotajwa yatokeze - (underlying causes).
- 2.3 Jadili ufumbuzi wa kila tatizo lililotajwa.
 - Kipi kifanyike?
 - Nani afanye?
 - Lini na namna gani kifanyike?

Yafuatayo ni matokeo ya mjadala wa vikundi vyote kwa ujumla

1. USAFI WA MAZINGIRA

Usafi wa Mazingira ni kudhibiti unadhifu na ubora wa vitu vyote vinavyomzunguka mwanadamu ambavyo vinazweza kuathiri afya yake k.m. hewa, maji, chakula, nyumba, bustani, choo, bafu, vichanja, mashimo ya taka n.k.

2. MATATIZO YANAYOSABABISHA USAFI WA MAZINGIRA KURUDI NYUMA NI KAMA YAFUATAYO

1. Wananchi hawaoni kama uchafu wa mazingira ni tatizo kwao.
2. Usimamizi na ufuatiliaji mbaya.
3. Uongozi hafifu katika ngazi zote.
4. Kutowajibika kwa watekelezaji.
5. Upungufu wa vifaa vya ujenzi vya asili.
6. Wahudumu wa Afya Vijijini hawathaminiwi na uongozi.
7. Upungufu na ukosefu wa watumishi.

8. Kuwepo kwa udongo tifutifu, majimaji, miamba ni mikubwa.
9. Hali duni ya uchumi.
10. Mhisani (HESAWA) kuthamini zaidi miradi ya maji kuliko usafi wa mazingira.
11. Muda wa mafunzo rejea/awali ni mfupi (hautoshi kufuatia sera za Wizara ya Afya).
13. Ushirikiano hafifu kati ya idara na idara pamoja na wahisani wengine.

MATATIZO NA SABABU ZAKE

TATIZO LA 1: Wananchi hawaoni kama uchafu wa mazingira ni tatizo kwao.

Sababu: a) kutoelewa (ujinga)
 b) mila na desturi
 c) poor approach
 d) elimu duni ya Afya
 e) kutokuwa na mbinu sahihi za ufundishaji (poor teaching methods)

Ufumbuzi: Elimu ya afya itiliwe mkazo zaidi katika mambo yafuatayo:

- a) kuelimisha watumishi juu ya Adult Learning na PBL katika ngazi zote mara mbili kwa mwaka kwa muda wa siku 5 (semina)
- b) kuendesha semina kwa viongozi wa vijiji mara mbili kwa mwaka (kila semina siku 2).
- c) kufanya mikutano ya hadhara kwa wananchi vijijini kwa muda wa siku moja, hii ifanyike mara mbili kwa mwaka
- d) somo la elimu ya afya liingizwe/litiliwe mkazo katika mitaala ya shule za msingi.
- e) wahudumu watembelee vijiji vyao mara tatu kwa wiki.
- f) TBAs na THs watumike kutoa elimu ya afya.

Nani afanye:

- a) RTOTs, DTOTs, and Sub TOTs
- b) SubDTOTs
- c) RTOTs, DTOTs, SubTOTs na Waalimu
- d) WAV
- e) TBAs na THs

Lini: Kuanzia 1st July 1992

TATIZO NA.2 : Usimamizi na ufuatiliaji mbaya

Sababu a) Ukosefu wa usafiri kwa ngazi zote
 b) Ukosefu wa posho, mafuta na vipuri
 c) Ugawaji mbaya wa nyenzo za usafiri unaofanywa na ofisi ya Kanda
 d) Ununuzi wa baiskeli ni mbaya (baiskeli za Gazeera hazifai).

- e) Uzembe wa baadhi ya watekelezaji
- f) Baadhi ya viongozi wa vijiji na wa ngazi nyingine za juu hawathamini shughuli za usafi wa mazingira.
- g) Kutokuwa na kalenda ya kazi.

Ufumbuzi:

- a) Kila kituo cha mafunzo kipewe pikipiki moja (in-charge wa shughuli za HESAWA)
- b) Kila DTOT apewe pikipiki
- c) Kila RTOT apewe pikipiki
- d) Kila mkoa upate gari moja kwa ajili ya shughuli za afya
- e) SubDTOTs wauziwe baiskeli kwa 25% badala ya 75%
- f) WAV wauziwe baiskeli aina nyingine bora zaidi ya Monark na Gazzebo k.m. Phoenix, Roadmaster.
- g) Fedha iliyopo kwenye halmashauri zisitumike kwa matumizi nje ya yale yaliyokusudiwa
- h) Mikoa ihusishwe na kanda wakati wa ugawaji wa nyenzo za usafiri na vifaa vingine muhimu (kanda iweke mwongozo wa ugawaji).
- i) Kila mtekelezaji aandae ratiba ya kazi na ifuatwe (hii iandaliwe katika ngazi zote).

Nani afanye: a) mpaka f) (usafiri) - HDD/SIDA
 (g) RDD, DED, RHC, DHC
 (h) HDD
 (i) RTOTs, DTOTs, SubDTOTs, na VHWS
 Lini: Kuanzia July 1992.

TATIZO NA. 3: Uongozi hafifu katika ngazi zote

Litafutiwe ufumbuzi

TATIZO NA 4: Kutowajibika kwa watekelezaji

- Sababu
- a) Ukosefu wa usafiri
 - b) Ukosefu wa motisha (lunch allowance)
 - c) Kutothaminiwa kwa budget za Afya
 - d) Uchaguzi mbaya wa baadhi ya watekelezaji wa mradi
 - e) Ukosefu wa ufuatiliaji kuanzia ngazi za kanda - mkoa - wilaya - tarafa - kata - kijiji - kata.

Ufumbuzi:

- a) Angalia ufumbuzi wa tatizo na. 2
- b) Makisio ya posho ya chakula cha mchana yafanyike kwa ajili ya wanaokwenda vijijini
- c) Yaanzishwe mashindano ya usafi wa mazingira katika ngazi ya kijiji, kata na wilaya na mshindi apewe zawadi maalum kama inavyofanyika kwa wenzetu wa idara za Maji na Maendeleo ya Jamii
- d) Wakuu wa Idara washirikishwe katika kukamilisha makisio yaani wawepo kama kuna umuhimu wa kupunguza baadhi ya miradi ya idara zao.
- e) Mkoa wa Mwanza una tatizo la usafiri kwa vile kuna mawazo kuwa ni rahisi kupata magari toka ofisi ya kanda Ofisi ya mkoa iwe na magari yake kama mikoa mingine.

- f) Tuwe na malengo ya kazi na watekelezaji watakaoshindwa kufikia malengo hayo wachukuliwe hatua za kinidhamu.
- g) Uwepo ufuatiliaji wa karibu zaidi kuanzia kanda hadi kaya.

Nani afanye:

- a) HDD/SIDA
- b) Wakuu wa Idara
- c) HDD/RDD/ DED
- d) HDD/RDD
- e) HDD/RHC
- f) Wakuu wa Idara, RTOTs, DTOT, SubDTOT
- g) Kanda - VHW

Lini: Kuanzia 1st July 1992

TATIZO NA. 5: Upungufu wa vifaa vya ujenzi vya asili

- Sababu a) Uharibifu wa mazingira (kukata miti ovyo na kutopanda miti)
- b) Umaskini

Ufumbuzi:

- a) Kuwaelimisha wananchi wasikate miti ovyo na wapande miti
- b) Wananchi waanzishe vitalu vya miche na hatimaye miche hiyo isambazwe. HESAWA ianzishe revolving fund kwa ajili hii.
- c) Wananchi waelimishwe namna ya kuanzisha na kuendesha miradi midogo midogo ya kuinua uchumi wao.
- d) Sera ya taifa ya upandaji miti ifuatwe.

Nani afanye: Wataalam wa Maliasili, Maendeleo ya Jamii, viongozi wa chama na serikali, shule, kilimo na wananchi wenyewe na hii ifanyike kuanzia July 1992.

TATIZO NA. 6: Viongozi kutowathamini WAV

- a) Baadhi ya Viongozi hawajahamasishwa kuhusu umuhimu wa WAV
- b) Wananchi walio wengi wanathamini zaidi shughuli za afya tiba kuliko kinga.

Ufumbuzi:

a + b Suala hili litiliwe mkazo katika semina za wanavijiji, pia katika vikao vyao vya HAM

Nani afanye: SubDTOTs, DTOTs, DPT, DPO, VHWS na hii ifanyike kuanzia July 92.

TATIZO NA. 7: Upungufu na ukosefu wa watumishi

- Sababu a) Mgawanyo mbaya wa watumishi wanaoshughulikia usafi wa mazingira vijijini
 b) Kutokuwa na maombi ya watumishi wakati wa makisio ya kila mwaka

Ufumbuzi:

- a) Uwepo mgawanyo mzuri wa watumishi
 b) Watumishi waombwe wakati wa makisio ili kukidhi matakwa ya sehemu hiyo.

Nani afanye: RDD/DED, RMO, RHO, DMO na DHO
 Lini: Kuanzia July 1992

TATIZO NA. 8: Udongo tifutifu, majimaji na miamba mikubwa

Ufumbuzi: Mhandisi wa usafi wa mazingira (Programme Sanitary Engineer) ashughulikie suala hili

TATIZO NA. 9: Hali duni ya uchumi

- a) Hali mbaya ya hewa
 b) Ujinga
 c) Ukosefu wa ardhi
 d) Kilimo cha kizamani
 e) Sherehe zisizo na mpangilio
 f) Michango mingi
 g) Familia kubwa
 h) Uzembe
 i) Maradhi
 j) Mazingara - imani za uchawi
 k) Uongozi mbaya wa baadhi ya serikali za kijiji

Ufumbuzi:

- a) Tupande miti
 b) Elimu ya kilimo bora itolewe, matumizi mazuri ya mapato yao na uzazi wa mpango.
 c) Kuwaelimisha wananchi waondokane na uzembe, ulevi, mazingara, maradhi na umaskini
 d) Viwepo vifaa vya kufundishia e.g. film projectors, video set, camera, flip charts, newsprint n.k.
 e) Wananchi wahamasishwe na washirikishwe kikamilifu katika kupanga kutekeleza na kutathmini shughuli zao za maendeleo

Nani afanye:

- a) Wataalam wa misitu, shule, idara nyingine na wananchi
 b) TBAs, THs, WAV, MCHA na watumishi wengine wa zahanati.
 c) HDD/SIDA
 d) Kamati za maendeleo za kata, Sub-DTOTs, DPT.

Hii ianze kufanyika July 1992.

TATIZO NA. 10: Mhisani (HESAWA) kuthamini zaidi maji kuliko usafi wa mazingira

- Sababu a) Kihistoria mradi ulikuwa wa maji na fikra hizo bado hazijabadilika kwa baadhi ya viongozi wa ngazi za juu
 b) Nembo ya HESAWA inaonyesha kuwa inajihusisha na maji peke yake.
 c) Shughuli za maji zinapewa asilimia kubwa zaidi na mradi kuliko shughuli za usafi wa mazingira.

Ufumbuzi:

- a) Ofisi ya kanda ibuni mbinu za kuondoa tofauti hii
 b) Nembo ibadilishwe ili kuonyesha shughuli zote za mradi
 c) Uwepo uwiano mzuri wa mgawanyo wa fedha na vifaa vingine

Nani afanye:

- a) HDD
 b) SIDA/HDD
 c) RDD/RHC, DED/DHC

Lini ifanyike: 92/93 financial year

TATIZO NA. 11: Muda wa mafunzo ya awali/rejea hautoshi

- Sababu a) Kupunguzwa na kukatwa kabisa kwa budget bila sababu za msingi
 b) Uongozi wa kanda kuingilia mipango ya miradi ya wilaya na mikoa bila mawasiliano ya kutosha

Ufumbuzi:

- a) Watekelezaji washirikishwe kikamilifu kujadili budget hadi hatua ya mwisho
 b) Ofisi ya kanda iondoe vikwazo visivyo vya msingi katika kupitisha budget wakati wa kutekeleza kazi iliyopitishwa.

Nani afanye:

- a) HDD/RHC/DHC
 b) HDD/ZTO

Hii ianze kufanyika 1st July 1992

TATIZO NA. 12: Ushirikiano hafifu kati ya idara na idara, wahisani kwa wahisani

Sababu a) Idara na idara

Ubinafsi wa watumishi na kutothamini kazi za watumishi wa idara nyingine

Wahisani kwa wahisani

- a) Kila mhisani anayo kalenda yake ya kazi na madhumuni tofauti na mhisani mwingine
- b) Hakuna uratibu mzuri wakati wa kuwapokea, kuwapangia kazi na kuratibu utekelezaji wa kazi zao ili kuzioanisha kazi na kuleta ufanisi mzuri zaidi

Ufumbuzi:

- a) Mfumo wa 'HAM ufuatwe
- b) Madhumuni ya wahisani yaratibiwe na kuoanishwa ili yaweze kuleta ufanisi mzuri zaidi
- c) Uwepo utaratibu wa kuwapokea, kuwapangia kazi na kuratibu utekelezaji wa kazi za wahisani ili kuzioanisha.

Nani afanye:

- a) RC/RMO, DC/DMO
- b) RDDs
- c) Kamati ya HAM ya mkoa/wilaya

Hii ifanyike kuanzia July 1992

SURA YA 2

MPANGO WA ELIMU YA AFYA SHULENI.

Wanawarsha walijadili dhana ya kutumia Elimu ya Afya mashuleni kama chanzo cha kutambua matatizo ya jamii na njia ya kuyatatua. Na pia umuhimu wa kutumia njia sahihi za kuingia katika jamii ulijadiliwa ya kwamba wakufunzi lazima watumie LEPSA na PBL kutatua matatizo ya kijamii (angalia appendix 1).

MIKAKATI YA UTEKELEZAJI

1. Kuendesha mkutano wa siku moja kwa kila mkoa kwa wafuatao:
 - a) RMO, REO, RHC, RDD, RSHPC
 - b) DMO, DEO, DHC, DED, DSHPC (Jumla 35)

Nani Afanye: RTOTs, Health Advisor
Lini: June 1992
2. Uchaguzi wa shule zinazohusika kila wilaya.

Nani afanye: DTOTs, DSHPC, DDSC
Lini: July, 1992
3. Kuendesha semina ya walimu, dispensary staff, health assistants, WAV na Afisa Elimu Sayansi Kimu (W) DDSC.

Nani afanye: RTOTs, DTOTs, SUB-DTOTs
Lini: July 1992
4. Walimu wa shule kwa kushirikiana na uongozi wa serikali za vijiji vyao wapange na kuitisha mikutano ya wazazi.

Nani afanye: Walimu, Sub-DTOTs, WAV, Uongozi wa serikali za vijiji
Lini: August 1992
5. Utafiti wa takwimu za awali

Nani afanye: Sub-DTOTs, WAV, Walimu wakuu kwa kutumia wanafunzi
Lini: August 1992
6. Kuanzisha club za Afya Mashuleni.

Nani afanye: Walimu, Sub-DTOTs, DTOTs.
Lini: August 1992 (Angalia Appendix 2)
7. Kuendesha vipindi vya afya madarasani na kuwapa wanafunzi (pre- na post - tests).

Nani afanye: Walimu, Sub-DTOTS, WAV

Lini: Kuanzia 1st September 1992 na kuendelea. Angalia kiambatanisho 3

8. Ufuatiliaji wa shughuli zote za Mpango wa Afya mashuleni.

Nani afanye: RTOTS, DTOTS, Sub-DTOTS, WAV, Afisa Elimu Sayansi Kimu (W) na Uongozi wa serikali ya kijiji.

Lini: Kuanzia July 1992

9. Utoaji na Upokeaji taarifa za kila mwezi.

Nani afanye: RTOTS, DTOTS, Sub-DTOTS, WAV, Afisa Elimu Sayansi Kimu (W) na Uongozi wa serikali ya kijiji.

Lini: Kila mwezi kuanzia October 1992

10. Tathmini

Nani Afanye: RTOTS, DTOTS, Sub-TOTS, WAV, Mwalimu Mkuu na Afisa Elimu S/Kimu (W).

Lini: Kila robo ya mwaka (i.e. mara 4 kwa mwaka).

MAMBO MUHIMU YA KUTATHMINI

- a) Pre- and post- results
- b) Kuangalia kama shughuli zote zilizopangwa zimetekelezwa kikamilifu.
- c) Kuangalia kama kuna mafanikio katika kuinua hali za afya ya wanafunzi na wanakijiji kutoka kwenye taarifa za WAV.

11. Kuweka malengo upya kwa kufuata matokeo ya tathmini.

Nani afanye: RTOTS, DTOTS, Sub-dTOTS, Walimu, School Health club, Afisa Elimu S/Kimu (W).

Lini: Baada ya matokeo ya tathmini.

SURA YA TATU

MWONGOZO WA SIDA KUHUSU USAFI WA MAZINGIRA

Wanawarsha walipata nafasi ya kujadili mwongozo wa SIDA kuhusu usafi wa mazingira. Mambo yaliyojadiliwa ni pamoja na matatizo ambayo yametajwa katika mwongozo huo. Mwongozo huo umetaja matatizo manane kama ifuatavyo:

- Nanukuu: "1. there has been an over-emphasis on water supply at the expense of sanitation and health education;
2. sanitation and health education have been seen as separate components in water supply programmes rather than as integrated activities;
3. health care systems in many low income countries remain imbalanced in favour of curative services and urban areas while environmental health programmes - including efforts to promote hygiene are relatively neglected;
4. project and programmes are insufficiently based on local problem analysis, consultation and resource inventories, including human resources;
5. local communities are not sufficiently involved in programme planning, implementation and evaluation;
6. even where community participation has been emphasized women tend to have been neglected;
7. technologies affordable to poor households are neglected or completely excluded from most assistance programmes;
8. project documents are often too general and vague and need to be more specific especially with regard to health education, excreta disposal, wastewater drainage and involvement of different groups in the communities."

Tatizo 1: Mkazo mkubwa umewekwa zaidi katika shughuli za maji kuliko shughuli za afya na usafi wa mazingira.

Sababu a) Kihistoria, mradi ulikuwa unashughulika na maji peke yake na fikra hizi bado hazijabadilika kwa baadhi ya viongozi muhimu.

b) Matakwa (felt needs) ya wananchi wengi zaidi ni katika masuala ya maji ukilinganisha na suala la elimu ya afya na usafi wa mazingira.

- c) Kihistoria miradi mingi ya maji maamuzi yake huanzia ngazi za juu ambapo HESAWA pia imeanzishwa bila kutoa tofauti hiyo.
- d) Nembo ya HESAWA pia inachangia kupotosha fikra za watu kwa sababu inaonyesha shughuli za maji peke yake.

Ufumbuzi:

- a) Ofisi ya Kanda ibuni mbinu za kuondoa tofauti hii.

Nani Afanye: HDD (mwaka wa fedha 92/93)

- b) Mwaka wa kwanza mradi unapoingia kijijini utumike kuhamasisha wananchi na kutoa elimu ya afya, mwaka wa pili na kuendelea ndipo shughuli za usambazaji maji na nyinginezo zianze. Vijiji vitakavyoonyesha maendeleo mazuri katika shughuli za usafi wa mazingira vipewe kipaumbele katika masuala ya maji.

- c) Shughuli za uhamasishaji ziwe ni mini projects katika mradi mzima wa HESAWA na yawepoi malengo maalum, njia za utekelezaji zieleweke na pia tathmini ifanyike vizuri kupima mafanikio ya shughuli za uhamasishaji.

Nani afanye: HDD. SIDA, DPO na DPT
Lini : Kuanzia July 1992

Ufumbuzi wa sababu (b) na (c)

- a) Yawepo makisio kwa ajili ya kuendesha semina za wanavijiji ili kuwawezesha kupanga, kutekeleza na kutathmini shughuli zote za mradi.
- b) DPT members na DPO wapewe au wafundishwe mbinu za ufundishaji (adult teaching methods).
- c) Mshauri wa Afya wa mradi awashauri waganga wakuu wa mikoa na wilaya zinazohusika ili RTOTs na DTOTs wapewe muda wa kutosha wa kufanya shughuli za mradi.

Nani afanye kuhusu ufumbuzi a, b na c hapo nyuma?

- a) Idara zote zinazohusika na mradi kuanzia July 92
- b) HDD/HEA kuanzia July 92
- c) HEA July 92

Sababu 4. (Nembo ya HESAWA)

Ufumbuzi: Nembo ibadilishwe ili ionyeshe shughuli zote za mradi.

Nani afanye: HDD/SIDA
Lini: 92/93 (mwaka wa fedha)

TATIZO NA. 2:

Shughuli za Elimu ya Afya na Usafi wa Mazingira hazina uwiano na shughuli za maji katika mradi.

Sababu a) Shughuli za maji zinapewa kipaumbele na kuwa chanzo cha shughuli nyingine. Kwa sababu hiyo idara nyingine zinalazimika kuanza kazi katika maeneo hayo hata kama sio "felt needs" za wananchi.

Ufumbuzi: Mwaka wa kwanza shughuli za uhamasishaji kuhusu usafi wa mazingira zitiliwe mkazo zaidi ili kuweka mazingira yao katika hali ya usafi na kuwaelimisha kuwa maji yanaweza kuwa chanzo cha kueneza maradhi, na vijiji vitakavyoonyesha maendeleo mazuri katika usafi wa mazingira vitapewa kipaumbele katika kupewa visima.

Nani Afanye: HDD/SIDA (kuanzia July 92).

Ufumbuzi wa sababu b: Mradi uweke mkakati wa kuimarisha ushirikiano kati ya idara zinazohusika kwa kufanya mambo yafuatayo:

I. PROMOTION TEAM

a) Mpango wa kazi za promotion team upangwe kwa pamoja na nakala za mpango huo zitawanywe kwa idara zote zinazohusika.

Nani afanye: DHC/DPO July 1992

b) Teaching methodology ya DPT members iwe ni moja na katika uhamasishaji wao wawe na mwelekeo wa aina moja.

Nani afanye: DPT July 1992

II. DAT

a) DAT ikutane inavyotakiwa (mara moja kwa mwezi) na mpango wa kazi wa idara mbalimbali uanzishwe katika mikutano hiyo, nakala za mpango wa kila idara zisambazwe kwa DAT members wote.

Nani afanye: RDD/HDD July 92

TATIZO NA. 3 (katika mpango wa HESAWA hili sio tatizo)

TATIZO NA. 4

Utafiti wa Takwimu za awali (Detail Feasibility Study) haufanyiki kabisa kabla ya kuanza mradi katika eneo fulani.

Sababu a) Viongozi walioanzisha mradi walisahau umuhimu wa kufanya situational analysis.

b) Mwongozo na makisio ya mradi hauna kipengele kinachoruhusu wilaya kufanya situational analysis kabla ya kuingia katika maeneo mapya.

Ufumbuzi: Mwongozo wa makisio uwe na fungu maalumu kwa ajili ya situational analysis.

Nani afanye: SIDA/HDD kuanzia July 92.

TATIZO NA. 5

Jamii haihusishwi kikamilifu katika kutambua, kupanga, kutekeleza na kutathmini miradi yake.

Sababu a) Viongozi wa ngazi zote hawaamini kuwa jamii inaweza kupanga na kutekeleza miradi yake.

Ufumbuzi: Ifanyike semina maalum juu ya community participation kwa baadhi ya viongozi. Wafundishwe pia juu ya PBL na LePSA techniques.

Nani afanye: SIDA/HDD kuanzia July 1992

b) Watekelezaji hawajui mbinu za kushirikisha jamii katika upangaji na utekelezaji kimatendo.

Ufumbuzi:

i) Watekelezaji wafundishwe jinsi ya kufundisha na kuwasiliana na kina mama (adult teaching methods).

ii) Mbinu zilizotumika katika School health and sanitation package zinafaa sana kuhamasisha wananchi. Mbinu hizi zizingatiwe katika sehemu zote za mradi.

iii) Iwepo mikutano ya wanawake peke yao kuzungumzia masuala ya usafi wa mazingira.

Nani afanye: DPT, RTOT, DTOTs, VHW, SubTOTs, DPO
Lini: Kuanzia July 1992

TATIZO NA. 6

Ushirikishwaji wa wanawake katika kuamua, kupanga, kutekeleza na kutathmini miradi yao k.m. usafi wa mazingira.

Sababu a) Wataalam hawajui mbinu za kuingia katika jamii (community approach).

b) Kutokana na mila na desturi za kiafrika wanawake hawaongei mbele ya wanaume.

Ufumbuzi:

- a) Wataalam wafundishwe jinsi ya kufundisha na kuwasiliana na akina mama (adult teaching methods).
- b) Iwepo mikutano ya wanawake peke yao kuzungumzia masuala ya usafi wa mazingira.

Nani afanye: DPT, ROT, STOTs, VHW, SubTOTs na DPO.
Lini: Kuanzia July 1992.

TATIZO NA. 7

Appropriate Technology katika usafi wa mazingira haizingatiwi ipasavyo e.g. ujenzi wa vyoo vya mabamba.

Sababu a) Utaalamu na ufundi (technology) hubuniwa katika ngazi za juu na kuletwa kwa wananchi bila kujali gharama zake, mila na desturi zao.

Ufumbuzi: Ufanyike utafiti juu ya mila na desturi za watu na raslimali zilizopo katika jamii kabla ya kuamua tecknolojia itakayotumika katika jamii inayohusika.

Nani afanye: SIDA, PE, HDD, SE na watekelezaji wengine.
Lini: July 92

TATIZO NA. 8

Tatizo hili halikujadiliwa.

SURA YA NNE

VYOO BORA NA REVOLVING FUND

Wanasemina walijadili taarifa ya P. Morgan kuhusu takwimu za vyoo, ikaonekana kuwa idadi ya vyoo iliyoandaliwa ili kufikia uamuzi kuwa sanitation iko nyuma sio sahihi kwa vile inalenga mambo machache tu yafuatayo:

- a) Vyoo vilivyotolewa taarifa ni vile vyenye slab tu na ambavyo vimejengwa chini ya mradi wa HESAWA vikiwa na vent pipe
- b) Idadi iliyoandaliwa ni kutoka eneo moja tu na wala sio kuwakilisha wilaya/mkoa mzima. Kwa mfano, idadi ya vyoo vya wilaya ya Bunda ni ile ya kijiji cha Kitaramanka peke yake.

Baada ya hayo sifa za choo bora ziwe ni vigezo vya kuamua idadi ya vyoo bora/vibovu katika maeneo yote yanayoshughulikiwa na mradi.

Uamuzi wa kuwa na sanitation bora au mbaya ufikiwe baada ya kuangalia idadi ya vyoo bora vyote vilivyoko katika maeneo ya mradi na wanasemina walikataa kabisa fikra za kusema kuwa choo bora ni chenye slab ya cement na vent pipe.

Hivyo wanasemina walisema kuwa sifa za choo bora na ainisho la choo bora ni kama ifuatavyo:

1. Kina - Futi 12 +
2. Sakafu - Imara (yenye magogo, vyuma, sementi) inayoweza kuwekwa katika hali ya usafi isiyo na nyufa iliyo inuliwa
3. Kibanda - chenye kuta imara (zenye udongo, miti ya kusilibwa, mabati, matofali) chenye mlango (privacy) kiwe kirefu - mtu mzima aingie bila shida kiwe na eneo la kutosha
4. Paa - Paa imara (yenye nyasi, bati, vigae) Isiyovuja Iwe na slope ya kurusha maji nje
5. Inaweza kuwekwa venti au isiwe na venti

Ainisho

Choo bora ni kile ambacho ni imara ambacho hakina harufu au hakiruhusu kuzaliana kwa mainzi na kinaweza kuwa na venti au kisiwe na venti.

Revolving Fund

Tatizo: Revolving fund haizunguki

- Sababu**
- a) Top down introduction of RF
 - b) No anthropological studies done to identify acceptable and affordable types of latrines
 - c) Neither promotion nor community involvement done before introducing RF
 - d) Vifaa vya kuiwezesha izunguke havipatikani kutoka CD Store
 - e) Uchunguzi juu ya gharama za ujenzi wa vyoo haukufanyika i.e. understructure slab
 - f) Sera ya usafi wa mazingira ya mradi haelezi kikamilifu jinsi ya kuendesha RF

Ufumbuzi:

- a) Wananchi washirikishwe katika kuchagua teknolojia ya kutumika na kutambua rasilimali zilizopo kabla ya kufanya makisio ya RF
Nani afanye: DPT, DTOTs, Sub-DTOTs, VHWS
- b) Ofisi ya kanda iweke makisio ya kufanya Anthropological studies
Nani afanye: HDD, Planning and Evaluation Unit
- c) Angalia taarifa juu ya Sanitation Package. Utaratibu huu mzuri wa kuingia katika jamii ufuatwe.
- d) Ofisi ya kanda iweke mfumo mzuri ili vifaa vipatikane kutoka kwenye mradi na CD Store

Nani afanye: HDD/ STM (Stores and Transport Manager)
AU

Vijiji vipewe vifaa vya kutosheleza asilimia 50% ya mahitaji

Nani afanye: SIDA/Serikali
AU

Mabamba na vifaa vingine vya ujenzi vitolewe bure kwa sehemu zisizo na miti na kuliko na miti, mradi usaidie kutoa usafiri wa kuisomba

Nani afanye: HDD/SIDA

- e) Uchunguzi juu ya gharama halisi za ujenzi wa vyoo vya aina mbali mbali ufanyike kulingana na wakati uliopo.

Nani afanye: Sanitary Engineer, RTOTs na DTOTs

- f) Sera ya Usafi wa mazingira izingatie vyema ufafanuzi juu ya kuendesha RF.

Nani afanye: SIDA, HDD na HEA
Hizi zifanyike kuanzia July 1992

SURA YA TANO

MENGINEYO

Washiriki waliweza kujadili mambo kadhaa ikiwa ni mengineyo. Yaliyojadiliwa yalikuwa kama ifuatavyo:

1. Jinsi shughuli za Usafi wa Mazingira na elimu ya afya zitakavyoendesha baada ya eneo kuwa phased-out
2. Kuunda COBASHECA Club
3. Nafasi ya wakunga wa jadi katika jamii na mradi
4. Mipango ya utekelezaji ya mikoa
5. Tathmini

1. SHUGHULI ZA USAFI WA MAZINGIRA NA ELIMU YA AFYA ZITAKAVYOENDELEA BAADA YA ENEO KUONDOKA KWENYE MRADI WA HESAWA

a) Usafiri

- i) DEDs wahimizwe ili waweze kusaidia katika usafiri
Nani Afanye: RDD, RMO, RTOT
- ii) Kujenga tabia ya ushirikiano na idara nyingine ili usafiri mdogo uliopo utumike kwa wote.
Nani afanye: RDD, RMO, DED, DMO
- iii) Vyombo vya usafiri vya mradi vilivopo wilayani na mikoani vibaki huko badala ya kuuzwa. Ikibidi idara hizo zipewe kipaumbele
Nani afanye: SIDA/HDD
- iv) Watekelezaji wa mradi wawe na moyo wa kutumia vyombo vya usafiri walivyonavyo hata baada ya mkataba kumalizika.
Nani afanye: DTOTs, RTOTs, and SubDTOTs
- v) Sub-DTOTs na Dispensary staff waendeleo kuwa wasimamizi wa shughuli zote za Elimu ya Afya na Usafi wa Mazingira.
- vi) Magari ya HESAWA yakabidhiwe wilayani badala ya kuyauza yanapomaliza miaka mitatu katika mradi.

b) Mapendekezo mengine

1. Uimarishaji wa mfuko wa afya wa kijiji ili WAV waweze kulipwa na kuendeleza shughuli za usafi kijijini na uimarishaji wa matengenezo katika miradi ya maji.
Nani afanye: DED, DTOTs, Sub-DTOTs, Serikali za Vijiji, DPT
Lini: Wakati wa phasing-in mwaka wa kwanza
2. Wananchi waelimishwe juu ya hifadhi za visima na chemichemi za asili na ujenzi wa vyoo kutumia raslimali zilizopo katika jamii badala ya kutegemea vifaa kutoka kwa mfadhili pekee. Promotion teams ziwe na taratibu maalum za kuwaelimisha wananchi juu ya suala hili.

Nani afanye: DTOTs, SubTOTs, WAV, DPT
Lini: Wakati wote wa uendeshaji wa mradi
Vipi ifanyike: Kwenye mikutano/elimu ya afya.
3. Halmashauri za wilaya zitenge fedha ili vyombo vya usafiri viendeleo kufanya kazi.
Nani afanye: DED
4. Uangalizi na ulinzi wa miradi kama matumizi mazuri ya pampu za maji mabomba n.k. ili vidumu kwa muda mrefu.
Nani afanye: DPT/ serikali za vijiji
Lini: Punde mradi unapoanza
5. Wananchi waelimishwe jinsi ya kugundua matatizo yao ya kiafya, kupanga, kutekeleza na kutathmini njia za kuyatatua.
Nani afanye: DTOTs, Sub-DTOTs, DPT, WAV, Waalimu na School Health Club
Lini: Mradi unapoanza
6. Wilaya na mikoa ifanye makisio ya kuendeleza shughuli za mradi wa HESAWA kabla phasing-out haijafanyika.
Nani afanye: RDD, RMO, Wizara ya Afya
Lini: Mwaka mmoja kabla ya mradi kujitoa

II COBASHECA CLUB (Community Based Health Care Club)

LENGO KUU

Kuinua hali za afya za wananchi kwa kuwashirikisha wao wenyewe katika kutambua, kupanga, kutekeleza na kutathmini matatizo ya jamii.

MALENGO MAHSUSI

1. Kuboresha na kuimarisha dhana ya CBHC kwa vikundi mbalimbali vinavyojihusisha na huduma za afya ya msingi.
2. Kupashana habari juu ya mambo mapya yahasuyo CBHC.

3. Kubuni mbinu mbalimbali za kuanzisha na kuendeleza miradi ya Afya ya Jamii/ CBHC
4. Kujenga uhusiano wa karibu kati ya wanachama na jamaa zao
5. Kujenga uhusiano wa karibukati ya wataalam na jamii.

MUUNDO WA COBASHECA

- | | | |
|----|--------------------|---|
| 1. | Dr. E. S. Mwashu - | Mlezi |
| 2. | Mr. D. Misinde - | Mwenyekiti |
| 3. | Mr. S. Kunaga - | Katibu |
| 4. | Mrs A. Lukwatage - | Mweka Hazina |
| 5. | Mr. M. Kishumba - | Publicity Secretary |
| 6. | Wanachama - | Watu au vikundi vyote
vinavyojihusisha na afya ya
msingi katika jamii |

MAJUKUMU YA KAMATI YA VIONGOZI WALIOTEULIWA

1. Kutunga kitabu cha Club
2. Kufanya maandalizi ya kusajili Club
3. Kutoa taarifa kwa washiriki juu ya maendeleo ya Club.

Lini: Shughuli hizi zikamilike kabla ya mwisho wa December 1992

III. WAKUNGA WA JADI

MAPENDEKEZO YA MAJADILIANO KUHUSU WAKUNGA WA JADI

1. Makisio yafanyike kwa ajili ya kuwapatia kits wakunga wa jadi.
2. Vifaa vya uzalishaji vinapopatikana, wakunga wa jadi wapewe kipaumbele.

IV MIPANGO YA UTEKELEZAJI YA MIKOA

Mipango juu ya vikao vya viongozi wa mikoa na wilaya juu ya matokeo ya semina ya Chato:

- Mkoa wa Mara wiki ya pili ya Juni 1992
- Mkoa wa Mwanza wiki ya tatu ya Juni 92
- Mkoa wa Kagera wiki ya tatu ya Juni 92

V TATHMINI

Tathmini ya warsha ilifanyika mwishoni. (angalia kiambatanisho No. IV). Matokeo ya tathmini hii yalijadiliwa na washiriki wa warsha na ilionekana wazi kwamba warsha iliandaliwa na kuendeshwa vizuri sana. Wajumbe walitoa pongezi kwa waandalizi wa warsha.

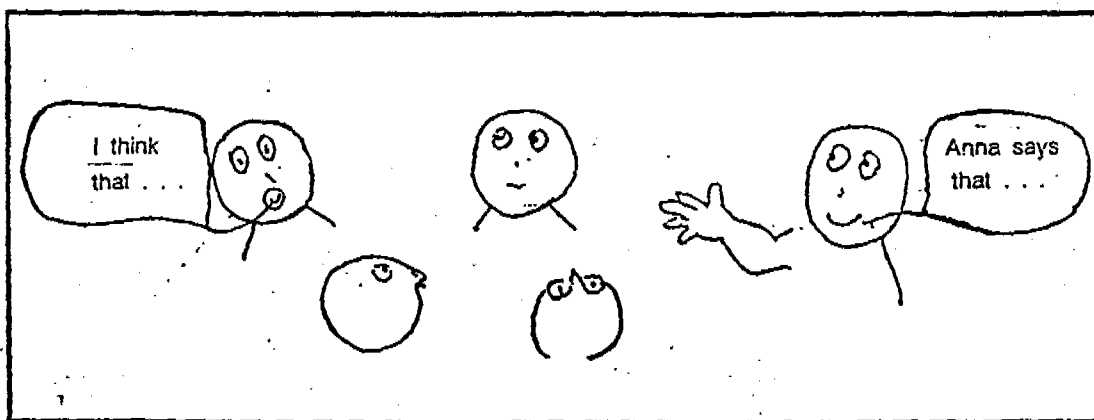
APPENDIX I

LePSA LEARNING

LePSA is not a new educational method. It is simply an acronym for remembering four important features of the inductive process.

1. The **L** in LePSA stands for a **LEARNER-CENTERED** teaching/learning situation. This means starting where the learners are at by:

- 1.1 providing for everyone to be seated in a circle, everyone having **EYE-CONTACT** with everyone else.
- 1.2 seeing that everyone is comfortable in mind and body-- a good learning **ATMOSPHERE**.
- 1.3 taking time for greetings, news and generally building positive **ATTITUDES**.
- 1.4 using personal **NAMES** (i.e., "Anna, what do you think?").
- 1.5 quoting the learners' personal **OPINIONS** (i.e., "Anna says that . . .").



- 1.6 finding out what they **KNOW**, how they **FEEL** and what they **DO** about the problem at hand.
- 1.7 seeing that **EVERYONE CONTRIBUTES** something to every discussion.

1.8 seeing that the problem is often REFERRED BACK to the learners for concentrated discussions--"buzzing like bees, in twos and threes."

1.9 eliciting and enhancing whatever AGREEMENTS develop.

1.10 using DISAGREEMENTS in a careful, constructive way to sharpen group thinking:

2. The **P** in LePSA stands for **PROBLEM-POSING**.

2.1 Build each lesson around a SINGLE, SPECIFIC, SENSITIVE, SOLVABLE PROBLEM (SSSS).

2.2 DO NOT GIVE THE SOLUTION to the problem; that is for the learners to "self-discover" as much as possible.

2.3 POSE or present that problem in a simple, clear, STIMULATING way. Use story, play, demonstration, picture, song, dance or other stimulating medium for the problem. Remember, *do not give the solution*.

2.4 Make the posed problem a STARTER (or even "startler") of discussion or brainstorming.

2.5 Stimulate discussion with various TYPES OF QUESTIONS. These may be direct, open-ended, reflective, probing or "bounce," according to the way they are phrased.

2.6 Ensure that the LePSA discussion progresses systematically with the help of a sequence of SPECIAL QUESTIONS. In the text which follows these questions are marked with an asterisk (*). Here are the first three of those special questions:

**What specific things or people did you See in the starter?" (Make sure that these objective elements were correctly recognized.)

**What was Happening?" (Was the specific, posed problem *recognized* as a problem?)

****Does this problem happen in Our place or situation?***
(This question *personalizes* the problem.)

3. The **S** in LePSA stands for **SELF-DISCOVERY**. (It may also sometimes stand for "struggle-discovery.")

3.1 A further pair of special questions keeps the discussion progressing towards the learner's self-discovery of:

****Why does it happen--what are the *causes* of this problem?*** (The discussion will dig deeper and deeper as one "why?" leads to another "why?" concerning *contributory factors*.)

****What are the side-effects or *complications*?***

****What are the possible *solutions* which we ourselves can carry out in the community?***

3.2 Through dialogue (using these questions in an inductive process) the learner discovers as much as possible within his/her OWN THINKING what are the multiple causes of and the relevant solutions to the proposed problem. (Some information cannot be self-discovered; it must come from outside as input. Examples: the gospel message or the proper dose of chloroquine.)

3.3 Such a discovery lesson will result in the learner exclaiming "AHA!!!", and having a positive "aha-titude" towards the posed problem.

3.4 The learner also discovers his/her own SELF-WORTH when he/she is taken seriously by the teacher and the other learners. The more sense of self-worth a person has the more that person will be willing to take the risk of trying new ways to be healthy.

3.5 This self-discovery of solutions and discovery of one's self-worth is the match which ignites the fire of MOTIVATION.

4. The **A** in LePSA stands for **ACTION-ORIENTED**.

4.1 Good teaching is helping people **LEARN TO DO** something.

4.2 That "something" is to actually **SOLVE** the specific problem which was stimulatingly posed in the lesson.

4.3 So, the lesson is not complete until learners have made **ACTION PLANS** for implementing that solution in their own community.

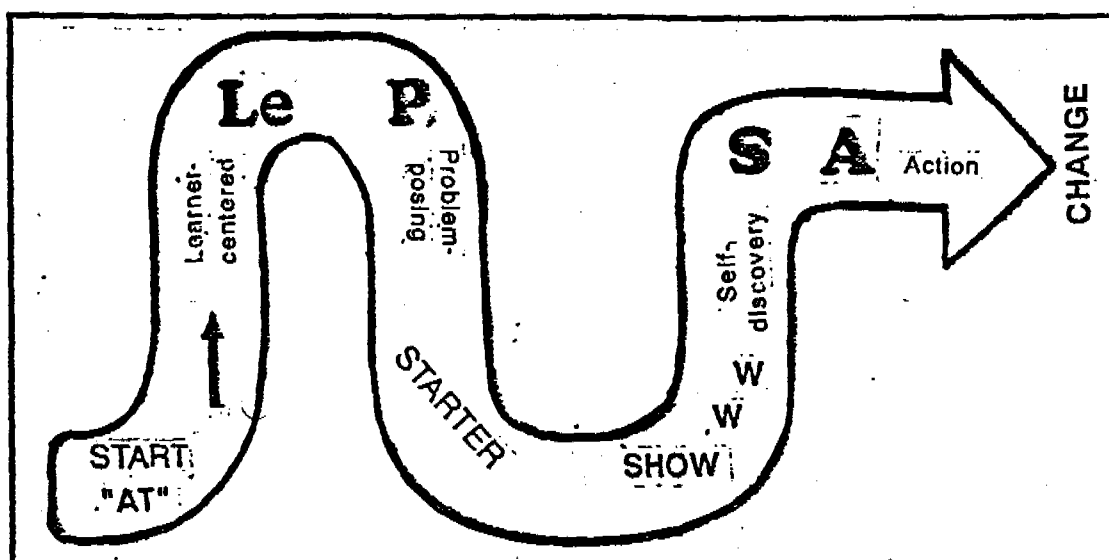
Please go back to page 28-29. Follow the sequence of special questions, those marked with an asterisk (*). Notice the **emphasized letter** in each special question. Write those single underlined letters in sequence in these blanks:

_____ (This letter stands for three questions.)

In combination with the stimulating "starter," these questions "**S H O W**" the way to getting the posed problem solved *in* that community, *by* that community. This is community-based problem-solving.

For more LePSA-related ideas, read pages 19-28 in Beyond the Dispensary, by Roy Shaffer, (Nairobi: AMREF, 1984).

The graphic below illustrates the "**F L O W**" of LePSA.



APPENDIX II

SCHOOL HEALTH CLUBS

Ainisho

Ni kikundi teule cha wanafunzi toka madarasa ya nne, tano, sita na saba ambacho huzingatia hali ya usafi wa mazingira ya shule na nyumbani kwao pamoja na usafi wa miili yao.

Malengo

- a) Kutunza usafi wa mazingira mashuleni
- b) Kutunza usafi wa mazingira majumbani
- c) Kuelimisha familia juu ya usafi wa mazingira na elimu ya afya kwa ujumla
- d) Kupunguza magonjwa yatokanayo na mazingira machafu
- e) Kuinua hali ya lishe yao kwa kulima bustani

Mikakati

- a) Mwalimu wa Sayansi Kimu na Kilimo awe mlezi wa Club
- b) Kikundi kiwe na katiba au sheria
- c) Kikundi kiwe na vitambulisho
- d) Kikundi kiwe na mikutano
- e) Vikundi vitembeleane
- f) Kikundi kiwe na sare (beji, skafu, nembo)
- g) Kuendesha elimu ya afya madarasani na majumbani

Shughuli:

a) Mashuleni:

- (i) kupanda miti na maua
- (ii) kulima bustani za mboga na matunda
- iii) Kuchimba vyoo na kuvitumia
- (iv) Kuchimba mashimo ya taka
- (v) Kutoa elimu ya afya kwa wenzao
- (vi) kuweka utaratibu wa kufagia na kufyeka nyasi
- vii) kuchemsha maji ya kunywa
- viii) kuelimisha na kushauri wanafunzi wenzao ambao hawazingatii kanuni za afya bora

b) Majumbani:

- (i) kujenga vichanja vya vyombo
- (ii) Kujenga bafu za kuogea
- iii) kuchimba vyoo na kuvitumia
- (iv) kuchimba mashimo ya taka
- (v) Kuchemsha maji ya kunywa
- (vi) kukumbusha wazazi na jamii kuhusu shughuli zote za usafi wa mazingira na kanuni za afya bora.

APPENDIX a

INTRODUCTORY REMARKS ON THE SCHOOL HEALTH AND SANITATION PACKAGE:
(By Dr.E.S.Mwasha, Health Advisor)

The primary objective of the school health and sanitation package is not to examine school children and treat them for various health problems. The objective is to facilitate effective community participation whereby the villagers can come together to discuss their felt needs and work out possible solutions by and for themselves. Community participation is crucial in all rural sanitation activities because without it there is very little that a programme like HESAWA can do to improve rural environmental conditions. The problem that community workers face is that very often rural communities are very passive, and if they are called for a meeting to discuss, say, sanitation problems in their village, only a few will turn up and those few may show very little interest in the problem. The question is, how do we get these people interested so that they can come together in large numbers to discuss their problems actively? The primary objective of the school health and sanitation package is to try and solve this problem. The "trick" used in the package is to highlight a sensitive issue or problem that will touch their feelings and then ask them to come together to discuss it. In this case the issue is the health of their children. Since well over 80% of the health problems affecting their children are related to water and sanitation, it is obvious that they will find themselves discussing the underlying causes and possible solutions for problems related to water and sanitation. Our experience in Hamuyebe village and elsewhere shows that this approach works very well, and it is worth trying it in other villages where HESAWA is operating.

Examining children and reporting to their parents so that they can take appropriate action is a prevention activity. The expected end result of this process is MASS DEWORMING of the children with parasitic worms. Mass deworming is a preventive activity. The act does not only please the villagers, but it also gives us creditability for more public health activities in the village.

Furthermore, the statistics obtained from screening the children will be very valuable for evaluating the impact of water and sanitation on the health of school children, at least.

For example, the prevalence of parasitic worms in Hamuyebe Primary school was 42%. It would be useful to know what it will be, say, five years from now when HESAWA will have effected some improvement in water and sanitation conditions in this village. If we do not collect such base line data for impact indicators from now, it will be very difficult to evaluate the impact of this programme on health in the future.

Occasionally, during community meetings, the villagers may come up with a felt need that is not in line with the HESAWA programme. For example, the villagers in Hamuyebe came up with a request for a diary cattle project as a solution for the nutritional problems discussed by them. They also asked for the possibility to have their sick children treated. The facilitators made it clear to the villagers that these requests were not in line with HESAWA policy and therefore, other sources of help should be sought through their district authorities. As far as treating the sick children is concerned, the village government in Hamuyebe believes that over 75% of those children have already been treated through their parents' initiative. In short, such requests must be dealt with in an honest manner and if possible we should assist the villagers to identify other institutions that might be able to help. In fact, this is where collaboration among development agencies becomes very important.

I have spent much time working on this package because I am convinced that there can be no environmental sanitation in rural areas without community participation.

HESAWA Zonal Office, Mwanza.

26 March, 1992.

APPENDIX III b

SCHOOL HEALTH EDUCATION PROGRAMME.

The following is a more detailed description of the objectives listed for the school health education programme.

The learner Centred approach that is advocated in the School Health and Sanitation package requires that the learners participate in the process of identifying problems that affect them. Therefore, the first objective is to facilitate primary School teachers to come up with a list of health and health related problems that they think are important enough to be included in the curriculum for teaching their pupils. It is obvious that over 75% of these problems will be related to poor environmental Sanitation and water borne problems such as Schistosomiasis, Malaria, diarrhoeal diseases, Worm infestations, Skin diseases, Malnutrition, pneumonia and other respiratory diseases etc. Other health problems like AIDS can also come up. With special effort, facilitators can help the teachers to come up with additional environmental problems like deforestation which may eventually lead to tree planting mini-projects by the Schools.

This, by itself, is a bottom-up approach which is a fundamental principle of HESAWA.

The Second objective is to make sure that the teachers know the Signs or characteristics of each health problem listed so that they can teach their pupils. The importance of this objective is to ascertain that we are all talking about the Same disease when, for instance, we talk of Schistosomiasis. There are some people for example, who think that Urethral discharge is caused by Schistosomiasis. Such beliefs should be cleared up at this stage. Each health problem should be understood in the same way by all participants.

Identification of underlying causes will lead the teachers to study the life cycles of various parasites that cause the health problems. They will also learn how poor environmental Sanitation contributes to most of their problems. This step is important because it will enable them to work out prevention methods by

themselves. For example, they will be able to see the importance of constructing and using latrines in order to prevent the spread of Schistosomiasis. Telling people what to do does not work very well. It is much better to let them work it out by themselves through problem based learning.

When the teachers have gone through this process and have made their own lesson plans, they are likely to implement the teaching assignment full-heatedly.

When using the learner centred approach, it is not advisable to prepare a ready-made concrete/rigid curriculum to be followed, because ideally the participants should be allowed to determine what they want to learn depending on what problem they want to solve. However, it is important to prepare facilitators' notes for the ToTs who will run the workshops to make sure that the main issues are brought up by each group of teachers. The following is an out-line of the facilitators notes that will be discussed in detail during the April refresher course for regional and district ToTs.

INTRODUCTION:

After going through the routine of climate setting process, take time to introduce the main objectives of HESAWA. Discuss the HESAWA concept in detail and allow participants to ask questions to clear mis-conceptions that they may have regarding HESAWA. Emphasize fundamental principles like the bottom up approach, Community participation, Sustainability, phasing-in and phasing-out procedures etc. Make sure that the participants know clearly what HESAWA can do for them and what HESAWA cannot do for them.

LISTING & RANKING OF COMMUNITY HEALTH PROBLEMS.

Let participants brainstorm on the main health problems effecting their community.

Use the DARE process to list and rank the problems.

The following problems are likely to be listed but the ranking will depend on the groups.

Bilharzia

Malaria

Diarrhoeal diseases

Worm infestations

Malnutrition

Skin infections

Infections diseases eg. AIDS, TB, etc.

Pneumonia etc.

LISTING SIGNS OF EACH PROBLEM:

Let the participants brainstorm on the characteristics of each problem. Make sure that each health problem means the same thing to each participant. Make sure that the participants can list the main characteristics of each problem. The Signs listed in the book, "where there is no doctor" by David Werner are quite enough for this purpose.

LISTING UNDERLYING CAUSES.

Let participants brainstorm on the underlying causes of each problem. Let them explain how the health problem spreads from one person to another. Facilitate them to work out life cycles of important parasitic diseases from their list; eg. life cycle of Malaria, Bilharzia.

LISTING PRACTICAL WAYS OF PREVENTING THE PROBLEM FROM SPREADING FROM ONE PERSON TO ANOTHER.

Let the participants work this out by themselves from their list of underlying causes and life cycles. With proper facilitation the participants should come out with something similar to this:

Health Problem	Possible Solutions.
I. Bilharzia	<ol style="list-style-type: none"> 1. Avoid stagnant water 2. Build and use house-hold and institutional latrines. 3. Identify Sick people and treat them.
II. Malaria	<ol style="list-style-type: none"> 1. Destroy breeding places for mosquitoes by cleaning up environment - clear bushes, drain stagnant waters etc. 2. Use mosquito nets etc, etc.
III. Diarrhoeal diseases	<ol style="list-style-type: none"> 1. Destroy breeding places for flies by cleaning up environment. 2. Wash hands after toilet 3. Wash hands before eating. 4. Proper storage of cooked food 5. Use drying racks for utensils. 6. Boil drinking water etc.
IV. Worm Infestation	<ol style="list-style-type: none"> 1. Build and use latrines 2. Wear shoes 3. Wash hands before eating.
V. Malnutrition	<ol style="list-style-type: none"> 1. Eat balanced diet. 2. Eat green vegetables for blood formation. 3. Avoid repeated diarrheas by observing III above.

The facilitator may limit him/herself to the top five problems if s/he feels the main problems related to Sanitation have been dealt with. If the problem of AIDS is not among the top five problems, the facilitator should bring it in for a detailed discussion emphasizing the mode of transmission and ways of prevention. The objective here is to equip the teachers with up-to-date information on AIDS so that they can convey this information to Std VI & VII pupils every year.

Having listed possible and practical ways of preventing each problem, the teachers should go further to discuss how their schools could contribute in implementing the preventive measures that they have listed. The idea of School health clubs should be discussed at this stage. Various ways of starting and running School health clubs will be discussed by the facilitators in the April Workshop for ToTs.

LESSON PLANS.

Standard lesson plans will be worked out by the teachers to make sure that all pupils in a given area receive standard information regarding the main problems affecting them. One of the teachers should be asked to facilitate this session. Preparation of pre- and post-test questions to assess effectiveness of the teaching programme should be done during this session.

The teachers should also agree on when the teaching should be done. Pre and post tests should be administered by the responsible teachers who should give a copy of the results to their respective ToTs.

BASE LINE DATA COLLECTION.

With the help of existing VHWs and the teachers, selected standard seven pupils can be trained by their teachers to collect the simple but important information contained in form Hs-1 (Appendix 4 in the School health and Sanitation Package). This approach has been tried at Hamuyebe Primary School and proved effective.

Discuss the forms with the teachers and try to come up with an agreement on how best this simple but very useful information could be collected.

WORKSHOP EVALUATION:

Before closing the teachers' workshop let the participants give some feedback so that you can use it to improve future workshops.

READING MATERIALS:

Give one copy of the book- "Mahali pasipo na Daktari", by David Werner to each school represented in the workshop.

COSTS FOR ONE WORKSHOP:

Per diem for participants -3 days	@ 50 SEK.	3000.
Mahali pasipo na Daktari 10 copies	@ 20 SEK.	200.
TOTAL	SEK	3200.

APPENDIX IV

EVALUATION OF THE WORKSHOP BY THE PARTICIPANTS

Instructions for questions 1 - 30

Use the following code to indicate the extent to which you agree or disagree with each of the statements made below:

- CODE: 1. Strongly Disagree
 2. Disagree
 4. Agree
 5. Agree Strongly

The difference between 1 and 2 or between 4 and 5 is one of degree only.

Example:

If you want to express your complete disagreement with the statement, circle the figure 1 as follows: 1 2 4 5

Please feel free to make any comments you think necessary (making reference to the number of the question) in the space reserved for the purpose on the last page.

					Satisf action Index	
I.	<u>Aspects relating to the planning of the workshop</u>					
1.	I was given sufficient information on the aims and methods of the workshop before my arrival.	1	2	4	5	50%
2.	I feel that the programme drawn up during the first session took my own choice of the objectives into account	1	2	4	5	82%
3.	The goals of the workshop appeared to me to be of immediate interest for my professional activities (education component)	1	2	4	5	97%
4.	It was clear to me from the start of the workshop that I was expected to play an active part in it	1	2	4	5	95%
II.	<u>Aspects relating to the relevance and utility of the working methods</u>					
5.	I found the documentation provided of an acceptable quality	1	2	4	5	91%

6.	Enough documentation was provided to allow me to take an active part in the discussion of the subjects concerned	1 2 4 5	97%
7.	The working methods used during the workshop encouraged me to take an active part in it	1 2 4 5	96%
8.	I have had the opportunity during the workshop of putting new knowledge into practice(exercises)	1 2 4 5	87%
9.	Spending time on individual work during the workshop helped me to learn	1 2 4 5	61%
10.	During the workshop I was given the opportunity of working at my own pace	1 2 4 5	63%
III.	<u>Aspects relating to the way the workshop was run and to the attitude of the organizers</u>		
11.	The organizers displayed a satisfactory open mindedness	1 2 4 5	86%
12.	The general atmosphere of the workshop was conducive to serious work	1 2 4 5	94%
13.	The organizers gave me the opportunity for critical comment	1 2 4 5	80%
14.	The organizers made use of any critical comments I made during the workshop	1 2 4 5	72%
15.	The organizers made every effort to help me reach my objectives for the workshop	1 2 4 5	89%
16.	The attitude of the organizers was conducive to "free learning"	1 2 4 5	97%
IV.	<u>Aspects relating to the organization of activities in the time available</u>		
17.	I consider that enough time* was given for individual or group discussions with the organizers	1 2 4 5	89%
18.	Enough time* was devoted to clarifying the documents	1 2 4 5	87%
19.	Enough time* was given for discussion in small groups	1 2 4 5	88%
20.	Enough time* was given for practical exercises	1 2 4 5	63%

- | | | | |
|-----|--|---------|-----|
| 21. | Enough time* was give for individual work | 1 2 4 5 | 53% |
| 22. | Enough time* was given for the presentation of work in plenary session | 1 2 4 5 | 93% |

V. Aspects relating to the benefits gained by the participants

- | | | | |
|-----|---|---------|-----|
| 23. | The workshop helped me to improve my knowledge of adult teaching methods | 1 2 4 5 | 95% |
| 24. | The workshop helped me to develop a favourable attitude towards the systematic approach to educational problems | 1 2 4 5 | 94% |
| 25. | The workshop has encouraged me to put the knowledge I have gained into practice after the workshop is over | 1 2 4 5 | 93% |
| 26. | The workshop will help me to encourage my colleagues to learn and make use of the new educational methods | 1 2 4 5 | 92% |
| 27. | The workshop has increased my confidence in my ability to achieve my personal objectives in the medium term (within one year) | 1 2 4 5 | 89% |
| 28. | The practical exercises showed usefulness of 'feedback' during the learning process | 1 2 4 5 | 84% |
| 29. | With regard to the planning of the workshop, its method of work and the attitude of the organizers, note below and give actual examples of: | | |

- (a) The factors which impressed you most favourably:
- The climate of the workshop
 - Facilitation style or process
 - PBL and LePSA methods
 - Problem solving process
 - School health package
 - Group discussions
 - The way the workshop was prepared
 - The Bwina latrine
 - The environment at Chato
 - Opening and closing prayers
 - Punctuality and seriousness
 - Organizers were confident and well prepared
 - Group solidarity
 - Flexible time table
 - All my expectations were met.

(b) The factors which impressed you least favourably:
 Transport facilities poor
 Accommodation was scattered in town
 Per diems too small
 Too long working days
 Travelling costs not adequately reimbursed
 Chato is too remote
 Reception on arrival was poor.

(c) Total length of the workshop

Too short	4 20%	Adequate	16 80%	Too Long	0 0%
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30. Further comments and suggestions.

Give invitations to such workshops early enough
 Continue with these workshops:
 once a year
 twice a year

If the recommendations made in this workshop are not given serious consideration by the HDD and SIDA, Sanitation will continue to lag behind.

Rotate the workshops from one region to another.

Project cars should be made available for important activities like this workshop.

We should be paid according to HESAWA rates stated in the Budget Manual (i.e. SEK 100 per day) and all participants should be paid equally.

The 300/= paid as sitting allowance is too small.

Long term evaluation of the workshop should be done.

Lets' visit Robanda village next time.

RMOs, DMOs and SHP Coordinators should be invited to these workshops.

BPL and other adult teaching methodologies to be used throughout programme area. More training needed.

It was a wonderful workshop!

APPENDIX V

Concluding remarks by the Health Advisor

1. The Chato Convention was a break through in the HESAWA Sanitation Strategy because the key implementors/supervisors of sanitation activities had ample time to discuss the main problems that they face in this field. If the recommendations made in this workshop are implemented, environmental sanitation will improve tremendously within the next 2 - 3 years.
2. The follow-up regional workshops mentioned on page 25 have already been implemented by the Health Advisor. These workshops were well attended and all the three regions came up with very appropriate recommendations to improve school health and sanitation activities (see separate report).
3. In order to strengthen the school health and sanitation programme, mass deworming for school children should be introduced, (see separate proposal).
4. Lack of reliable transport is a major setback in implementing sanitation activities at all levels. This problem should be studied more carefully in the light of recommendations made by the Chato Convention.
5. There can be no rural sanitation without community participation. The school health and sanitation package provides a suitable approach to sensitize and motivate communities for sustainable community based health care.

Dr. E. S. Mwashu
AMREF Health Advisor for HESAWA
MWANZA 06/07/1992