

**DPHE-UNICEF
WATER AND SANITATION PROGRAMME**

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**SANITATION TRAINING CURRICULA
REVIEW/NEEDS ASSESSMENT**

FINAL REPORT



DEVELOPMENT PLANNERS & CONSULTANTS
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Bangladesh

July, 1993



*EXECUTIVE SUMMARY, FINDINGS AND
RECOMMENDATIONS*

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SANITATION TRAINING CURRICULA REVIEW/NEEDS ASSESSMENT

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CHAPTER I
INTRODUCTION

CHAPTER I

INTRODUCTION

1.1 General

Public Sector intervention in Sanitation was initiated in 1954 as a technical Support Project with WHO assistance in what is now Bangladesh. Since 1962. Unicef has been supporting the government efforts in sanitation promotion. Historically however, government role was limited to 'Provision of Services 'that again 'Free of Cost'. Community involvement was not considered necessary. Proper use and maintenance of latrines and complementary health and hygiene practices were not emphasized.

The WSS sector has, during these long years, undergone shifts in policies, strategies technologies and approaches.

Several studies in the early 1980s recommended that Integrated Intervention with Water Supply, Sanitation and Hygiene Education in a single package-otherwise the Integrated Approach (1A) was necessary to yield desired impacts. The approach, first tested in two areas in 1986 is being expanded at all the 460 Thanas of the country with unicef support.

1.2 Background

Unicef itself viewed the mandatory Integrated Approach as a 'forced issue' reducing chances of sustainability and limited to 40,000 new tubewell applicants annually.

It therefore advocated a major promotional drive through an effective communication and hygiene education plan - an EPI type social mobilization with emphasis on sanitation, rather than technology promotion. Consequently, the Village Sanitation (Intensive Sanitation and Hygiene Promotion) Project was proposed by GOB and Unicef under the three year RWSS Programme (1991-93) to be implemented with donor support and in collaboration with local administration, NGOs, Paramilitary forces, educational and religious institutions with a target of achieving 35% sanitation coverage by the end of the period. The most important component of the project was Social mobilization and Hygiene Education, to be achieved through a strategy of :

- ◆ Strengthened media campaign
- ◆ Mobilization of all potential partners and resources for Sanitation, and
- ◆ Enhanced inter-personal communication and transfer of technology in sanitation at family and community level

The strategy for inter-personal communication and technology transfer assigned, among others, the tasks of :

- ◆ Developing a common Training Curricula for grass root inter-personal communication to be used by the GOB and NGO field workers and help coordinate training.
- ◆ Developing a resource library of appropriate field level training and communication materials needed to support coordinated programming.

A workshop on GOB-UNICEF-NGO collaboration held in August 1991 recommended that Unicef and DPHE would help develop the Training Curricula as well as a uniform and simple monitoring format to be used by all collaborating NGOs for field level programme.

Unicef's decision to undertake the present study of 'Sanitation Training Curricula Review and Need Assessment' stems from the afore mentioned considerations and recommendations, as a probable first step towards formulation of a Uniform Sanitation Training Curricula.

Based on the Unicef circulated TOR (Annexure : 1). Development Planners & Consultants (DPC) submitted a proposal in September 1992 for undertaking the envisaged task of 'Review and Need Assessment' and was assigned to do the job.

The present report is the final out come of the 3 month long intensive review and need assessment exercise made by a DPC team of specialists and support staff.

1.3 Objective and Scope

Under the broad objective of up-gradation and standardization of Sanitation training curricula and support materials, the study had the following immediate objectives :

- ◆ Review of all existing training curricula and support materials on sanitation currently being used by DPHE, leading NGOs and others involved in the 'Social Mobilization for Sanitation Movement ', including Imams, Schools, community leaders together with women groups.
- ◆ Indepth analysis of the contents and training methodologies of individual training curriculum taking note of integration of sanitation issues with that of water, hygiene practice, diarrhoeal disease control, nutrition, breast feeding EPI etc. allied to it.
- ◆ Opinion survey among key officials and field workers involved in curriculum development and implementation in the field of Sanitation Training.
- ◆ Make concrete recommendations for curriculum development on a participatory approach with emphasis on women's involvement at all level as actors and beneficiaries.
- ◆ Also recommend realistic measures for monitoring and supervision of trainees.

The TOR apparently limits the scope of the study to existing training curricula and support materials developed/used by the involved agencies. However, as specific recommendations on further development of the existing curricula is asked for, study/review of

curricula/materials on sanitation Training developed/used by other relevant national and international agencies were thought to be useful and hence attempted at.

Although not mentioned in the TOR, Focus group discussions have been included in the opinion survey to help proper need assessment.

The TOR did not specify if the support materials would include Audio-Visuals. reviewing of such materials was proposed and done.

Although the study has an apparent bias for software, training on hardware also came up as they are inseparable in many training programmes.

The TOR also asked for realistic recommendations for monitoring and supervisor of trainees. This implied review of existing monitoring and supervision procedures as well.



CHAPTER II
RESEARCH METHODOLOGY



CHAPTER II

RESEARCH METHODOLOGY

2.1 General

The adopted methodology for the study is directed towards a qualitative and quantitative assessment on adequacy and effectiveness of sanitation training curricula, material and training infrastructure. The study comprises two distinct aspects:

- ◆ Desk work or material review
- ◆ Field operation or field survey on material in use

2.1.1 Desk Work or Material Collection and Review

The study team in close cooperation with UNICEF, DPHE, national and regional NGOs, Ministry of Health and other Govt. and funding agencies has made an inventory of existing W/S training curricula, training aids and modules, health and hygiene education material. Apart from this, existing review and evaluation reports have also been included in the list of review material. Materials were reviewed organization wise collectively by the Consultants, while the final report was prepared by the specialist.

2.1.2 Field Operation or Field Survey

An assessment of the materials in use in the fields was found necessary for an understanding of how the training programmes were conducted and what methods were popularly in use.

◆ Objectives of the Field Survey

- Gathering the opinions of the policy makers, core trainers, field trainers and beneficiaries of the water sanitation training programme.
- Observing as many on going training sessions as possible.

◆ Survey Methods

- Semi structured discussions with policy makers
- In depth interviews with core trainers and field trainers
- FGDs with beneficiaries and field trainers where possible.

◆ Survey Tools

All tools were pretested prior to conducting actual interviews during reconnaissance study.

- Semi structured questionnaire for policy makers
- Questionnaires for core and field trainers
- FGD Guideline for beneficiaries
- Observation checklist for training sessions See Annex I for Survey Instruments

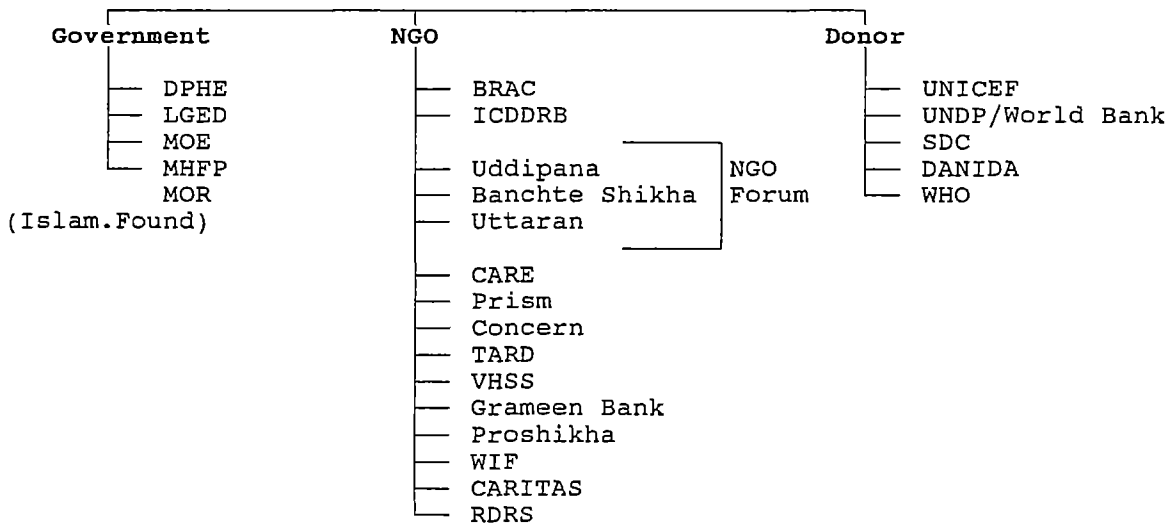
◆ **Sample Location**

The project universe is Bangladesh, therefore, efforts were made to cover GOB and NGO water sanitation training programmes in all four divisions of Khulna, Chittagong, Dhaka and Rajshahi. Sample location map showing sample locations is shown in **Exhibit 1.1**

◆ **Sample Selection**

The agencies and organizations covered by the study throughout the four administrative divisions fall into 3 broad categories and they are as follows:

AGENCIES/ORGANIZATIONS COVERED BY THE STUDY



Both NGOs with only training material and fields have been selected for our sample. Those with operational fields have been included in the field sample selection and those with only material naturally are a part of the material review. Not all organizations producing material have their own water sanitation operational fields, eg. CONCERN, WIF and not all organizations with fields have their own material, eg. Grameen Bank, Bachte Shekha, DPHE/LGED etc.

It should be noted, that this list of organizations and agencies working in the area of water-sanitation is not exhaustive. There are other NGOs, mainly under the umbrella of NGO Forum and agencies, such as the Dutch Government and JICA, outside the scope of this study. (Ref. Annex II for list of Agencies and NGOs (NGO Forum members) involved in water sanitation training programme.



◆ Sample Category and Size

This is shown in Table 1.1 below.

TABLE 1 : FIELD SAMPLE CATEGORY AND SIZE

Study Method	Respondent Category/ Organization	No. from each Division	Total Sample Size (No.)
A. Policy Maker :	I. Proj. Managers	from all org.	21
B. Interview :	II. Core Trainers (CT) :		
	- DPHE	1 CT	3
	- Ministry of Health	1 CT	1
	- LGED	1 CT	3
	- NGOs	1 CT from each organi- sation covering four divisions	12
	Sub-total CTs		19
	III. Field Trainers (FT)		
	- DPHE	2 FTs	8
	- Ministry of Health	2 FTs	8
	- LGED	2 FTs	4
	- Primary School	2 FTs	2
	- Secondary School	2 FTs	24
	- NGOs (12)	2 FTs from each NGO	20
	Sub-total of FTs		66
C. Focus Group Discussion (FGD):	III. Field Trainer (FT)		
	- DPHE Group (SAEs & Technicians)	1 FGD	3
	- School Teacher Group (Primary school)	1 FGD	2
	- School Teacher Group (Secondary school)	1 FGD	2
	Sub-total of FGDs		7
	IV. Beneficiaries :		
	- Pupils (primary schl)	2 FGDs	5
	- Pupils (second. schl)	2 FGDs	3
	- Caretakers of DPHE	2 FGDs	8
	- Caretakers of LGED	2 FGDs	6
	- Registered Couples	2 FGDs	7
	- Community leaders	2 FGDs	7
	- NGOs groups from 4 divisions	2 FGDs per NGO	8
	Sub-total of FGDs		54

The total number of FGD: 61 and total number of participants were 373.

C. Observation of
Training Session



◆ FGDs and Interviews

The targeted number of interviews of respondents and FGDs were not achieved. This was due to several reasons :

- DPHE, Chittagong Sadar, had technical difficulties with the official papers given to the Survey Team by Unicef and DPHE. Therefore, the SDEs were unable to assist the team in their interviews and FGDs. There was no time to come back to Dhaka and start all over again. Moreover, the SDEs seemed to be on the defensive apprehending an appraisal of the field work they had done.
- Since MOH really does not have a water sanitation programme, but rather their EPI programme includes some common sanitation messages, it was difficult for them to identify their programme with our needs. In Chittagong again they insisted they had no such programme and, therefore, they saw no reason for such interviews with their workers. However, in other areas, such as Dhaka and Rajshahi it was possible to carry out such interviews.
- DPHE, Tangail, despite three days notice failed to organize FGD with their mechanics and SAE.
- In some cases, such as Grameen Bank, two fields had to be surveyed. According to the suggestions of the Dhaka office our Team first visited their fields in Bogra, where they did not find any female groups at all. They also did not find any water sanitation activities going on there. This was very strange, particularly because more than 80% of their beneficiaries are women. On discussion with Dhaka office it was realized that it was a new project area and not at all representative of the actual situation in Grameen Bank. Therefore, a second trip was made to their Tangail field where their water sanitation activities were found. **However, in most cases, such as example in the case of Islamic Foundation was not possible.** (See Chapter 3 for details on organizations).
- The months of November and December are yearly school examination months. A number of schools could not assist us in the study. Therefore, they had to be excluded from the FGDs.
- Upto 35 various organizations and project managers were approached at the initial stage of scanning for relevant training material, curricula and operational fields, however, 21 persons relevant to the study were finally interviewed.
- There were overlapping Core Trainers, e.g., the SDE category were Core Trainers for Schools as well as for DPHE, LGED while MOH did not really have any Core Trainers at all in this field.
- Two of the FGDs with male groups of beneficiaries could not be held because it was a working day and they could not give us the time.

- The communal tensions over the Babri Masjid was at its peak, and some areas, such as Chittagong was one of the worst hit. It made the FGDs difficult to hold. All these factors considerably affected the number of respondents and FGDs initially targeted.

2.2 Implementation of the Study and Constraints

The study review and field implementation was conducted by DPC Consultants assigned to the task. The three Consulting Team members were supported by an Associate Researcher and four teams of experienced field investigators. Each field investigating team had a Moderator, a Rapporteur and a female member.

The Consultants designed the total study in collaboration with UNICEF. They were responsible for reviewing curricula and material, preparing data instruments, providing technical assistance in conducting FGDs and the final report.

◆ **Material review**

During material collection it was noticed that some organizations were not very willing to share their material with others, particularly their curriculum. Only 6 curricula were finally collected, of which not all of them can be considered to be curriculum. Therefore, collecting material was a difficult and time consuming affair. Each organization had to be visited several times before the necessary material could be obtained. It cannot be said for sure whether all relevant materials were actually made available to the researchers. CARE had water sanitation related communication training material in the form of dramas and songs. However, it was possible to include these in the review in the last minute as these could be collected from the field, after repeated effort at Dhaka office.

Nevertheless, a reasonable amount of materials were successfully collected which gave us a good idea of the present status of water sanitation training curricula and material. Time was a major constraint limiting the efforts in pursuing organizations to respond to the need of this study review.

For details see Annex III for Inventory on Materials Collected.

2.3 Study Team

The study team consisted of the following members :

0	Dr. Anwar Hossain	Team Leader
0	Syed Shafique Ahmed	HRD Specialist & Curricula Review & Development Specialist
0	Sharmen S. Murshid	Supervision & Monitoring Specialist
0	Zahurul Azim	Research Assistant

The team had a back up support staff consisting of computer programmers, data entry operators and field investigators.

CHAPTER III

SANITATION TRAINING IN BANGLADESH

CHAPTER III

SANITATION TRAINING IN BANGLADESH

3.1 Policy and Strategy

The First Five Year Plan (1973-78) of Bangladesh re-assigned to DPHE the task of educating the rural people on sanitation, fabricating sanitary installations and making those available on a subsidized basis.

DPHE, for that matter the government of Bangladesh gave a real thrust to the WSS sector, sanitation in particular in collaboration with and support from Unicef, WHO and Several donor agencies like SDC and DANIDA. Several nationwide programmes were undertaken. Launched in 1975, the Village Sanitation Scheme that continues in phases is the most significant. Comprehensive training and research programmes were proposed under the Scheme. However the training programme had an obvious hardware bias.

The Twenty Year Perspective Plan (1980-2000) document observed : "Training and research will be of fundamental importance in a Comprehensive rural development strategy. Effective linkages and coordination must be established between existing formal and non-formal training institutions and new ones like community schools, in-service training institution, mobile training centres etc". It also suggested setting up of an integrated training and research complex at the thana level catering to various fields like literacy, technical training for agriculture, rural industry, health and family planning etc.

Although due importance is given to Human Resource Development, per-capita expenditure outlay is still one of the lowest in the World. Expenditures, as proportion of GDP, declined from 2.4% during 1976-80 to 2.1% during 81-86. (World Bank Report on Promoting Higher growth & Human Development).

Bangladesh government re-oriented the health system from curative to a preventive one during the 3rd Five Year Plan (1985-90). The Fourth Five Year Plan (1990-95) envisages development of a health manpower, through development and implementation of appropriate curriculum and basic in service training. Of the total proposed allocation in the sector during the plan period (Tk.1067 Crore), 11% is earmarked for man-power development.

The government set up a national Training Council in 1981 for formulating a comprehensive national training policy and provide over all guidelines for personnel training.

The council also prepared a list of the existing training institutes in the country in 1982. According to the list, up dated in 1984, the Finance Ministry had the maximum number of training institutes (64 Nos.). The Ministry of LGRD&C which controls the WSS sector had only four such institutes. The DPHE, the largest (nationwide) agency responsible for water supply and sanitation is yet to have a training institute of its own.

In spite of the thrust on Sanitation Promotion, Country's health situation registered little marked improvement with over 300,000 non-existing hygienic sanitation practices among children still dying of diarrhoeal diseases, only 24% of water requirements being met from tubewells, almost children, and increasing environmental pollution in through open air water defecation. the situation called for a different approach by including health education in sanitation promotion.

The Basic water and Environment Plan (1982) already suggested an approach where hardware provision were to be complemented by health education though as a separate component. A series of socio-economic studies were undertaken that recommended an integrated intervention of Water Supply, sanitation and hygiene education that is the Integrated Approach.

Based on the socio-economic studies of 1982-83, a joint DPHE/UNICEF/DANIDA Health Promotion Strategy was prepared in early 1986 which among others, linked tubewell provision with the conditionality of atleast two days training to selected caretakers with emphasis on health communication, employment of women trainees, maintenance cost sharing by users etc.

The strategy further recommended health promotion through inter-personal communication materials prepared for different target groups household with land less than three acres, women with children, School children hand pump care takers etc. Special training programmes should also be prepared for DPHE field staff and special workshops for selected government officials. The curriculum of the civil engineers should be revised in the light of the new implementation strategy. It also recommended that a field manual, consisting of 13 steps should be used at the village level by the 1A implementation staff.

The Dutch sponsored sector study of 1985, while stressing the need for developing a full scale programme of intensive health education campaigns recommended inclusion of health promotion components in the training programmes. Such a programme should include, among others, the following actions:

- 0 Determine safe distance to tubewell location from pit latrines
- 0 Look into ground water pollution
- 0 Consider the feasibility of low cost community latrines in urban setting etc.

The revised guidelines of 1989 for Training and education under 1A included (a) job related training for masons, TWMs, SAEs and Caretakers (b) health education among people on a routine basis.

In view of the slow progress in coverage an intensive sanitation promotion drive was launched in early 1992 under a three year Rural Sanitation and Hygienic Education Project. Nick named social mobilization project, it is an effective communication and hygienic education plan with emphasis an sanitation, rather than technology promotion, to be achieved through strengthen media campaign, mobilization of all potential partners and resources and

enhanced rely personal communication and technology transfer at formally and community level. The last strategy called for developing an common training curriculum and resource library.

3.2 Organizations/Agencies/Institutions Covered by the Study

Until 1954, sanitation here was altogether a private sector affair. The first public sector intervention came that year through the Department of Public Health Engineering with support from WHO. Unicef has been involved in sanitation promotion since 1962. Bilateral agencies insolvent dates back mostly to early 70s while NGO involvement in most cases started in early 80s. UNDP has been involved since 1985.

Sanitation as technical subject has been covered by most of the technical educational institutes and BUET. Software aspects of sanitation has always been introduced in some of the school curricula.

A brief resume of the major government agencies, external support agencies and formal institutions and those of the NGOs covered by the study, involved in sanitation in Bangladesh is presented here.

3.2.1 Government Organizations/agencies

DPHE is the responsible agency for Water Supply and Sanitation sector development, operation and maintenance in the rural and urban areas of the country except Dhaka and Chittagong where the Water And Sewerage Authorities have taken over since 1962-63. Although the Pourashavas (municipalities)are responsible for the operation and maintenance of Water Supply and Sanitation facilities the responsibility is still mainly with the DPHE in most cases while in some cases they are being shared jointly.

DPHE has a staff strength of 7281 persons of which 4723 under revenue budget. DPHE has four zonal laboratories for chemical testing of water qualities. The only Village Sanitation research Centre at Mohakhali in Dhaka is ill equipped lacking adequate manpower, space and equipments. The Centre does not have documentation facilities nor does it have the equipments for testing ring Strength.

DPHE does not have any promotional material development programme to its own and is almost totally dependent on UNICEF supplied materials.

As gathered from the survey, DPHE conducted 80 training courses during 1992.

GOB - UNICEF
SANITATION TRAINING

PLAN/ PROGRAMME	TARGETS	ACHIEVEMENT
VSS - I	Targets were set to train 100 A.Es, 500 SAEs, 100 Sanitary Assistants, 6100 TWMs/Attendants and 100 Manons.	
VSS - II (82-85)	<p>Inservice training for nearly 11624 DPHE staff and extension worker. 4 senior officers were to be provided foreign observational tours (35 days). 115 Engineers, 450 SAEs to be trained in office store management health education, planning & monitoring, sociology, social survey and evaluation system, motivation, latrine product sale & installation.</p> <p>20 health educations, 20 sanitary inspectors, 20 prejectionists, 2000 tubewell attendents (care takers), 450 manum, 900 mason helps, 800 family welfare workers also were to be trained. (1-10 days).</p>	<p>A total of 671 group discussions, 3027 latrine household visits, 247 community meetings and 2115 film shows were arranged during 1982-85.</p>
BASIC WATER & ENVIRON- MENT PL (BWES) (1982-85)	<p>Training 30,000 field level health workers from Ministry of Health and Family Planning.</p> <p>Training 9000 primary school teachers.</p> <p>Training 19,000 Tubewell care takers from DPHE</p> <p>Project support to communication materials, leaflets etc.</p>	<p>Only 3 million leaflets were produced and distributed through primary school teachers.</p> <p>Others were abandoned</p>

PLAN/ PROGRAMME	TARGETS		ACHIEVEMENT
VSS - III 1985-95	Care Takers Training	Including Backlog	Care Takers Training: 1985/86 523 1986/87 15,856 TWMs : 1985/86 225 Training 1986/87 871 (3 days) Senior Level Orientation Meeting (in DPHE) Local Level Orientation Briefing : 1986/87 SAEs : 400 SDEs : 60 Upazila Engg. : 300 " Chair.: 149
GOB-UNICEF WSS Pro- gramme (1988-93)	Training of Care Takers Families : Refresher Training for Public Health Promotor (TWMs) : Orientation of Upazila/ Pourashava Officials : Training of SAEs Training of Pourashava Staff	239,160 92,000 12,650 460 1150	Care Takers Training : 3 yrs Average (1988/890-90/91) 37.3% of target (only 31% of the CTF received more than 1 hour training) Others Against 1990-91 target (Approx) Masons : 400 TWMs : 2500 SAEs 360
GOB-Unicef WSS Pro- gram (Revised) 1991-93	Under Social Mobilization Project		
	Training & Retraining of DPHE Masons NGO Masons Private Masons Others Masons NGO Field Supervisors	500 100 600 50 154	

PLAN/ PROGRAMME	TARGETS	ACHIEVEMENT
	Orientation Seminars : National I Others : 20,761 Including School Meetings IA Seminars Upazila Level 344 Union Level 2680 Orientation of other field worker 10040 Orientation of Upazila & Union officials (60 per batch) 14130 Training of Care Takers Families : 119653 Training of Care Takers (SIP) : 452 Training of Pourashava Staff : 520 SAE/SDE Refreshers Training : 1070 TWMs (PHPs) Refreshers Training : 3701	

DWASA

DWASA has its own training institute since 1981 set up with World Bank Support, offering training services its staff as well as those of CWASA and other organizations. DPHE however, is not participating since 1985/86 (Ref. DANIDA Report, 1989). The institute has trained (in country/foreign) instructors and developed course materials.

LGED

The Local Government Engineering Bureau established in 1984, recently upgraded a full fledged department, is mainly an infrastructure development agency having a country wide operational net work with a strong training base in the form of an institute with field level set ups.

It's involvement in sanitation started in 1985 through the UNDP/DANIDA fund with low cost sanitation project in about 87 Municipal Towns of Bangladesh. The project, besides promoting the twin pit sanitary latrines, a low cost alternative to septic tanks, provided extensive training for different categories of people involved. Study tour of about 50 persons were arranged in Indonesia. However, people not concerned with the program also were sent abroad through political and bureaucratic influence. The training provided in different sessions to masons, junior technical staff and other involved was intensive. A video documentary on sanitation promotion and hygiene education was also produced. A latrine construction manual and three posters were also developed. 70 twin pit latrines were built and distributed on a cost bearing basis.

The other significant involvement of LGED in sanitation is through the slum improvement project implemented with UNICEF support. The SIP is a comprehensive community development project including water supply, sanitation, infrastructure and income generation.

Health Directorate

The Directorate of Health is responsible for the promotion of health care and Health Education Bureau, under the directorate provided health education in the country. It has a cadre of health workers spread over the country. The bureau reportedly conducts about 300 training every year on primary health care, health education and intensive health care.

The directorate has published a number of propaganda/information materials on health care. It has also published a set of training modules for different categories of health workers and imports training to its own cadres as well as outside agencies. It organized a Field Inspectors of Training Course for the Women Affairs Directorate in 1989. Sanitation was nowhere mentioned as a subject of any session but only covered under diarrhoea disease control. The directorate reportedly conducted 78 training courses in 1992.

3.2.2 External Support Agencies

UNICEF has been supporting the WSS Sector in what is now Bangladesh since 1962. Being the largest and main collaborator in Bangladesh's effort in WSS sector promotion, also supports training in the field by way of technical material support and fund provisions, mainly through the DPHE, LGED, NGOs as well as the private sector. UNICEF's supports are implemented at times exclusively on project basis or as part of other programs through several of its regional and field offices.

DANIDA

As the largest fund provider to the WSS sector in Bangladesh has been instrumental in the initiation of several studies, appraisals, evaluations etc. relating to water supply and sanitation.

Besides supporting UNICEF/DPHE, Danida is supporting training initiatives of other organizations/institutions. Notable among those is the establishment of the international training network at BUET as an affiliate of the ITN program of the UNDP/World Bank. Water and sanitation program in Washington D.C., USA.

The objective of the ITN, is to strengthen local capacity for training, information dissemination, applied research and demonstration activities stands at US\$ 1.45m including 10% UNDP/World Bank support service charge.

SDC

Swiss Development Cooperation has been extending active support to the development efforts of Bangladesh, Diarrhoeal disease control in particular since 1972. Besides supporting ICDDR research, SDC also supported the dissemination of 'Oral Rehydration Therapy in a country wide campaign executed by BRAC.

The Swiss Development Cooperation is the other partner in fund provision for UNICEF/GOB rural water supply and sanitation program.

SDC has actively supported a five phased study and action research in private sector sanitation promotion between 1988-92.

Along with DANIDA, SDC is currently Supporting a three year 'Integrated Water and Sanitation Program launched by the NGO forum.

WHO

Has been very effectively supporting the WSS sector program in Bangladesh. As already mentioned the first support dates back to 1954 through technical support.

The training support, provided by WHO are broadly of 3 categories.

- Courses for the DPHE training staff at district and upazila level.
- Courses related to chemical/quality tests of water.
- Promotion courses on sanitation.

WHO has been carrying out a significant monitoring and evaluation functions for DPHE/UNICEF. The monitoring and evaluations have been on both hardware and software aspects.

Unfortunately however, WHO at least a specific evaluation report on training related issue could not be managed from WHO office inspite of repeated requests.

UNDP/WORLD BANK (RWSG-SA)

The regional water supply and sanitation group South Asia, through its country office in Bangladesh acts as a facilitator/coordinator of the major UNDP/World Bank water and sanitation program activities in Bangladesh with different government agencies like DPHE, LGED, WASA, ICDDR.B, as also with NGO forum and others. Mostly hardware engineers form the core team with occasional inputs from consultants. Formulation of a WSS strategy for the 1990s was a major contribution by the UNDP/World Bank program in Bangladesh in 1991.

THE DUTCH GOVERNMENT

Since 1978, Dutch Government support to the WSS sector in Bangladesh has also been significant. Besides sponsoring undertaking of different studies, Dutch government support has been made available through different district town WSS development projects. Current emphasis is on having training as a major component.

- Institution building
- Human resource development
- Health education
- Increased womens involvement

JICA

Of Japanese training support activity centers around specific activity within urban water supply but as Danida '89 study puts it.

'Its methodology cannot be utilized as guidance for other training activities in the sector'.

3.2.3 Formal Institutions

BUET

Bangladesh University of Engineering and Technology awards bachelor as well as limited masters degree in Engineering. It has an Environmental Engineering Division (EED) which deals with Water supply and sanitation as well. The EED is under the Civil Engineering Department with about 900 under-graduate and 350 post graduate Students.

The curriculum for the B.Sc. Engg. (Civil) degree on a four-year term has very little coverage of low cost technologies and virtually no soft ware coverage.

It is with the EED, that the proposed International Training Network (on WSS) is being set up with. An Institute for Environmental Research and Training is being established for this purpose.

BITs

There are four regional engineering colleges which had been converted into Institutes of Technology offering degrees in Engineering. Diploma Engineers may also take admission in these institutes.

There is an academic committee to decide on the curricula. Environmental Engineering is not there as a regular course. There is hardly any staff in the BITs with formal soft ware background and practical experience on low cost water supply and sanitation.

Polytechnic Institutions

About 2000 diploma engineers come out each year from the 18 Polytechnic Institutes of the Country. Most of the DPHE Sub-assistant Engineers are from amongst these diploma engineers.

The 3 year term course curricula includes both theoretical and practical aspects of Water Supply and Sanitation. The Syllabus on Sanitation however deals only with urban sewerage, its treatment and disposal. Software aspects are almost non-existent. (Ref : UNDP/WORLD BANK/DANIDA Appraisal Report/1990)

MATS

The Health Division of the ministry of health & family planning submitted a scheme for establishment of four Medical Assistant Training School (MATS) to develop a cadre of

medical assistants in 1978, which was approved by the government. 20 Such schools with an annual intake capacity of 30 Students were established. However, since 1984, GOB decided to limit the no.of Schools to 8 only.

The MATS offer diploma Courses spread over 2 years theoretical and half year practical courses, A curriculum of the Medical Asstts. Training Course was drawn up and approved by the State medical Faculty of Bangladesh.

One of the functions of the MATS was to provide education and preventive health care. But only 20% of the MAS in the family planning wing of the Ministry Claimed they had rendered any such services. (Ref : An evaluation of Performance of the Medical Assistants/Planning Commission/1987).

NCTB

The NCTB was born out of a government decision in 1983 to merge the National Curriculum Development Centre with the School Text Book Board. The NCTB is responsible for the curriculum development , printing and distribution of all text books for the primary, Secondary and higher secondary levels. It also approves books published outside for inclusion in the curriculum.

With support from Unicef, NCTB prints and distributes free of cost, about 50 million primary text books in Bangladesh every year.

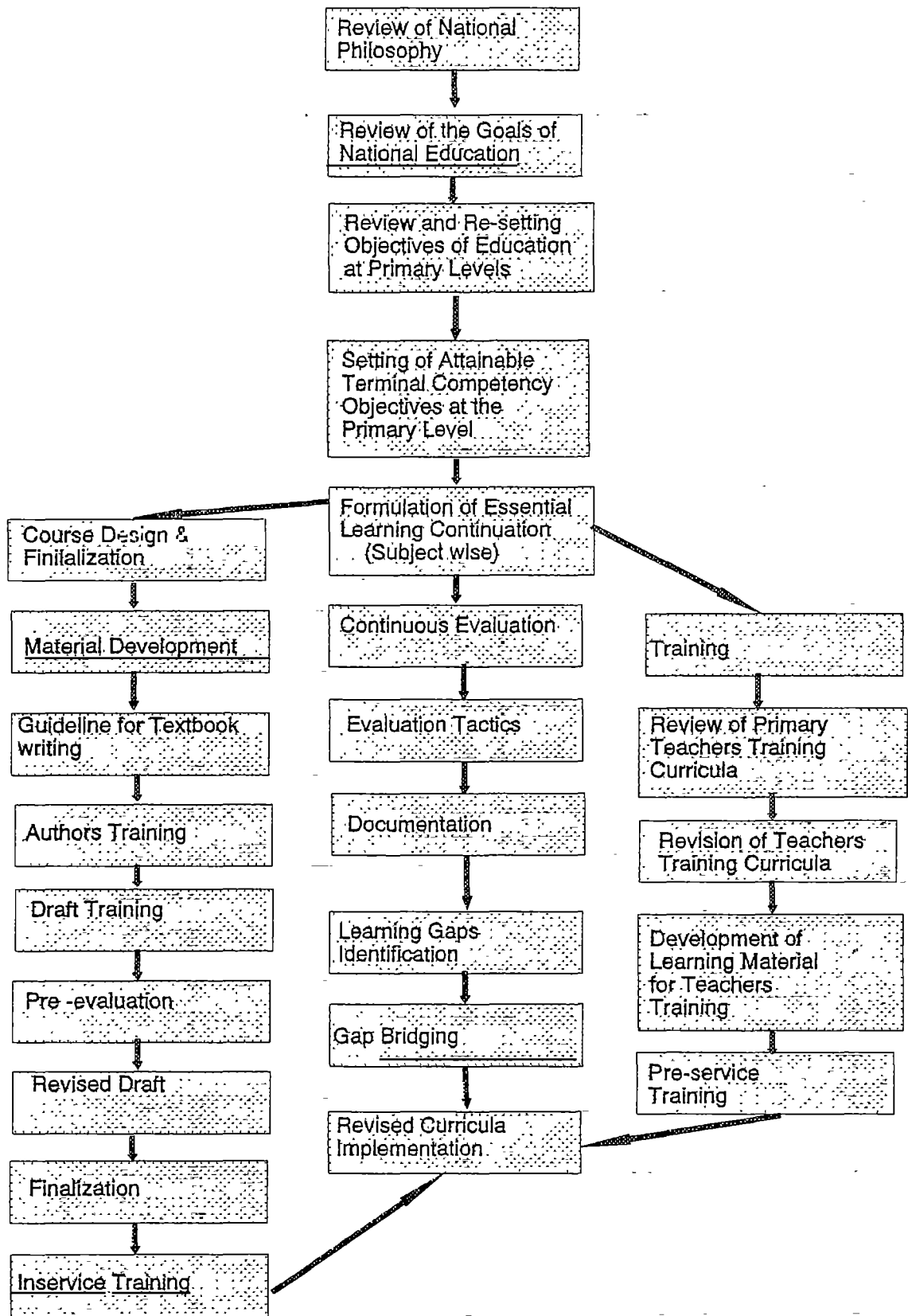
With a view to providing effective education during the five years of primary education of a child, an extensive programme was undertaken during the 3rd Five Year Plan (1985-90) of the country, to review and revise the existing primary education curricula.

The review set 8 goals and objectives for national education, 19 for the primary education and 53 terminal competencies for the primary level.

Based on these set of objectives and the national philosophy, a final set of learning Continue has been developed for 11 different subjects including. Poribesh Porichiti-Knowing the Environment (A combination of Social Studies and Science).

The following matrix Shows the process of development. Separate committees were set up against each subjects in formulating the continuum. The highest number of members was for Poribesh Porichiti.

MATRIX SHOWING THE DEVELOPMENT PROCESS OF NCTB



However, the NCTB has no representative in their Curriculum Committee/Evaluation Committee from the concerned agencies dealing with water Supply, environmental sanitation and hygiene education.

Islamic Foundation

Upgraded from the Islamic Academy of the pre-independence time, the Islamic Foundation is the research, publication and promotional organization of islamic ideology under the Ministry of Religions Affairs.

The foundation has published 425 books and eight specialized research monographs and brings out a weekly journal from its own publishing house. It has own distribution net work mainly consisting of the 64 Islamic Cultural Centers covering all the districts.

The Foundation took up a pilot project of training religious leaders on Various Socio-economic trades/activities during 1978-79. Encouraged by the success of the pilot project, a scheme for training about 13,000 Imams (of roughly 200,000 Mosques) of the country during the Second Five Year Plan (1980-85). The target set for the 3rd Five Year Plan (1985-90) was training 15000 Imams.

The curricula included training on the four broad fields of (a) Education (b) Health (c) Local based economic activities (d) Socio-economic. The training lasted for 45 days with day long Classes.

The Imams are provided primary knowledge of a 'good standard' on Need for Pure Water, Sanitation and hygiene as the first item on health agenda.

Training on Sanitation and hygiene education is provided with technical support from NGO Forum, WIF etc. Unicef is a major supporter of the Imam. Training Program. It sponsored, among others the publication of a booklet on 'Role of Imams on " Child Health Care "' produced by WIF.

The Foundation keeps good record of their performance of the trained imams. As stated in the weekly journal of 4 June 1992, the imams have given advises on health care and hygiene to over 9.6 million persons and given first aid to 1.7 million persons by Mid 1990.

An Evaluation Report on the performance of trained imams, conducted by the project authorities in 1986 found that 70% of those surveyed felt that more promotional materials and information booklets were needed in the field. The evaluators were of the Opinion that if provided with more training, the imams can play an effective role in promoting health and hygiene education.

An inter-ministerial evaluation committee headed by the joint chief of the Planning Commission in its report submitted in 1991 recommended that the Islamic Foundation should have its own Training Academy and the four regional Imam Training Centers may be re-organized as its branches.

ICDDR,B

The International Centre for Diarrhoeal Disease Research, Bangladesh is an autonomous, philanthropic and non-profit organization for research training and clinical service in diarrhoeal disease. The Centre has emerged from the Cholera Research Laboratory of the pre-independent Bangladesh. The Centre is almost hundred percent aid dependant.

Each year ICDDR,B treats over 70,000 patients through its headquarter in Dhaka and field hospital at Matlab, Comilla.

The activities of the institution also include undertaking and promotion of study, research and dissemination of knowledge thus acquired. The Centre brings out annual reports, working papers, scientific publications, news letters. It also brings out a mimeographed Current Awareness Service Bulletin. The Centre doesn't have printing facilities. It spent US\$ 204,000 on printing and publication during 1991. ICDDR,B, upon contract from the UNDP/World Bank Water and Sanitation Program, conducted a Health Impact study at Mirzapur in 1984, where the integrated Intervention of Water Supply, Sanitation and hygiene education was first introduced in Bangladesh. The twin pit Latrines and the Tara Pumps were also field tested in the exercise.

ICDDR,B training covers safe water supply, sanitation and hygiene education as preventives to water borne diseases. During 1991, a total of 591 scientists, physicians, health administrators, health personnel trainees and students from 18 countries were given training at the centre. The centre organized an international workshop on Water and Sanitation in 1991.

The information materials/manuals promoted by ICDDR,B are mostly on diarrhoeal disease control and have nothing specific on sanitation.

3.2.4 Non government Organizations

NGO Forum

Established in 1982 in line with International Drinking Water Supply and Sanitation Decade (IDWSSD 1981-90) observance, the NGO Forum is an apex body of NGOs involved in the WSS sector in Bangladesh.

The Forum served as an information and coordination body in the beginning but embarked upon its own programmes under ADAB banner in October 1984. Since 1988, the Forum started functioning as an independent body.

NGO Forum has over 315 local NGOs (branches included) affiliated to it.

The Forum is currently implementing a three year ambitious programme (its eighth) of TK 40 million on Integrated Water Supply and Sanitation. The institutional strength of the Forum has been expanded to a great extent through this project. The budget includes TK 1.7 million for training, TK 2.5 million on promotional activities and Tk 21.7 million for hardware support.

The Forum has a training cell at head office. The Forum runs/Supports 68 Latrine production centers and would bring it to 200 at the end of the project. Methods applied by NGO Forum during training reportedly include lecture, group discussion. Role Play, Case study, demonstration brain storming. Question/Answers, Drama, problem solving exercise and simulation games.

BRAC

Established in 1972, the Bangladesh Rural Advancement Committee carries out its development activities mainly in the fields of (a) Rural development (b) Non-formal Education (c) Health Care and (d) Housing.

BRAC established its Training and Resource Centre (TARC) at Savar during the early 70s. There are seven such Centers in the Country offering training to outsiders as well. Since 1990, BRAC has established a Management Training Centre.

BRAC was a major partner in the Oral therapy Extension Programme until 1986 and expanded it into a more comprehensive Child Survival Programme. It was also a major partner of the EPI programme. Over 30,000 pit and 16,000 Slab latrines have been constructed/distributed by the organization. About 5000 tube wells have also been installed. It conducted only one seminar on water supply and sanitation during 1992.

BRAC has a regular staff strength of over 4200 personnel.

So far training methods are concerned, lecture, group discussion, case study, Audio Visual and problems Solving exercises are practiced.

Grameen Bank

Initiated in 1976 as an applied research project of prof. Md. Yunus of the Chittagong University. This experimental credit project for the asset less was turned into a bank in 1983. Government share in the bank was 25% in 1990 which has reduced to about 10% now. Its target beneficiaries are almost entirely women of little to no means. They are organized in to groups, given training on different self improvement activities including health hygiene and non-formal education and then provided credits for income generation. Since 1987, the bank is operating a housing programme for selected beneficiaries that includes sanitation as well.

The Grameen Bank has over 800 branches covering more than 20,000 villages. Training monitoring and Supervision are major strengths of the organization. Grameen Bank has no promotional material production programme of its own and uses materials supplied/collected from sources like DPHE/UNICEF/HKI and others.

RDRS

Operating as a refugee support programme during the 1971 war of liberation, the Rangpur Dinajpur Rural Service started its NGO Operation in the Northern districts of Bangladesh after liberation.

Its area of action includes comprehensive rural development, irrigation, low cost housing and low cost sanitation, non-formal & health education etc. RDRS has been instrumental in the development of several indigenous low cost technologies. RDRS had constructed 1000 water seal and 6300 pit latrines during 1988. However, during 1991, the number of latrines constructed was 990 only. As stated in the 1991 Annual Report, only 21% of the RDRS group members use sanitation latrines, RDRS has about 8000 organized groups.

PROSHIKHA MUK

Proshikha was established in 1976 as a human resource development organization. The major components of Proshikha Programme are (I) Community Organization (II) Development Education (III) Income & Employment generation (IV) Relief & Rehabilitation (V) Rural Housing and (VI) Water Supply and Sanitation.

Proshikha is active in 50 areas covering 3415 villages in 29 districts. It has over 25000 organized groups of which about 13000 are women.

Total number of latrine sets produced since inception of the Sanitation programme in 1984 is 46,511 till mid 1992.

Its training carried through its Central Training Centre of Manikgonj and 50 rural training centers. Both Skill development and human development training course is imparted. During 1991-92, 30 training courses on latrine production were held attended by 579 persons, of which 299 females.

In a synopsis of the practical skills courses about Water Seal latrine production and project management it is stated that the 10 day long training Centre is intended to make the participants aware about the need and importance of using the water seal latrine. A trainer is supposed to be taking latrine production as an income generating activity and he should be able to manage such a project.

It appears from the training Calendar of Proshika that a hardware bias is there specially in the training in sanitation sector. During July 1991-June 1992, IWSS training sessions of 10 days each were organized where as only 3 Health & nutrition Education courses and one on environment were held during the same period.

Proshika has a set guideline for its Tubewell Distribution programme to which a Training Programme is linked. Besides outlining various administrative and financial procedures, a minimum 50 feet distance from a latrine and a tube well has been asked to be maintained.

Proshika has a Research Monitoring & Evaluation Cell. It also has an Audio-visual production centre of its own which takes job works as well. So far, four documentaries and two training manuals have been produced on the organizations own. Proshikha also has its own Popular Theater group & organizes formal & informal training courses on popular theater.

Methods Applied by Proshika in their training Programs include. (a) Lecture (b) group discussion (c) Role Play (d) Case Study (e) Demonstration (f) Question & Answer (g) Song (h) Drama and (i) experience sharing.

Although Proshika has its own Audio Visual Unit, none of its centers surveyed under the study reported to have used the method.

Caritas

Caritas was established in 1967. It took the name Christian Organization for Relief and Rehabilitation (CORR) in 1971 and retook its previous name in 1976.

Its development programmes include, among others the fields of Disaster Relief, Rural Works, public health and family Planning, Water Supply and Sanitation, Education, Agriculture, and Income generation.

Caritas is active in indigenous technology development in different fields including sanitation. Currently it is promoting earthen latrine rings and pans.

The organization runs the Mirpur Agricultural Workshop and Training School (MAWTS) as well as some other technical workshops.

The organization has a distinct low cost housing programme of its own. It spent 3.56% of its budget in 1990-91 on Water Supply & Sanitation and 2.30% on Vocational & Skill Development Training.

TARD

Technical Assistance For Rural Development is the only exclusive Training NGO in Bangladesh located at Savar. TARD has a Four storied building equipped with all training facilities and capable of providing a wide range of services.

11 courses are offered in a year for field workers, facilitator, programmes, supervisors, trainers, coordinators etc. of different disciplines. Courses include, Environment education, Trainers Training of Community development, monitoring and evaluation, communication skill development, income generation etc.

No specific training on Sanitation and Water Supply is covered by TARD.

VHSS

Voluntary Health Services is an apex body of NGOs engaged in health and family planning. It was established in 1978 and now has 200 members and 300 affiliates.

Its activities cover among others, training, publications, educational material development, NGO net working.

During 1990-91, it conducted 9 orientation seminars on Primary health care in different parts of the country besides organizing forum/Seminars on Women and environment. It also organized training session and a forum on Water and Sanitation and distributed about 400 flip charts, posters, booklets and other education resource materials. 400,000 copies of 'Mitali' a quarterly publication on health produced by VHSS are distributed to students of Class IV and V of all the government primary Schools of the country.

VHSS is a member of the Media and Mobilization Sub-committee of Water and Sanitation Committee (National). It is also a member of the advisory group on health Sector for the Planning Commission. It was an active partner of the EPI programme. It publishes two newsletters in Bangla and English monthly.

During 1990-91, VHSS training Section spent a sum of TK 1.4 million while its resource and material section spent Tk 1.9 million.

Its training scheme is designed to provide specific skills to trainers at different levels. It conducts training for field trainers, mid and top level trainers and managers as well in health sector. It is quite systematic in announcing its training programme and providing advance information on training contents, fees and schedules. It has a curriculum for health and Sanitation training and mostly uses its own materials. VHSS conducted 17 training courses during 1992 of which only one was exclusively on water supply and sanitation.

As a matter of policy, VHSS has decided to concentrate more on the quality of Training courses and encourage more women to participate in those courses. The methods of training shall also be used.

Concern

The Irish NGO concern has been active in Bangladesh since 1972. Besides emergency relief works, the organization is involved in pre-school education, rural development, health, low cost housing and infra-structure development.

Concern's health care programme operates in 8 different areas including primary health care and health education.

It runs Womens Training Centers for health education and leadership. Skill development training are also provided.

Concern's Water Supply and Sanitation Sector activities was initiated no earlier than 1990. Concern has developed few promotional materials on Sanitation Promotion like flip Charts, hand outs etc.

CARE

Cooperative of American Relief Everywhere has been active in Bangladesh since 1952 has been supporting rural development, infra Structure in particular of the government of Bangladesh.

CARE has also been active in promotion of Water Supply and Sanitation in Bangladesh.

CARE imparts training to its field workers. Its sanitation training course include sessions on Water borne diseases, Diarrhoea control, use and maintenance of Tube wells and Sanitary latrines and their use.

Posters, flip charts, and modules are used as training materials and drama, pole play of version/answers, lectures are the usual methods applied.

CARE has very little materials of their own which again are hand written, and uses mostly Concern's materials.

PRISM

Prism (Bangladesh) is an affiliate of an American NGO in the Same name. It was established in 1990 mainly with a view to experimenting with and promoting 'duck weeds' in the country.

It gradually took up relief and group organization activities in the coastal areas and now has a well knitted programme of rural development including Water Supply and Sanitation. Prism has developed few training materials like handouts flip chart, posters. It does not have a training centre of its own.

CHAPTER IV
MATERIAL REVIEW



CHAPTER IV

MATERIAL REVIEW

4.1 DPHE/UNICEF

4.1.1 Training Module/Manual/Guide

ROLE OF SUB ASSTT. ENGINEERS AND TUBEWELL MECHANICS IN IMPLEMENTING INTEGRATED APPROACH

*Module 3, Session 1
In Bengali/English*

Context

This is one of the three training modules intended to be used during care takers training (as per the memo of the chief Engineer, DPHE) circulated on 17.8.92.

Content

- The module, as circulated, contains detailed administrative directives for implementing the backlog CTF training on Tara pumps and other water supply systems.
- It contains a CTF training crash programme work plan for July-December involving activities in steps, implementation plan and responsibility (In english)
- Course Outline and guideline for tara Deepest wells at Site (Phase I) and Tara Care Taker Family Training in Camps (Phase II) (In English).
- Monthly Progress Reporting Format on Tara Phase I and Phase II (In English)
- Caretakers Training Schedule (4½ hours) (In Bengali)
- IRP Caretaker & Supervisor Training Schedule (4 hours)
- Pond Sand Filter supervisor and caretakers training programme (4 hours)
- Progress Reporting Formats on Other water installations
- Session Methodology has been described as follows.

Task	Duration
Facilitator overview	15 min.
Review of the directives for sub Asstt. Engineer and TWMs.	120 min.
Monitoring Format Review	60 min
Total	195 min

Comments

- The objective of the training session has not been clearly defined.
- The front page contains mixed language use and in a wrong way.
- The TWM is the main trainer for the caretakers Family Training for Tara Pumps. As per the course outline for Phase I (on site) the TWM is asked to explain about diarrhoea and worm **infestation**, how it can be prevented and talks about ORT. (Oral Rehydration Therapy). All purpose use of water, construction of home made or one - slab + one ring latrines and hand washing with soap/ash is to be advised.

This kind of close ended advocacy keeps beneficiaries, specially those with means, ignorant about affordable alternatives.

- The same guideline then says "TWMs will then show and explain preventive and curative maintenance at tara pump"
- The preventive and curative measures for handwares should have been explained further
- "A TWM would then visit some latrines of the participants and would practically show how to improve them"- read a directive.
- Its not clear whether the latrines had already been installed. If it had already been installed,how would he advise on improvement. As per the conditionality of the pump distribution, latrines should be installed before installation (even sanctioning) of a tubewell.
- TWM apparently, says nothing about pit filling and disludging of latrines.
- As it appears from the Phase II guideline/Course outline, the Health Education officer is supposed to talk on water, water borne and water related diseases and diarrhoea control in just half on hour. Time is too short for such a deliberation specially when preventive sides are being given more emphasis.
- Only 2½ hours time is allotted for familiarization action with, installation, maintenance, defect identification as well as rectification of tara pump.
- Only 15 minutes is allotted for open discussion and evaluation - an impossible task. As already recommended by several other studies CTF training period for Tara should be extended and sufficient time should be given to the fore-mentioned tasks.
- Similarly, during caretakers training for VSST, SST, a TWM is assigned to discuss about 14 different tasks including group formation/fund generation for spare parts purchase, in one hours time.

Such a list of task is not only difficult to remember but also impossible to disseminate on the part of a TWM in such a short time.

- In the same guideline, a TWM is asked to discuss the following under Health Education also in half an hour.
 - a. Water borne & Water carried diseases and how they enter into our body.
 - b. Bad effects of open defecation.
 - c. Methods of constructing home made & other sanitary latrines
 - d. Personal Hygiene and environment.
 - e. ORSs role in diarrhoea control and how to make it
 - f. Information on 6 killer diseases and encouraging child and mothers vaccination.

The TWM is to perform the following tasks in two hours.

- a. In Practical sessions, a pump will be fully dismantled and re-assembled in front of the trainees.
 - b. He will describe construction methods of a latrine and if possible will also construct it.
 - c. He will visit some of the beneficiaries' latrines and advise them on their improvements.
- However, the guideline for IRP and PSF. Caretakers training seems to be better designed interms of content and training.
- Using easier and more common words during transliteration would make the guidelines easier to understand and follow.

TRAINERS GUIDE FOR USE IN THE INTEGRATED TRAINING

Context

The guideline, prepared as part of the training package by unicef in 1990.

Content

Task schedule under Module I Session 1, 2, and 3, module II Session 1,2,3 and Module III, session I. It provides a guideline against each task and support materials to be used.

Comment

- The module 1 and 2 is more participatory in approach and are expected to yield better result.
- Instead of showing only one video film (water & Environment), more choices and time should be there for showing other films as well.
- Scope for revision and up-dating/up grading should be there.

INTRODUCTION TO INTEGRATED APPROACH (In Bengali) Need for integrated approach : Module I

Context

Prepared by Unicef in 1990 as part of a training package.

Contents

The module, prepared to be dealt with in 3 sessions totalling 3 hours 30 min. dealing with mainly diarrhoeal disease. The sessions consists of an overview by the facilitator, reading of texts (learning points) discussions and review/evaluation to be completed in 45 minutes with some varieties in other sessions.

The learning points for each topic are also enclosed with the module.

Comments

- Learning points are full of confusing words/sentences.
- Erratic translation/transliteration, are common. Even the titles are at times confusing.
- At times sophisticated Bengali words have been used.
- Most sentences are ill framed.
- Spelling mistakes are frequent.

INTEGRATED APPROACH LEARNING EDUCATION & MOTIVATION (MODULE 2)

Content

The module uses more or less the same methodology in task distribution and time allocation as well as learning points description.

Comment

- Same type of linguistic problem.
- Out dated statistical informations used for learning points.
- Guidelines and informations on Sanitary latrine talks about latrine types only as direct and indirect pit ones and discusses their respective advantages in a very limited sense. This should have been more elaborate. The advantage of alternate use of pits in twin pit latrines and problems/means of dislodging should have been discussed. The issue of community/school latrines should have also been there.

DIRECTIVES FOR ANNUAL MEETING OF THE SAES AND TWMS OF DPHE 1990

Context

The directive has been prepared by the WES section for use during training/briefing programmes.

Apart from an introduction, and administrative information regarding the four day Meeting organization and finance, the directive contains the briefing schedule for the 'Integrated Approach Days' (?)

There are five sessions on the first day beginning at 8 AM and ending at 5 PM. Topics covered include

- Brief description of Annual Programme
 - Effect of diarrhoea on the children of Bangladesh and its extent
 - Diarrhoea Prevention
- Ref : Module I Need for Integrated Approach in RWSS.**

The session on the 2nd day covers :

- Integrated approach guideline
 - Education and mobilization
 - Sanitary latrines
- Ref: Module II (IA Guideline Education/Mobilization)
- Responsibility of SAEs & TWMs.
- Ref : Module 3, (IA guideline)**

The 5 sessions on the 3rd day covers general topics applicable to all upazilas (thanas) such as :

- Distribution of forms, leaflets etc.
- Site selection, group formation, knowledge about sanitary latrines
- Training of Caretakers families
- Administrative affairs
- Choked up tubewells
- Supervision

The fourth day five sessions are devoted to :

- Water table measurement
- Renewal of Tubewell and other registers
- Village Sanitation
- Demonstration latrine construction
- On site care taker training including reporting form filling up.

Comment

- Several Spelling mistakes.
- Little linkage with modules 3 training schedule and timing
- Topic selections not always need based.
- Time allotment to topics not appropriate in all cases.

FINAL DRAFT ON TUBEWELL CARETAKERS TRAINING MANUAL (18 TOWN PROJECT)

Context

Prepared in July 1991, this manual is intended for use by the SDE, during conducting training sessions for the No. 6. tubewell caretakers.

Content

The training course has several modules on

- Community wells programme
- Function of Tube well components
- Duties and Responsibilities of tubewell caretakers
- Function of pump components and tools and assembling pump
- Practical opening, greasing and assembling a pump by caretaker individually
- Minor & major failures and repairs
- Practical repairs of pumps by caretaker groups of 4.
- Individual test

Few photographs are also included. Budget for each training session with 20 caretakers have been estimated at Tk. 4,700.

Comment

- Hand pump technology has been here for over a century and a half now. People are also quite familiar. One day training of the caretakers seems adequate.

However, this training is totally hardware oriented.

4.1.2 Flip Chart

HYGIENE EDUCATION

Context

The hygiene Education programme is part of the training package under the 18 district town water supply and sanitation project of the DPHE sponsored by Dutch Govt. The programme is targeted at the community.

Contents

Hygiene education activity steps on different use of tubewell water, safe collection and storage. Pictures on the activities stated

- Hygiene education (sanitation) activity sheet on latrine use, hand washing, excreta disposal, garbage dumping and a message.

The activity lists are supported by few illustrations.

Comment

- In hygiene education activity list about sanitation, a message reads 'Wash Hands with soap and ash after defecation'. It should have been soap or ash; and when neither are available, clean sand/clay should be used.
- It is said that children excreta should be disposed at the latrine. A picture also shows the latrine door open and a child defecating outside. Picture should show the child squatting inside the latrine.

HEALTH EDUCATION, WATER AND HEALTH CARE

Context

The flip chart, developed by the Communication and health Consultant Nuzhat Shahzadi of the DPHE/Dutch project and is intended for use by field workers in general. The flip Chart has reportedly been widely field tested and revised accordingly.

Contents

The flip chart contains 13 pages with illustrations. Subjects covered include tubewell and various uses of its water, Sanitary latrine, its use, child excreta disposal, hand washing and garbage disposal.

Comment

The Sanitary latrine shown here has a door, rather than a rag.

- The set is well produced.
- Girl, instead of the usual boy has been shown using a latrine.
- The flip chart however is not quite sequential. For example, the picture no. 2 in chart 6 (a woman carrying the pitcher home). Should have been put before the one showing its use. So would have been the message.
- The second picture in chart 5 (the girl pouring water into the hands of the woman) is faulty. The cup is not held in the right position.
- Because of the color effect, the water from the pitcher looks more like milk.
- Position of hand washing is not accurate. It should be close to the water holder, not just in front of the latrine entry.

SANITARY LATRINE USE OF SANITARY LATRINES

Context

A production of the DPHE/Dutch project intended for health promoters/field workers in general.

The set has 15 charts with illustration supplemented by directives for use and main messages. It covers issues of latrine use, maintenance and promotion as well as childrens excreta disposal.

The pictures are used in sequential order of preferences for individuals considerations for having a latrine.

Comment

- This flip chart is well produced.

4.1.3 Hand Outs

Comments

- In the recently produced handout on the message 'Practice and Stay healthy', just above the circle with pictures of latrine, tubewell and hand washing, one of the picture shows a woman taking a child to the latrine. The latrine in the circle has a door, but the one on top has the usual 'rag' for a door.
- In the handout 'Got Diarrhoea?' the inscription says 'excared the children's excreta into the latrine'. In the illustration, a girl is seen collecting the excreta with a paper/hard board and taking (in the handout on Diarrhoea Control as well) it to the latrine. What happens to the paper/board? A spade should have been used in such a case.
- In the handouts for One ring/slab latrine making, common terms were not used. Instead of foot; hands could have been used as a measuring unit. 'Diameter again is an un-common word. In the same handout, talking about advantages the of a single ring latrines, many negative points have been said about 5 ring sets which could have been avoided. Specially because 5 ring latrines are more a necessity in adverse soil condition. One of DPHE promotional hand outs (WES/008/88) shows only the picture of a 5 ring set as a Sanitary latrine.
- A handout published, 5 September 1992 and circulated through the D.C. of Narshingdi, has the 'Practice and Stay Healthy' logo inbetween the picture of a latrine and a tube well in the one page directive. However, the logo with Sanitation, tubewell and hand washing pictures is missing from all other monitoring formats.

4.1.4 Monitoring Formats

REPORT ON SANITATION PROMOTION THROUGH EDUCATIONAL INSTITUTIONS (IN BENGAL)

Context

The format is for recording the status of sanitation in the individual households of the students and also of the concerned village.

Comment

- The 3rd column meant for Sanitation usage information of students households has a heading "No. of students using sanitary latrines which has 3 sub-headings 'Pucca', 'Water sealed' and 'dug hole with covers'. Normally, a 'pucca' latrine means a pucca super structure without any sub-structure for excreta disposal. If pucca is meant to be so here, there should be another column for 'Septic tank latrines' as such latrines also exists in the villages.

PROGRESS REPORT ON LATRINE INSTALLATION AND USE IN APPLICANT HOUSEHOLDS

Context

The format is distributed to DPHE field officials to monitor the implementation of the conditionalities, set against tubewell provisions.

Content

The major columns include beneficiary's name, details about latrine constructed, no. of users and hand washing methods.

Comment

The format should have a sub-column for stating the condition of latrine doors in the column for 'details about the latrine 'constructed'.

STATUS OF HYGIENIC LATRINE AMONG THE FAMILY OF RURAL AREA In English

Context

This monitoring format to be filled in by inspectors (SAEs ?) contains columns on Name of the family head, his/her father's name, Status of latrines, Super Structure, No. of users, Hand Washing Date of Construction of Latrine and Comments 'of' Constructed latrine.

Comment

The title is faulty. It should also include columns for :

- Family Size
- (Under Status of Latrine) Dug hole, and Water Sealed
- No. of rings (only Slab in mentioned)
- (Under superstructure) Door
- Water only, Sand (Under hand Washing)
- Fathers name is not separately required.
- The last column should read comments on constructed latrine.
- Format should have the producing agency's name.

4.1.5 Song

Context

The motivational song entitled 'Our Song' is intended for the school children for promotion of sanitation and hygiene education.

Content

The 20 lined poem starts with the question 'What is the cause of diarrhoea ? 'Open latrines' - comes the reply. Next follows the steps to prevent diarrhoea. Water sources must be kept clean, open latrines must be destroyed, hand washing must be practiced. The children takes oath to go to every houses and motivate others.

Comment

- The theme and presentation is good.
- One stanza where transliterated reads, 'Excreta from open latrines pollutes canal water'. Instead of saying and limiting to canals, one can say 'open' water. The Bengali for canal water, 'Khaler Jol' may be easily replaced by (open water) 'Kholo Jol' thus saving the rhythm.
- The name of the composer should be mentioned in the hand out.

4.2 National Curricula and Textbook Board (NCTB)

4.2.1 Curriculum

ESSENTIAL LEARNING CONTINUA (PRIMARY EDUCATION)

For use by : Primary Education Authorities and Primary School Teachers.

Published by : National Curricula and Text Book Board (NCTB) Dhaka, 1988.

Context

Based on pre-set objectives and the national philosophy, a final set of learning continua was developed with a view to implementing them step by step in classes one to five through acquired competency. Such a learning continua had the following subjects:

- ◆ Bengali (Mother tongue)
- ◆ English
- ◆ Mathematics
- ◆ Poribesh Porichiti - knowing the environment (A combination of social studies and science)
- ◆ Islam (Religious Study)
- ◆ Hindu Religion
- ◆ Christian Religion
- ◆ Buddhism
- ◆ Physical Education
- ◆ Arts a Crafts
- ◆ Music.

Separate committees were set up against each subjects in formulating continuum.

Content

The aim of studying 'Poribesh Porichiti' was said to be that, "The child should be able to learn about and understand his/her environment through the use of the components of his immediate environment (matters and incidents) and be ale to improve the environment."

A matrix is provided about the marginal competencies to be achieved (8 Nos.) while class wise achievable competency is also shown.

The students of class IV would first encounter issue of water use & source, how it is polluted & how to stop water pollution etc. Nothing is however said about sanitation/health education.

Comment

- NCTB should have atleast some representation in this curriculum committee and evaluation committee from concerned agencies dealing with water supply, environmental sanitation and hygiene education.
- Contents should be up-graded and up-dated based on need and experience especially with regular to water supply, sanitation and hygiene education.
- Wrong/partial information should be corrected and supplemented.

4.2.2 Text Books

PORIBESH PORICHITI (Social Studies)

<i>First Published</i>	:	<i>January 1978</i>
<i>Revised Edition</i>	:	<i>January 1985</i>
<i>Re-printing</i>	:	<i>December 1991</i>

Context

This book was prescribed for class III during education year intended for those schools included under the text book. Cost reduction at primary level project. In Bengali.

Content

Contains nothing about sanitation health education.

PORIBESH PORICHITI FOR CLASS III

(Science)

Context

Intended for general students in all schools.

Content

- Speaks about cleanliness and personal hygiene. No mentioning about sanitation although disposal of garbage at a fixed place has been advised.
- Water pollution issues, specially those for pond water has been discussed without mentioning unhygienic excreta disposal/hanging latrines.

PORIBESH PORICHITI

(Social Studies)

Context

Intended for Class IV in Bengali.

Content

The chapter on environment, Forest and Animal preservation deals also with water pollution. It talks about industrial wastes as a source of water pollution but do not mention hanging latrines/unhygienic sanitation.

‘Garbage disposal in dug holes’ and ‘no-spitting here-and-there’ has been suggested but nothing is said about sanitation and hygiene practice’.

PORIBESH PORICHITI

(Science)

First Published : 1986

Reprint : 1991

Context

Intended for Class IV in Bengali.

Content

- In Chapter IV, speaking about 'Healthy Environment,' it has been said that water hyacinths pollutes pond water and bathing in such pond might cause itching.
- Linkage with sanitation has not been mentioned even when describing various agents of water pollution.
- However, talking about measures for preserving pollution free water and air, surprisingly the safe distance between water source and latrine has been mentioned. It says :

'There should not be any latrine within 9 meters of the well'
- Various means of eradicating Mosquitoes/flyes etc. have been discussed but no mentioning has been made of hanging/open latrines.

PORIBESH PORICHITI (Experimental Version)

Context

For Class III in Bengali

Content

- In the chapter 'Water', various stages and sources of water has been discussed.
- In the chapter 'Our Health & Environment" importance and methods of environmental clean liness has been described with pictorial elaborations.
- Sanitation has been rather extensively mentioned.
- A latrine has been defined as 'The fixed house used for defecation' but no definition has been given for a sanitary latrine.
- Method of hygienic use of latrine has been elaborated like
 - 0 To use footwear while going to toilet.
 - 0 To wash hands with Soap/Ash/or even sand otherwise particles left in nails might cause diseases.

- 0 River water, polluted by hang latrines or other wastes should not be used for washing/bathing etc.
 - 0 Tubewell water/Tap water should be consumed.
 - 0 Boiled water is the safest.
 - 0 During flood, water should be purified by tablets or other means.
- Picture No. 11, depicts an open latrine by the river side. The writing terms it as a 'factory' and says the water coming out of this 'factory' falls into the water and pollutes it.

ENGLISH FOR TODAY

Book One

Context

Intended for Class III

Content

Although the essential learning continue, in its matrix on terminal competencies, emphasis was given on reading, speaking and writing skill development and no subject or topic content was highlighted. The issues like drinking clean tubewell water, hazards of unclean water of pond and river has been touched upon. However, nothing has been mentioned about sanitation.

PORIBESH PORICHITI

(Science)

First Published : *July 1986*
Re-print : *Nov. 1990*

Context

Intended for class V in Bengali.

Content

- A full chapter is devoted to Health Regulations. Need for a healthy environment has been emphasized. 'Spitting should be avoided; care should be taken against defecation in open places' it says.
- Different common diseases like diarrhoea have been discussed.
- A sub-title reads 'Bad-habits that spread diarrhoea'. Among the reasons it mentioned are washing utensils in polluted water and improper hand washing. Sanitation is not covered details, not even in 'Poribesh Porichiti' (Social Studies) for class V.

ENGLISH FOR TODAY
Book Two

First Published : *February, 1979*
Reprint : *December, 1991*

Context

Intended for Class IV.

Content

- The chapter on water discusses unclean vs. safe germless water. In the illustration one of the character are shown saying 'Make good tubewells and use them. Make good latrines and use them'.
- Pictures of a platformless uncovered tubewell and a well kept tube well with platform is given.
- Pictures of a hang latrine and a sanitary latrine are also given.

4.2.3 Video

TEACHING TECHNIQUES OF PRIMARY SCHOOL TEACHERS

Format : *VHS, Colour*
Duration : *60 Minutes*
Target audience : *Primary School Teachers*
Produced by : *NCTB/UNESCO/UNDP*

Following is an outline of review-parameters of the 60 minute video which was watched and the components were summarized as below :

- The Introduction of the video seemed to be quite long
- The message is clear
- The setting is familiar for rural audience but not for urban ones.
- Deliberations of the teacher was too quick
- Content is upto the requirement criteria
- Production quality (shot variation, sound, editing, white balancing) is poor.
- The whole production created a boring impression.

- Too many background narrations.
- The rural background was very good, but confused by the urban class scenario. The changes from one to the other did not follow a logical sequence.

INTRODUCTION TO ENVIRONMENTAL SANITATION

<i>Format</i>	:	<i>VHS, Colour</i>
<i>Duration</i>	:	<i>60 Minuets</i>
<i>Target audience</i>	:	<i>Students of Class IV</i>
<i>Produced by</i>	:	<i>NCTB/WD/UNDP</i>

A Team of three experts watched the video and as per the set parameters of review, the comments on the production is that

- The duration of the video is comparitibly longer to retain the attention of the target audience.
- The message is clear.
- The setting is suitable for rural students but not appropriate for urban students
- The teacher was too quick in her narrations and language delivery
- The quality of the production (photography, sound, editing) was most ordinary and could have been improved.
- The language used in the delivery of messages (narration & presentation) are clear and appropriate

4.3 Directorate of Health (Primary Health Care)

4.3.1 Module

PRIMARY HEALTH CARE INTENSIFICATION TRAINING MODULE

<i>Category</i>	:	<i>1</i>
<i>Language</i>	:	<i>Bengali & English</i>
<i>When Published</i>	:	<i>Not mentioned</i>

Context

The module is prepared in line with the governments commitment to health for all through primary health care necessitating re-orientation and re-organization of health services at the primary level.

Content

- There is no introduction or index about the contents. Paging is not continuous.
- Content starts with a schedule for training/workshop for Thana Level Health & Family Planning personnel.
- Next is an article by the ex-Director of Primary Health Care with the title 'Concept, Rules and Operational aspects of Primary Health Care'.
- The major components of Primary Health Care as defined at Alma-Ata conference of 1978 has been briefly described by Dr. M.N. Nagger in his 'Module on Organizing Health Services for PHC. He deals at length with health care organization, elaborating different steps involved.
- Next is 'Planning Primary Health Care Intensification' described in Two phases including information worksheet for planning at thana level, Action plan etc.
- A module, written in Bengali for 'People's participation, organization and development' follows. It includes some planning formats and matrix.
- Next also in Bengali is the Training Module for village volunteers and training session objectives and frame work.
- Almost all the elements of primary health care is included for discussion in the training sessions. Diarrhoea is extensively covered with particular emphasis on sanitation and hygiene practices. The curricula deals with all the health linkages with sanitation.
- Formats for monitoring growth of children and their nutrition levels has been attached including some questionnaires.
- Different health & relevant indications have been provided (in English).
- Guidelines in English on designing a performance monitoring process has also been included.
- The module also contains few checklists about tasks accomplished.

Comment

- It is exhaustive but dis-jointed with several repetitions. Target (category I) beneficiary is not explained. However, contents are mostly relevant and would be quite useful.
- The other two modules (2 & 3) are more or less derived from module 1, presumably for different mutually exclusive target groups.

MANUAL FOR VILLAGE HEALTH WORKERS

Context

The manual was published in 1991 by the Directorate of Primary Health Care. The 74 page well printed booklet is intended for the village level health workers/volunteers a cadre which is being built up around the country.

Content

- The index mentions I different Chapters (i) Overview of Rural health situation (ii) Guideline for baseline survey (iii) Environment & Health (iv) Mother care (v) New born baby (vi) Child care (vii) Prevention and medicare (viii) Family Planning (ix) Guideline for information/data collection and entry.
- Sanitation issue has been included with reference to diarrhoea control and cleanliness. Sanitary latrines and dug hole latrines have been promoted. Water pollution through excreta disposal has also been mentioned.
- 29 different pictorial illustrations have been used, five of which showed sanitary/dughole latrines.

Comment

- In chapter III on Environment and health, methods of keeping a household clean and hygienic has been discussed. Sanitation has been mentioned at the end only by saying 'latrines has to be kept clean and covered'.
- The illustration of a 'Hygienic Home' (page 10) with 6 houses shows a tubewell just outside the homestead while the only latrine is shown at the extreme outside edge, close to a river and not far away from the dug well. Since a boy is seen approaching the latrine, presumably there is none at the back.
- On page 19, the picture of a Water sealed latrine, apparently single pit shows its pit outside the super structure.
- The illustrated Dug hole Latrine on page 20 shows the pit directly under the super-structure. However a RCC slab with pan is also shown.
- Another illustration on homestead gardening shows a sanitary latrine on the middle of the front yard.

PUBLIC LEADERS MANUAL FOR PRIMARY HEALTH CARE

Context

Published by the Primary Health Care directorate in March 1992, the 52 page manual in Bengali is intended for the local level public leaders with a view to ensuring effective participation by them in specific areas of health care activities.

Content

- The cover page contains 8 different logos including Unicef/GOBs EPI programme and hygiene education (hand wash, sanitary latrine and Tubewell Water)
- Besides an overview of health situation in Bangladesh, the importance and scope of preventive health care has been briefly described. Of the 11 most common contagious diseases discussed, diarrhoea has been most elaborately covered. The subject of sanitation and hand washing has been linked to
 - 0 Diarrhoea
 - 0 Worm infestation
 - 0 Fever
- The module further contains discussion on population problem , family planning and nutrition. It described the five essential components of preventive health care advocated in Bangladesh since 1978, as
 - 0 Equitable distribution of health resources
 - 0 Peoples Participation
 - 0 Emphasis on the preventive methods
 - 0 Appropriate technology and
 - 0 Integrated efforts.
- It elaborates the role of local leadership in health promotion through among others, building awareness, proper utilization of health facilities, organizing community, spreading health education.
- Of the 10 illustrations used, one is of a Unicef type water sealed latrine promoted earlier. Home made dug hole latrine option has also been recommended.

Comment

- Four different causes of diarrhoea infection has been discussed (page 8). None however mentions unhygienic excreta disposal as a factor.
- Sanitation has not been given the right kind of importance as a tool of diarrhoea control.
- The task of sanitation promotion has been mentioned as a local Leader's responsibility for ensuring environmental cleanliness to prevent ' many ' diseases. This task again

follows (i) Community participated cleanliness drives at *derelict ponds and ditches* and (ii) motivating households to clean their homesteads, as a matter of preference. (page 40).

4.4 LGED

4.4.1 Manual

SLUM IMPROVEMENT PROJECT A REFERENCE MANUAL

Context

The undated 90 page compendium about the SIP was prepared by the project authorities. As told by the project director in December 1992, this is no longer being used officially as a reference manual at Unicef's directive.

Content

- Summary of project objectives and components.
- Selection procedures
- Community organization
- Staffing
- Project Management
- Selection of and Guideline for Community Health Workers.
- Infra-structure and sanitation & water supply hardware.
- Income generation guidelines
- Block grant fund criteria, purpose and procedures.
- Work plans and progress review procedures.
- Financial procedures, monitoring and reporting.

Also included are a number of formats for record keeping and monitoring, questionnaires for base line survey etc.

Comment

- It includes detailed description about the twin pit latrine technology.
- It also discusses the issue of safe distance between tubewell and latrines and suggests a minimum acceptable horizontal distance from side of a latrine pit to a tubewell in dense urban areas can be reduced to 5 m. (15ft.) and even 3m on specific cases.
- However, manuals/guidelines should not be in the same **compendium** along with project briefs accounting information at least for convenience sake.

CONSTRUCTION MANUAL ON TWIN PIT LATRINES

Language : Bengali

Context

- ◆ Twin pit latrines were promoted under the UNDP/World Bank water and sanitation program

and Danida sponsored low cost sanitation project of LGED during 1985-90 in about 87 municipal towns of the country.

- ◆ This manual was produced towards the end of the project in 1989.
- ◆ It also contains a matrix on the soil conditions, water layer and recommendations for suitable pit depth & slab locations.

Comment

- Well produced
- Should have mentioned about the problem areas and densely populated areas where community concepts should be considered.
- Dislodging procedures should have been touched upon.

4.4.2 Poster

A. BUILD LOW COST SANITATION LATRINES

B. WASH HAND PROPERLY AFTER LATRINE VISITS WITH SOAP, ASH OR CLAY

Context

The posters were produced by the project executed by LGEB in 1990 and were distributed through the 87 municipalities involved in the project.

Content

- Each poster carried a single message.
- The poster titled 'Build low cost Sanitary Latrines' shows a girl visiting an open latrine bare footed and in a compelling repulsive mood. The other picture shows a sanitary latrine which she visits with signs of relief on her face. She also uses a footwear now.

Comment

- The content is good, but the poster is not attractive.
- The poster shows a mother helping her child wash his hands with soap, after his latrine visit.
- The position of the boy is not correct. He is seen bare footed.

4.4.3 Video

ENVIRONMENT AND HEALTH

<i>Format</i>	:	<i>VHS, Colour</i>
<i>Duration</i>	:	<i>26 minutes</i>
<i>Target audience</i>	:	<i>Not Mentioned</i>
<i>Produced by</i>	:	<i>low Cost Sanitation Project (1985-90)</i>

The video-tape was watched and reviewed by three experts. The comments were summarized from the evaluation parameters as under :

Comments

- It was not clear for whom the video is intended i.e. the target audience is not clear;
- The sanitation message is clear and informative
- Environmental setting was familiar and appropriate
- Production quality (photography, sound, editing) is very ordinary; in some places very poor.
- Language used in the voice-over (narration) and inserts are simple but the amount of narration seemed to be too much.
- In some takes visuals are not clear
- Sanitation motivation has been shown over one day. This is unrealistic even in a film.
- The story approach is good for holding audience attention, but there were confusions in this story that needed clarification.

4.5 UNDP

4.5.1 Poster

Context

The UNDP, Dhaka had produced a costly poster during the National Seminar on Future Strategies for Water Supply & Sanitation in Bangladesh held in September 1991, intended for promotion of safe water, sanitation and health education.

Content

The poster showed water collection from both safe and unsafe sources, use of latrine and hand washing.

Comment

- The poster fails to show which water is safe. In the pictures it is shown that water are being collected from the two sources.
- Latrine users are shown without foot wears.
- Super imposition of pictures in a single frame made the poster clumsy.

4.6 SDC

4.6.1 Video

NATUN PROBHAT (The New Dawn)

Featurised Video Documentary and sponsored by Swiss Development Cooperation Produced by Interchain Project Consultants AB, stock helm/Dhaka

<i>Director</i>	:	<i>Jeanessar Osman</i>
<i>Story Outline</i>	:	<i>Syed Shafique Ahmed Taufique Mujtaba/Unicef</i>
<i>Dialogue</i>	:	<i>J. Osman S. Shafique Ahmed</i>
<i>Song Writer</i>	:	<i>T. Mujtaba</i>

The film was made in 1991 as part of the 5 phased study cum action research on sanitation Promotion through the Private sector in Bangladesh.

This is perhaps the only featurised video documentary involving popular film actors/actresses.

The film was first shown at the seminar on sanitation promotion in April 1991. The original Bengali version has had some more additional shorts and sub-titled in English with a voice over run.

4.7 ADAB/NGO Forum

4.7.1 Flip Charts

Context

ADAB and NGO Forum jointly produced a series of flip charts on Sanitation, Safe Water, and Health Education as part of their programme during the International Drinking Water Supply and Sanitation Decade.

Content (1)

- The flip chart on "Sanitation System" 16 illustrated pages that include issues of sanitation, evils of open latrines, different types of sanitary latrines, (including earthen ring/pot water sealed, home made and VIP latrines), hand washing, garbage disposal and hygiene education.

Comment

- The undated publication appears to be out dated in some of its messages. For example, VIPs are no longer advocated. The earthen indirect pit latrines have not yet been only standardized, or widely field tested so far. Promotion of such latrines thus seems too early.

- The flip charts are not in appropriate size for easy viewing of even a small group.
- The flip charts have no instructions for use.

Content (2)

- The flip chart on Safe Water Use and preservation 11 illustrated pages. Subjects covered include water sources, hand washing, tubewell repairing, Water holders water preservation and promotion of safe water. The Water contamination issue has been widely covered.

Comment

- The flip chart is well produced so far the messages are concerned.

Content (3)

- The flip chart on 'Personal Hygiene and Health Education' contains 16 illustrated pages. Issues touched include messages for bathing in Safe Water, personal hygiene, hand washing, use of footwear, all purpose use of tubewell water, food preservation and environmental cleanliness.

Comment

- The only two sanitary latrine shown in this flip chart are those of VIP latrines.

4.7.2 Posters

Context

Three different mini-sized (14" x 8") posters were collected for review.

Content

- The posters are on Safe water. One shows and says contaminated water to be the root of diseases like Diarrhoea, cholera, typhoid and dysentery. The other poster says 'Tubewell water can save your life 'while the third reads 'Use tubewell water not only for drinking, but also for all other purposes of your day to day life '. The illustration shows a woman doing her dish washing and two men taking bath in water from the pales.

Comment

- The poster seems to be intended for inhouse display.
- The paper used and the get up is good.
- The illustrations on diseases are unattractive and characters look foreign.

4.8 NGO Forum

4.8.1 Curriculum (In Bengali)

<i>Course Title</i>	<i>: Training on Cleanliness</i>	<i>Participants</i>	<i>: Background</i>
<i>Duration</i>	<i>: 3 hours 10 Minutes</i>	<i>Education</i>	<i>: No Bar</i>
<i>For Whom</i>	<i>: Target People</i>	<i>Age</i>	<i>: 20-35 yrs</i>
<i>No. of Participants</i>	<i>: 20</i>	<i>Sex</i>	<i>: Male and Female</i>

Need	Objective	Topic	Method Aides	Material Test	Learning	Time
Cleanliness	Terminal Knowledge/Qualifications to be Achieved	Cleanliness and Related issues	5 Nos.	5 Nos.	Question & Answers (Written/viva)	3 hrs 0 M

Comment

Similar Curricula has been designed for other purposes like role of trainers and trainees in assembling of different pump components

- Training curricula has also been developed for 'Technical Skills Training of Low Cost Technology of Water and Sanitation'. (Duration : 10 days) as also for hand pump repair & maintenance. (1 day), safe water (3 hours) TOT courses have been designed in No. 6 Pump Repair & Maintenance and Sanitation (10 hours 30 min.)
- Integrated approach to sustain safe water supply at the community (12 days, about 7 hours a day)
- NGO Forum has also drawn an outline of the courses offered by NGO Forum Training Cell.

It contains the outline for following courses.

Title	Trainee	Duration
Community Management of Water and Sanitation	Trainers, Supervisors, educators, engaged in water supply & sanitation works with NGOs.	15 Days
Technical Skills Training on Low Cost Technology on Water & Sanitation	NGO workers in water & sanitation	10 Days
Caretakers Training on Personal Hygiene Practices and Maintenance of No. 6 Pump	No. 6 Pump caretakers	
Imam Training on Community Management of Sate Water Sanitation and Personal Hygiene	Imams	1 Day

A selection guideline is also there for selecting the trainees.

Comments

- Curricula, Course and schedules are not clearly defined or interpreted.
- Out lines/guidelines and other information materials are in loose sheets, mostly typed or computer printed lacking attractiveness.
- Contents of Courses are not always comprehensive, at times not even subject covering. For example; in trainers training on community management, although community participation has been mentioned, not a word is there on community management.
- Caretakers training on Tara pump and other technologies are not included in the curricula.

4.8.2 Hand Outs (Loose sheets)

TRAINING NEEDS ASSESSMENT

Formula on Training Need Assessment (English, Typed)
Fields of Analysis (Bengali, Typed)

TRAINING METHODS & TECHNIQUES

TRAINING MATERIALS

In Bengali, Typed

Need

List of Required Materials

Types- Visuals Vs Non Visuals

CASE BRIEF

FEED BACK FORMAT FOR PRESENTER

TRAINING EVALUATION FORMAT

ROLE & TASKS OF A TRAINER

English, Hand Writren

STAGES OF TRAINING

PEOPLE'S PARTICIPATION

COMMUNICATION AND BARRIERS TO COMMUNICATION

MOBILIZATION AND ACCEPTANCE PROCESS

In Bengali, Typed

METHODS TO BE FOLLOWED IN CLASS CONDUCTING

In Bengali, Hand Writen

DIFFERENCE BETWEEN EDUCATION AND TRAINING

CONDITION FOR CONGENIAL LEARNING ATMOSHPHERE

In Bengali, Typed

DETAILS ON SANITATION AND SANITARY LATRINES

In Bengali and English, Typed

Contents

- Cost analysis for making water sealed latrines

ROLE OF A TRAINER IN PARTICIPATORY TRAINING & TRADITIONAL TRAINING

In Bengali

COMMUNITY MANAGEMENT OF RURAL WATER SUPPLY AND SANITATION SERVICES : A BANGLADESH CASE STUDY

*Article By : K.M. Minnatullah,
W. Query, and
S. Shafique Ahmed*

THE MISSING LINK

Content

- IEC in water supply & sanitation

MANAGING INFORMATION RESOURCES IN WSS TOWARDS A STRATEGY FOR CAPACITY BUILDING IN THE 1990s

OPERATION AND MAINTENANCE FOR SUSTAINABLE AND IMPROVED WSS SERVICES

Article By : J G Janssgns et.el.

PROPOSAL ON MANAGEMENT TRAINING FOR URBAN ENVIRONMENTAL UTILITIES

Netherlands Institute for Management

Comment

- Hand outs mostly collected from different sources and un-edited/adjusted to serve Forum's purpose.
- No topic is thoroughly covered
- Tremendous scope for further enrichment
- Needs compilation methodically

4.8.3 Display Through Overhead Projectors *Hand Written*

- ◆ Environmental Introduction
 - ◆ Hygiene Domestic
 - ◆ Use of Safe Water
 - ◆ Disposal of Childrens excreta and domestic wastes, tubewell area to be kept clean.
 - ◆ Hygiene - Personal
 - ◆ Disease Transmission through excreta.
 - ◆ Sanitary latrines
 - ◆ Training Pleated Issues.
 - ◆ Training curricula development
 - ◆ Methods of communication
 - ◆ Case Study
 - ◆ Mobilization
 - ◆ Learning methods
 - ◆ Water related issues
- Purification
 - Water layer
 - Water related victors
 - Water borne diseases etc.

Comment

- Subject wise coverage should be more comprehensive
- Dis-jointed write ups Needs better designing, compilation and presentation.

4.8.4 Training Schedule

LOW COST WATER SUPPLY, SANITATION AND HYGIENE & EDUCATION

Duration : 10 days

Topics For Discussion

1st Day

Sanitation & its role on health promotion. Present day condition of Rural Sanitation and its effects. Environment related diseases. Motivation as a means of sanitation

Promotion : 6 Hours

Practical : 2 Hours

2nd Day

Sanitary latrines-low cost sanitary latrines, LCSLs in relation to clay types, role of sanitary latrines in building healthy environment, what is water sealed latrine and why Water sealed? Using procedures and personal hygiene. (6+2 hours)

3rd Day

Components of Sanitary latrines. Component making procedures. (6 + 2 hours)

4th Day

Pan Finishing, Fixing Syphons to pans R.C. mixing for ring making etc. (6+2 hours)

5th Day

Village Sanitation Scheme and its implementation procedures review and evaluation of sanitation related training programme. (6+2 hours)

6th Day

Safe water and its various aspects. Water purification procedures. Why safe water. Causes of water pollution. Prevention of water borne diseases. Use of safe water hygienically. (6+2 hours)

7th Day

Water layers and different methods of water extraction. Methods of making different types of pumps, their installation and repairing procedures. (6+2 hours)

8th Day

Pump Bodies and Components/Materials. Bamboo treatment. (6+2 hours)

9th Day

Pump installation - materials, components, water layer identification, problem solving. (Practical)

10th Day

Unicef - DPHE's Hand pump programme for NGOs and its implementation. Platform making. Course evaluation and certificate distribution.

Comment

- Target beneficiary not mentioned
- Major issues covered but not approaches
- Topics not always sequential
- Time allotment for discussion & practical sessions apparently not always need-based.
- Hardware and software are dis-proportionately mixed

4.9 Grameen Bank

4.9.1 Training Curriculum

Context

The training curriculum is assumed to be intended for use by the trainers in general.

Content

The two paged curriculum mentions names of group activities and topics for workshops on different fields which includes, among other, the following:

- Workshop Procedures
- Rules of group formation, group fund Generation and operation
- Loan proposal preparation
- Cleanliness
- Child care development and education, mother care
- Prevention of Diseases
- Income Generation Activities
- Implementation of 'Sixteen Decisions' that include sanitation and hygiene education practices.
- House building loans
- Pre-school programmes

- Methods of training (group discussion, display, reading etc.)
- Short Cultural Formation

Comment

- The curriculum does not have a course outline nor does it have a time frame. Target beneficiary remains un-mentioned.
- Subjects, activities and methods are all put together without maintaining any sequence.
- The last item on the agenda 'Short Cultural Formation' is confusing.

4.10 Voluntary Health Services Society (VHSS)

4.10.1 Curricula

CURRICULUM FOR PRIMARY HEALTH CARE TRAINING

Context

The training curriculum is actually a course outline on primary health care training intended for the grass root level workers of NGOs numbering 20 with a ten days duration.

Content

The 10 day training schedules has the following programme.

1st Day

The six and a half hours session has an introductory session followed by self introduction and knowing expectation of the participants. The first topic for discussion is health, with a focus on primary Health Care using lectures and participatory discussion.

2nd Day

Health & education, mass communication.

3rd Day

Common disease control, emergency health care, food & nutrition, disease from mal-nutrition etc.

4th, 5th & 6th Day

Balanced diet, superstitious ideas in the society regarding mother & child health, pre-delivery mother care, post-delivery care, child health, vaccination, field visit, reporting on field visit.

7th, 8th Day

Worms, diarrhoea and family planning, review, birth days control methods and side effects, water & sanitation, responsibilities of health workers.

9th Day

Video Film show, brief discussion on training course, course evaluation, learning test, distribution of certificates.

HAND OUTS

- Water (and water borne diseases) - typed, four pages
- Sanitary latrines
- Water borne diseases
- Diarrhoea
- communication Vs sanitation.

Comment

- The course outline shows the duration of the course as 10 days. However, the schedule is for 9 days only.
- One hand out on water says, 'An well or tubewell should be installed atleast 80-100 ft from ditch, latrine or cemetary'.
- A handout on sanitary latrine reads 'Children's excreta spreads much more diseases than that of the grown ups.
- Another message says 'Keep your latrine clean scavenging atleast once a day by broom-sticks'.
- Communication methodologies and their impact on sanitation promotion described in the hand out is however quite extensive.

Note : VHSS also has a 'Common Diseases and Emergency Treatment Training Course' curricula, with 5 day duration for the same target group.

It also publishes a quarterly health magazine for children, freely distributed to students of class IV & V in all Government primary schools. It also has few other regular publications.

4.10.2 Flip Chart

HEALTH EDUCATION

Context

The flip chart is a production of the MCH-Based Family Planning project under Bangladesh-German technical cooperation.

Content

- The flip chart contains 13 illustrated pages with directives overleaf. Photographs have been used. Subjects covered include diarrhoea, Oral Saline, Safe Water, hand washing, childrens food, breast feeding, personal and environmental cleanliness.

Comment

- This flip chart mainly covers curative aspects. Oral saline has got emphasis. The only sanitation message is for use of sanitary latrine to prevent diarrhoea. A photograph of only a slab and pan is shown in the whole series.

4.11 BRAC

4.11.1 Curriculum

CURRICULUM ON SANITATION TRAINING

In Bengali

Context

The training is intended for health workers to be in two sessions over a period of two and a half hours.

The participants are expected to be able to understand and tell about sanitation and its importance, sanitary latrines and importance of cleanliness.

Content

- By way of lectures and discussion over 45 minutes using a participatory method, the sanitation issues would be explained, demonstration made of latrine making in 1-15 hour and cleanliness issues discussed in half an hour.

Comment

- Sessions are not well designed to fulfill the objectives set. More time should be allotted against the tasks.

SAFE WATER

Context

Similar to training on sanitation, the course on safe water is intended for Health Workers, lasting 1-15 hours to be conducted in one session.

The participants are expected to explain the issues of water borne diseases, water pollution, safe water & sources, safe water use.

Content

- A 40 minute lecture & discussion is given on water borne diseases and causes of water pollution using also flip charts.
- A 20 minute discussion is about safe water and its services. Hand outs would also be distributed.
- Another 15 minute discussion is earmarked on use of safe water involving question & answers.

Comment

The time is obviously very short for thorough holding of such a session involving a participatory approach.

4.11.2 Hand Out

PERSONAL HYGIENE AND SANITATION

Context

The hand out is used in the training curriculum for BRAC Health Workers. It is a reproduction of article by A.S.M. Kabirsshan in the NGO Forum Publication 'Pani Probaho' of May 1990.

Content

- The subjects covered are personal hygiene, Sanitation, Safe Water, Water & excreta related diseases and health education.
- A diagram showing a 'trench latrine', an 'ordinary latrine', a VIP latrine, a Pour Flush Latrine is also included. Advantages of DPHE promoted low cost latrines has been discussed, a checklist for the health Workers was also included.
- Several measures for personal and environmental cleanliness are also recommended. The measures include few un-common steps like
 - 0 'Always carry earthen pot on your right hand while visiting the latrine'
 - 0 Dry the washed utensils in the sun
 - 0 Latrines should be fenced to protect from children, poultry and animals.

Comment

The recommended measures include erection of fences around the 'pit/slab' latrines. A sanitary latrine does not have exposed excreta. Therefore such fencing is not required. The households which have open latrine, the advice should be to demolish it, rather than protecting.

4.12 WIF

4.12.1 Curriculum

OUTLINE OF TRAINING CURRICULA ON SANITATION COMMUNICATION

Context

The curriculum outline was designed for training mid level managers, trainers, educators and supervisors training sessions had to last 8 days (1986).

Content

The curriculum was based on the following training needs :

- Trainers job analysis
- Job/program related problem analysis
- Communication and motivation process
- Development and use of communication motivation materials
- Approach to information dissemination and awareness building
- Health and sanitation
- Teaching methods and organizing techniques
- Monitoring follow-up services
- 'Instructional objectives were set against each training need followed by a column on Content, method, material, learning assessment'.
- Methods included group discussion, Q/A, practical exercise, VIPP, Brain storming, demonstration and lectures.

Comment

- The Training Needs (the topics) were not always sequentially arranged.
- Details on 'instructional objective and contents (the topics) were not always sequentially arranged.
- Details on 'instructional objectives and contents (the terms were themselves confusing) were mostly relative and unclear.
- The topic of Health and Sanitation has not been properly covered.

- Although 'demonstration' has been cited to be a method in some training 'use of latrine' is planned to be explained only through Question/Answer and discussion not demonstration.

4.12.2 Booklet

ROLE OF IMAMS IN CHILD HEALTH CARE

In Bengali

Published By : World View International Foundation with financial assistance from Unicef

Context

The 32 page booklet is intended for use in the Islamic Foundation conducted training of Imams in Health Education. A committee of representatives from the Islamic Foundation, Masjid Samaj, Dhaka Ahsania Mission, IIM (Religion) and EPI provided time to time advice.

Content

- The Subjects covered include Vaccination, breast feeding, supplementary baby food, pregnant mothers care, Water and its use, personal hygiene & environmental cleanliness, diarrhoea prevention & cure, Sanitary Latrines, Food and nutrition and family planning.
- All the chapters have a Quranic Sermon or message of the prophet, relevant to the theme at the beginning. In case of 'Sanitary Latrines'. The prophet's message has been incorporated.
- Definitions, use and maintenance of Sanitary latrines have been explained. The possible role that an Imam can play has also been explained.

Comment

- The booklet is devoid of any illustration.
- Under the heading 'Use of Sanitary latrines' it is said, 'If you don't have a latrine at your house, construct one today using indigenous materials'. There is no mention about 'Water sealed latrine', thus limiting technology options only to dug hole latrines.
- The next advice on latrine use reads 'Pour sufficient water in the latrine after each visit'. Such a message is redundant in the case of a dug hole latrines.

4.12.3 Video

OPERATION MAINTENANCE FOR CARETAKERS

<i>Format</i>	:	<i>VHS, Colour</i>
<i>Duration</i>	:	<i>30 min</i>
<i>Target Audience</i>	:	<i>Tara Pump Caretakers</i>
<i>Produced By</i>	:	<i>WIF for WBSP</i>

The film was watched by a group of Experts and Associates to review its overall quality. The comments summarized from the evaluation parameters are given below:

Comments

- It was clear as to who the target audience is
- The language was difficult during the first part of film
- The Environmental setting was familiar
- There were too many messages and too much narration and therefore, difficult as training material for the audience
- The film had strong focus on women which can be a good motivation
- The introduction of Tara Pump parts was exhaustive and good
- The technical information is good and therefore, the film can be a support to hardware training. However, since the film is too long, it should be in two parts
- There was good re-enforcement in the messages
- Production quality (editing, photography, sound etc.) were fairly good
- There was a wrong shot where the caretaker hit in the wrong direction to open chestnut

4.13 Proshika

4.13.1 Poster

Ignorance and Un-Awareness are the only Reasons for Spreading Diarrhoea

Context

The poster, designed by Proshika is intended for general display. It is produced in normal poster size but in News print.

Content

- Sketches are used as illustration against each messages conveyed.
- The seven major messages conveyed includes:
 - i) Apply ORS and contact health worker/hospital/health complex.
 - ii) Give normal food to the patients. Babies should be breast fed.

- iii) Use tubewell water for all purpose even if it is laborious.
- iv) Boil water from other sources (if must), before drinking and washing.
- v) The messages on Sanitation & personal hygiene includes, do not defecate here and there, use latrine; wash hands with soap or ash after deefecation.
- vi) Do not eat rotten food and always keep your food covered.
- vii) Boil the clothes of patient instead of washing it in open water.

Comment

- Posters in Newsprint are bound to be short lived and less attractive.
- Proshika spends a huge sum on publishing organizational brochures, posters in newsprint indicate lack of seriousness.
- Some critics argue against putting so many messages in one poster. Many messages on one poster may be a useful reminder for the trainers but rether confusing for illiterate beneficiaries.
- The last message is confusing and even misleading. It is quite impractical to suggest to boil the patients clothes.

4.14 CARE

4.14.1 DRAMA

USE AND MAINTENANCE OF SANITARY LATRINES

Context

The drama script has been designed for enactment by the field workers as a method of sanitation promotion. The authority however asks the workers to consult with them before regular, enactment as the drama is not field tested. They prefer to call it an 'Outline'.

Content

- The drama is a 15 minutes show with only two scenes and two female characters. In the first scene, a village woman hesitates to go inside the newly constructed sanitary latrines and finally relieves herself' behind the bush'. Another character, a woman from the neighbourhood comes to know about it and why the woman doesn't go to the latrine. She convinces her that such a latrine is not dangerous. She also explains the need for having syphons intact.
- In the second scene, the woman again talks about her fears of insects coming from inside the latrine through the holes. The neighbourly lady again explains that one should always have footwear while visiting latrines.

Comment

- The idea is good but at times the dialogues are not quite pleasing. The scenes are not well constructed either.
- A child character could have been included to depict the fears of sitting inside.
- Nothing is said in the directives as to who would act. Staging such drama based on such a script would not always be possible in the usual rural setting.

4.15 Prism

4.15.1 Flip Charts

SAFE WATER USE AND PRESERVATION, SANITATION, AND HEALTH & HYGIENE EDUCATION

Context

Prism developed the flip charts under its Health awareness and sanitation scheme.

Content

- Each flip chart has the UNICEF/DPHE Logo 'practice and stay healthy' on the front page. Instructions are given at the end for use of the flip charts. A message on single page is given prior to the full page illustration related to the subject.
 - 0 Of the 8 illustrations use on 'safe water use and preservation' two has pictures of latrines in them.
 - 0 7 illustration have been used in support of the messages on fixed place of defection, sanitary latrine construction, dug hole latrines, water sealed/single pit latrines, children latrine habit, hand washing and latrine cleaning.
 - 0 In health education 12 illustrations are used to support 12 major health/hygiene education messages.

Comment

SAFE WATER

- Language used in the messages is not uniform in construction
- A message reads 'Never pour water into the tubewell if water does not come out when pumped. Arrange quick repair'
- There is no harm pouring pure water into a tubewell - atleast this is not forbidden the way PRISM puts it.

SANITATION

- Along with sanitary latrines urinal is also shown, which obviously lacks hygienic disposal system. Before arriving at a standard design for urinals, they should not be promoted as a separate entity

HYGIENE EDUCATION

- Subjects are well covered
- Some confusions remain in the messages regarding nail cutting, hand washing, patients clothes washing
- The illustration on spitting is also confusing
- Most of the pictures used were dis-proportionate

4.16 CONCERN

4.16.1 Flip Charts

Context

Concern produced separate flip charts on :

- ◆ Water Supply
- ◆ Environmental Hygiene
- ◆ Sanitation and
- ◆ Diarrhoea Control

The flip charts are intended for use by the field workers. The sets are supplemented by write ups for explaining the contents/messages.

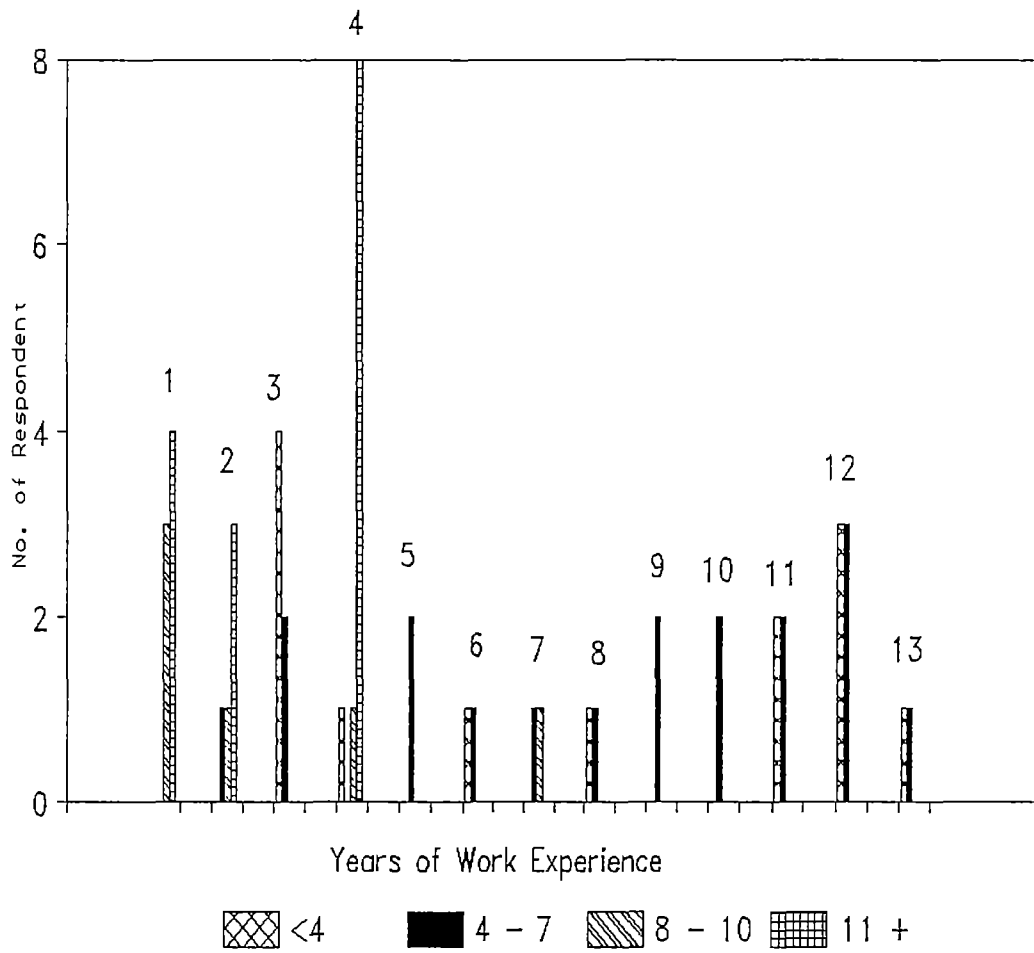
Context

- Two charts are used to depict an un-hygienic and a hygienic environment in the rural context
- A broken open latrine and a sanitary latrine is shown
- Ten different charts are used on Sanitation both in the urban and rural context
- For Diarrhoea, 4 different charts are used. A diarrhoeal patient is shown in a rural setting. Others show curative & preventive measures including a sanitary latrine

Comment

- The flip chart on a hygienic environment shows a Sanitary latrine. The latrine shown does not have a door. A rag hangs on the doorway covering only half of it and revealing half the doorway from the floor.

BACKGROUND OF FIELD TRAINER (FT)

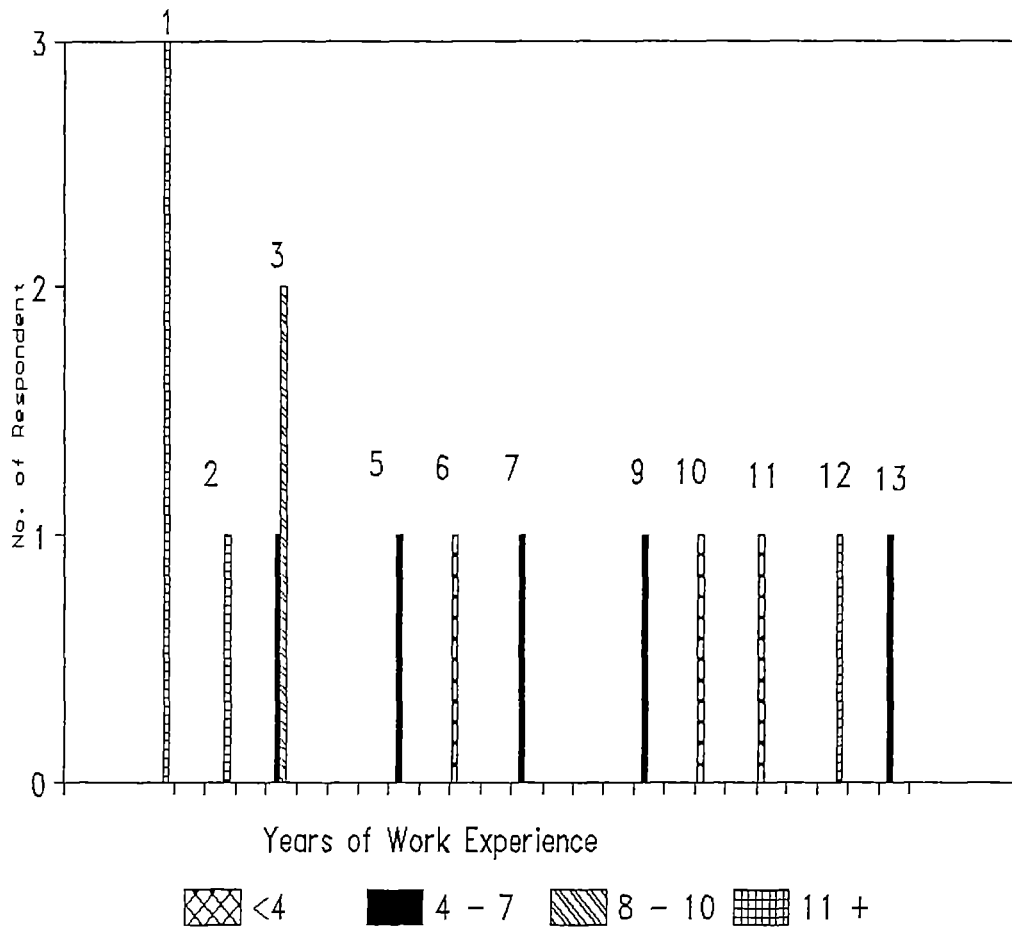


- 1 DPHE
- 2 MOH
- 3 LGED
- 4 MOE
- 5 BRAC
- 6 Proshika
- 7 TARD

- 8 Grameen Bank
- 9 Uttaran
- 10 Jagarani Chakra
- 11 Prism
- 12 CARE
- 13 Bachtshaka

FIG. 4.2

BACKGROUND OF CORE TRAINER (CT)



- 1 DPHE
- 2 MOH
- 3 LGED
- 4 BRAC
- 5 Proshika
- 6 TARD

- 7 Uttaran
- 8 Jagarani Chakra
- 9 Prism
- 10 CARE
- 11 Bachtsheska

- The charts on Sanitation are stuffed with sketches of often confusing matters, hardly giving any message of their own. The sketches and coloring are not at all attractive.
- Only VIP latrines have been promoted
- Sketches used in the first chart shows a diarrhoea effected child is quite repulsive
- The home made Sanitary latrines shown in other charts have the same hanging rags

4.17 Lever Brother Bangladesh Ltd.

4.17.1 Poster

PRACTICE AND STAY HEALTHY

Context

The (28" x 18") poster is apparently for promotion of UNICEF messages on sanitation sponsored by a leading multinational producing consumer goods.

Content

The poster in a yellow/white background has five messages on hand washing before meal all purpose use of tubewell water, hand washing after defecation and body wash. A picture of a doctor pointing his fingers to the massages is also shown. UNICEF, Circular Logo 'practice and stay healthy' is put on the upper left corner.

Comment

- It is a new approach of promoting sanitation through private business enterprises, perhaps experimentally tried by UNICEF. This may be attempted with others.
- Although the multinational subtly promoted their brand of soap - Life bouy, the business motive did not spoil the purpose.

4.18 Islamic Foundation

4.18.1 Poster

Context

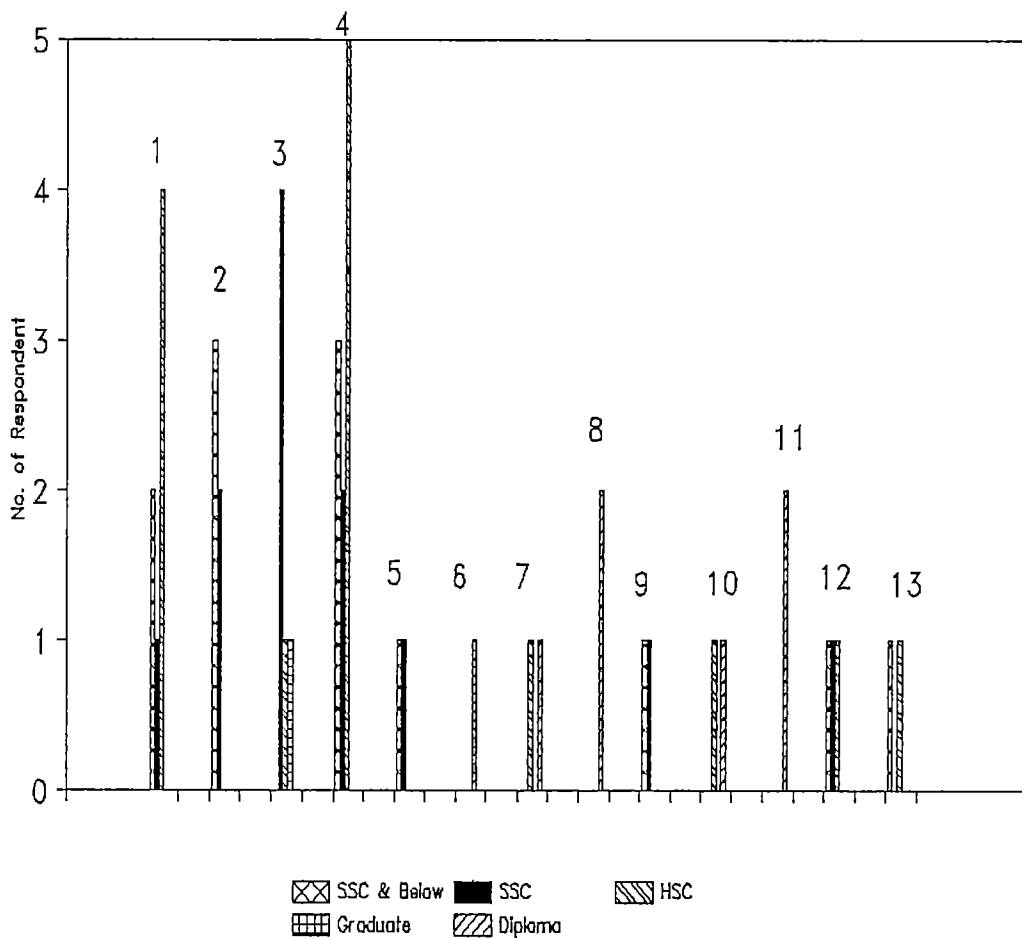
The poster on a red background has an Arabic inscript at the top. A yellow 'radiating sun' follows. Next is a quotation 'Be responsible towards your children'. A wish is made next 'Let your children's life be charming like flowers'. A message follows saying 'Save your child through immunization'.

Comment

- The poster is attractive

- The Arabic inscript is difficult for even those who can read Quran. Nothing is mentioned about its origin. No translation is given either
- The other quotation also says nothing about the source
- Publishers/ promoters of the poster is not mentioned any where

EDUCATION LEVEL OF FIELD TRAINER (FT)

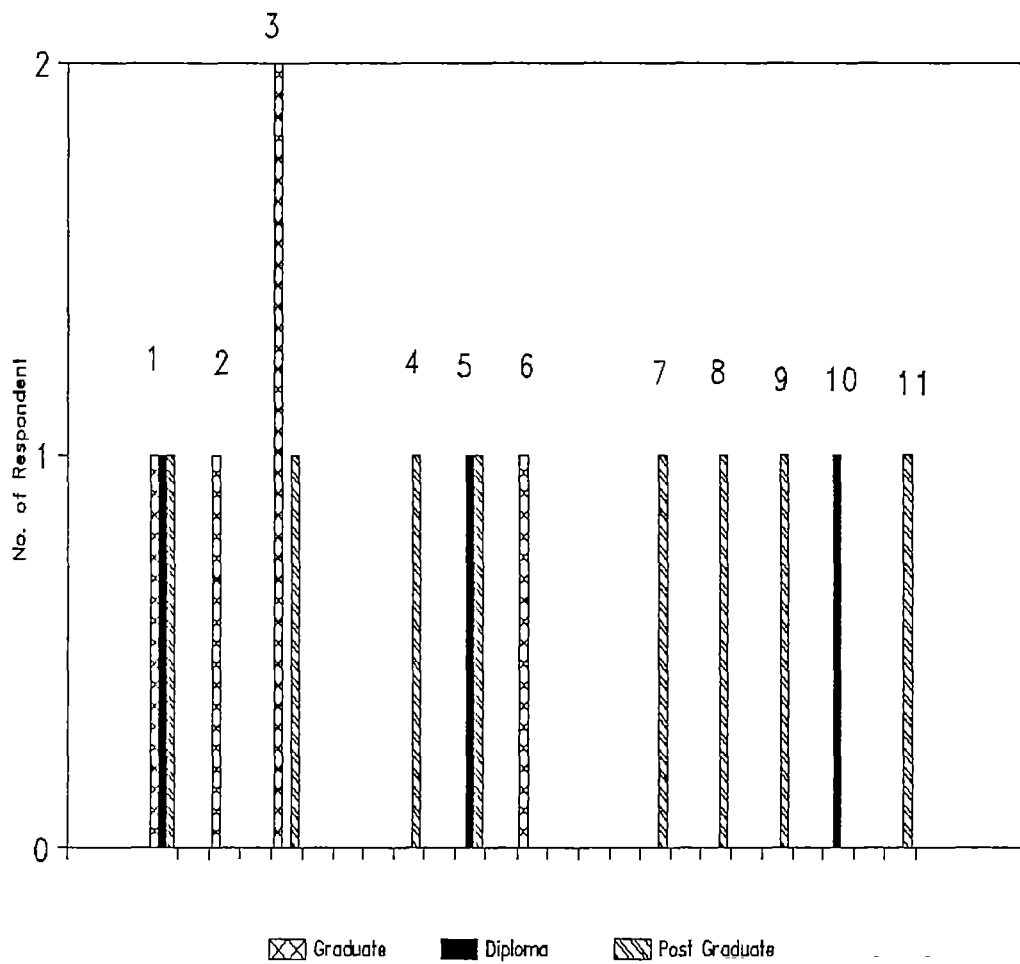


- 1 DPHE
- 2 MOH
- 3 LGED
- 4 MOE
- 5 BRAC
- 6 Proshika
- 7 TARD

- 7 Grameen Bank
- 8 Uttaran
- 9 Jagarani Chakra
- 10 Prism
- 11 CARE
- 12 Bachtsheska

FIG. 4.4

EDUCATION LEVEL OF CORE TRAINER (CT)



- 1 DPHE
- 2 MOH
- 3 LGED
- 4 BRAC
- 5 Proshika
- 6 TARD

- 7 Uttaran
- 8 Jagarani Chakra
- 9 Prism
- 10 CARE
- 11 Bachtshaka

CHAPTER V

*SANITATION NEED ASSESSMENT BY
POLICYMAKERS AND TRAINERS*



CHAPTER V

SANITATION NEED ASSESSMENT BY POLICY MAKERS AND TRAINERS

5.1 General

Interviews of 21 policy makers (PMs), 19 core trainers (CT) and 46 field trainers (FT) and a total number of 61 FGDs (covering nearly 400 respondents), of which 7 were of FTs and 54 beneficiaries were successfully conducted to assess the total sanitation training programme in Bangladesh.

This chapter will assess the opinions of the PM, CT and the FT of the sanitation training programme gathered through interviews.

5.2 Policy Makers (PM) Opinion on Sanitation Training

5.2.1 Sanitation as Seen by PM

According to the policy makers and the managers of WES programmes in WES and NGO, **sanitation is mostly an integral part of the primary health programme.** DPHE, MOHFP, LGED and MOE at the GOB level all perceive sanitation as the country's effort to implement primary health care and it is a small component of their total work responsibilities. Within this perception, DPHE is the major body responsible for implementing WES in rural and LGED in urban Bangladesh.

Policy makers in all the NGOs, view **sanitation as a part of their integrated approach to development, where sanitation and health, education, employment generation, credit is all parts of a total programme.** Grameen Bank, for example, is a credit giving organization. For Grameen Bank involvement is limited to providing loans for latrines repayable in installments. That is, common resources are used for all the programmes. WIF specializes in communication and they also produce sanitation communication materials particularly videos. Usually **the field worker is the field trainer, motivator, health worker as well as the sanitation cadre.** There is no separate cadre for sanitation. **In most cases there is no specialization, except in NGO Forum and Prism.** Here, however, integrated approach means the integration of hardware and software sanitation, which includes production, distribution, interpersonal communication and training for a sustainable sanitation programme.

WHO supports only the monitoring side of the DPHE/UNICEF sanitation programme, while DANIDA and SDC are the two major donors of the DPHE/UNICEF water - sanitation programme in general.

5.2.2 PMs' Assessment of the three Ms of Training (materials, method and monitoring)

Materials

Only 2 organizations, ICDDRDB and BRAC said, that their own material is very good and systematic, while all the rest felt that **their material, as well as training materials in general, all need improvement.** The comments made are as follows:

Unplanned	:	UNICEF
Scattered	:	UNICEF, MOH, SDC, CONCERN
Not Comprehensive	:	UNICEF, CARE, WIF
Not Enough	:	DANIDA, LGED, MOE, DPHE, Islamic Foundation
Intervention Needed in Health Education	:	ICDDR'B, DPHE
Good Quality	:	DPHE
Focus Should be on Water, Sanitation	:	WIF

The PMs identified specific weaknesses and strengths of the existing materials and have suggested areas of intervention needed.

Methods

According to the PMs the training methods can hardly be called participatory. In some cases (Unicef) said it was totally top-down, particularly in GOB. **Lecture and group discussions were the two common methods** of training.

Monitoring and Evaluation methods

Most of them admitted not having proper structured and regular monitoring systems. In cases where there are follow ups and monitoring they are mainly done through **field visits, reporting (through standard formats as in DPHE, LGED) and in some cases refresher courses** were given (by Unicef/DPHE). See Fig. 4.8 and 4.9 at the end of the chapter.

5.2.3 Areas of Strength in Sanitation Training According to Organization themselves

According to the NGOs :

VHSS	:	Self sufficient in training material
WIF	:	Have their own video cell
UNDP/World Bank	:	Their films reach a wide population
Proshika (MUK)	:	Have skilled trainers
Prism	:	Good relationship between trainers and trainees
TARD	:	Have their own audio visual projector
ICDDR'B	:	Project oriented training are upto their own requirements
CARE	:	Their drama is an effective means of communication

The rest were more critical of the sanitation training programme in general.

According to Donors

Among the donors it was noticed that they all support various aspects of the sanitation programme, with special emphasis on certain areas. For example :

DANIDA	:	Research and evaluations Training of hard and software HRD
WHO	:	Evaluation and monitoring of both hardware and software

SDC	:	Supports the private sector in sanitation promotion
UNDP/World Bank	:	Developing communication and training material

According to GOB

In most cases they were not satisfied with their training programmes. However, MOHFP & LGED does have their own training centers, while DPHE does not have any training facilities of its own at all.

5.2.4 PMs Suggested Areas for Intervention in Sanitation Training

- Heavy software communication and training needed
- Technical cum communication training needed
- Human resource development through participatory methodology need to be developed
- Material must be regularly updated
- Community sensitive engineers needed (TOT for hardware trainer)
- Software specialist needed for GOB while hardware specialist needed for NGO
- All concerned agencies need to collaborate and coordinate together
- Material quality must be standardized
- Need properly assessed to improve material
- Trainers should be trained abroad
- TOT and on the job training is required
- Community participation and demonstrations need to be included in training
- Software must be given equal focus (as given to hardware)
- Community management must be encouraged
- Upgrade training, specially in BPHE
- Develop DPHE as center for sanitation training activities
- HRD of DPHE and the need for a training cell
- Training should be well designed and target oriented

5.2.5 WID in Water Sanitation as Viewed by PM

The PMs of almost all the organizations, NGOs, GOB and Donors have spoken of the importance and need for womens' management of water and sanitation for community development. WID is vital for WES. Let us look at what the PMs think about WID in WES:

Unicef	:	Gender awareness in WES planning and development Mostly women caretakers Increase girls enrolment in school Women, a part of wes for sustainability
SDC	:	WID in WES for programme sustainability
DANIDA	:	Separate focus on women in general
MOH/BHE	:	Women community health workers
PHC	:	Income generating loans for women
LGED,Sip	:	Community health workers
LGED,Stdp	:	Income generating loans (private sector)
MOE	:	Increase girls enrolment
DPHE	:	Gender awareness in planning Mostly women caretakers
TARD	:	Women trainers and recipients
CARE	:	Mostly field trainers and caretakers are women
BRAC	:	Developing mother's clubs

Proshika	:	More women beneficiaries
Prism	:	Women field level staff
Concern	:	The Women Animators
VHSS	:	Training for mothers

5.2.6 Interpersonal Communication

The need for interpersonal communication technique was felt by all, however, **at the GOB level only MOH has the component, Unicef among donors, while among the NGOs, all of them have it as a part of their training component, except for VHSS and CARE.**

5.2.7 The Future of Sanitation in Bangladesh As Seen by PM

The future training areas in sanitation will be determined by the sanitation policies of the coming years. It may be noted, that **both GOB and Donor has clearly shown a preference for software components.** There will undoubtedly be a stronger focus on software than in the previous years. The commitment, in terms of budget allocation was not specified during the discussions. However, it was clear that **hardware allocation will continue to far exceed software allocation,** although software allocation will increase compared to previous years

The interviews with the policy makers of Donors, GOB and NGOs indicate 7 major areas of focus in sanitation in the next 3 years:

1. Social Mobilization

Unicef
 Undp/World Bank
 DPHE
 LGED
 MOE
 ICDDR'B
 TARD
 Islamic Foundation
 BRAC
 Proshika
 VHSS
 Concern
 NGO Forum

2. Developing Communication Material on Sanitation

Unicef
 UNDP/World Bank
 Islamic Foundation
 WIF
 CARE
 NGO Forum

3. Separate Emphasis on Sanitation Promotion

MOE (in schools)
 TARD
 CARE
 BRAC
 CONCERN

- | | | |
|----|--|--|
| 4. | Community Management in WES | UNDP/WB
Unicef
MOE
CARE |
| 5. | Hardware Support to WES | SDC (in the private sector)
DANIDA
Proshika
NGO Forum |
| 6. | Monitoring and Developing Monitoring Instrument | WHO
DANIDA
SDC |
| 7. | Credit Programme to Include Loans for Latrines Repayable in Instalments | Grameen Bank
Proshika
NGO Forum |

Water sanitation in this last decade of the century will basically cover the seven areas mentioned here according to the policy makers of the organizations interviewed.

5.2.8 Sanitation Promotion

Existing training material need to be reviewed and improved.

Areas which need particular attention in developing an effective sanitation programme is in the areas of communication, training in software, HRD and capacity building of DPHE and inter-sectoral collaboration. Inadequate monitoring system demands the development of proper monitoring procedures.

PMs are giving importance to interpersonal communication and WID in WES. Both GOB and Donors show a clear preference for software emphasis in sanitation. But hardware allocation will continue to far exceed software allocation, although training component will be strengthened for sanitation promotion in the coming three years. The majority of PM in

GOB, Donors and NGOs said "social mobilization" will be the main focus of their sanitation for the next few years.

5.3 Trainers Own Background and Their Opinion on Sanitation Training

In this section we will discuss both the existing qualification level of trainers, including SDEs and SAEs, in sanitation and their opinion on existing sanitation training programme.

5.3.1 Background of Trainers

Quality of training depends largely on the quality of the people behind it, mainly the trainers. Perhaps more depend on trainer quality than on training material. During discussions with trainers at core and field level, the involvement of the trainers in the sanitation programme can easily be determined, particularly by observing their enthusiasm and frequency of interaction with the beneficiaries.

Our interviews show the formal training qualification and education background of the trainers in sanitation both in GOB and the NGO. This has been presented in the Fig. 4.1 and 4.2 below.

Most of the CTs and FTs of GOB and NGOs are Trainers who have received some sort of training. Majority of the CTs are post graduates, 2 are graduates, 3 B.Sc.Engineers(GOB) and 3 Diploma Engineers. Only 3 (NGOs) out of 15 CTs and 8 out of 46 FTs have less than 4 years, while only 6 out of 15 CTs have more than 10 years of experience. **CTs all have university degrees. FTs of NGOs vary from SSC to a graduate, while FTs of GOB are mostly graduates except in MOE.** See Fig. 4.3 and 4.4

The chart shows that the majority of the trainers have all received some sort of training in sanitation particularly the SDEs, the SAEs and mechanics (from Unicef/DPHE). Most of the NGO trainers received some TOT in communication and participatory approach, which the GOB training does not include (except in MOHFP training). **LGED does not give TOT, but it does give training in community development and community organizing.** See Table 4.A

Table 4.A : TRAINING RECEIVED BY TRAINERS

Name of Organization	Training Received			
	FT		CT	
	Yes	No	Yes	No
Govt.				
DPHE	7	-	3	-
MOH	5	-	1	-
LGED	6	-	3	-
MOE	8	2	-	-
Sub Total	26	2	7	-
NGOs.				
BRAC	2	-	1	-
Proshikha	1	-	1	-
TARD	2	-	1	-
Grameen Bank	-	2	-	-
Uttaron	2	-	1	-
Jagarani				
Chakra	2	-	1	-
Prism	2	-	1	-
Care	3	-	1	-
Banchte Shikha	2	-	1	-
Sub Total	16	2	8	-
TOTAL	42	4	15	-

The "communication language" was more evidently participatory in NGO trainers than in GOB trainers, where participatory approach to training is either unknown or not practiced. In one case, an SDE unknowingly described training as sessions where a teacher-student relationship and a top-down approach should exist, since his status demands that he keeps a distance from beneficiaries (Dhaka, Tangail). While in another area (Rajshahi, DPHE), **an SAE and mechanics feared that they will lose their job once the sanitation training programme is over and the responsibilities are handed over to the community. This would effect their commitment to social mobilization.**

The question here, therefore, is whether such formal training is sufficient in producing qualified and effective trainers or awareness of the need for developing participatory aptitude is necessary.

[A trainer qualifies as a "Trainer", if he/she has the knowledge of participatory training and communication ability. That means the development of participatory trainers is the objective of all training cadre and can be achieved through TOTs.]

This will be duly proven in the course of the study findings.

5.3.2 Trainers Assessment of Sanitation Training

Although most of the CTs and FTs have received some training as seen above they all feel that this is **not "sufficient" or "adequate"** for developing these potential trainers into

sanitation cadre. **More extensive and intensive training is needed at both the TOT and field level with close systematic follow ups and monitoring.**

Both CTs and FTs of the GOB trainers and the implementation coverage show a need for further training for the implementation of a social mobilization programme.]

Sanitation Training Strategy

All the FTs and the CTs unanimously agreed the training approach should be an **integrated one** where both hardware delivery and hygiene education and social motivation should go together. Technical and non technical training should be integrated into one sanitation programme. Most of the CTs (12 out of 19) and most of the FTs (29 out of 46) feel the **best approach to service delivery would be user "sharing cost"** and not cost free or cost bearing. This will enable target groups to afford it at the same time value it.

Training Components Preferred by Trainers

The sanitation training areas preferred by the trainers (CT and FT) are amazingly uniform both organization wise (GOB and NGO) and component wise.

Components	GOB	NGO	
Community/Women Participation	7	10	CT
	23	17	FT
Hygiene Education	5	6	CT
	14	10	FT
Operation & Maintenance	4	3	CT
	8	8	FT

That is, 17 out of 19 CT and 40 out of 46 Ft want that community participation should be given the most importance. **This finding reflects a change in the traditional view of trainers** where service delivery was regarded as the key to sanitation success. This change in perception is undoubtedly due to the recent TOTs directed at the Unicef initiated social mobilization programme already begun. **But whether this change is supported by a commitment to actually implement community management is another question.**

5.3.3 An assessment of the 3 " Ms " of Training

◆ Material

The existing training materials, manuals, curricula have been reviewed organization wise in chapter 3. Here, in this section we will discuss the status of training material in terms of effectiveness, field compatibility and acceptability to beneficiaries and need identification.

According to the policy makers, core trainers and the field trainers the existing training materials need improvement (PM-84%), insufficient (CT-94%) and effective (FT-52%) and need improvement (FT-48%). See Bar Chart 4.5

Field Trainers were asked about the compatibility of training material to field situation. 27 out of 46 of the field trainers said the **training materials were compatible to the field** and they are able to explain the messages from visual pictures. According to the FTs the colored posters & pictures are liked more by the beneficiaries, which they wanted to decorate their houses.

According to the trainers and beneficiaries more specific training material is needed for training. Particularly at the field level there is a dearth of training material. This has also been confirmed by the field findings, where group members (Grameen Bank, Proshika) and caretakers (DPHE and LGED) have hardly seen training materials at all.

The trainers and the beneficiaries have identified the training materials they need and would like to use. These can be seen in the **Bar Chart 4.6 and 4.7.** The beneficiaries have mainly preferred visual materials such as posters, audio visuals and flip charts, while the trainers mainly asked for more leaflets and posters. For illiterates visual messages is more essential which most of the trainers do not seem to remember.

◆ Method

The training methods predominantly in use among the GOB and NGOs are given in **Bar Chart 4.8**. Needless to say, that the **practicing methods are not participatory enough**. During interviews all the trainers were not clear about the participatory method, particularly confusions were noticed among SDEs and SAEs, in MOHFP and among teachers. Then there were those who could explain what is participatory, but were not willing to practice it. **In Banaripara however the need for community participation and local collaboration was strongly suggested by mobilizing through the participatory training method.**

◆ Monitoring

Monitoring is not the strongest area of our sanitation training programme. WHO has been specially requested by Unicef to assist in sanitation monitoring of the DPHE programme, which has been reviewing to develop ever since. DPHE follows a conventional government format for reporting from the field and monitoring. It is inadequate & not systematic & only concerns hardware delivery, according to officials. They were unable to show any copies of the formats or reports to the investigators. Same were the case with LGED and MOHFP. They also make regular field visits according to the trainers. However, our FGDs and field visits show irregular and far spaced visits by GOB field trainers, specially in DPHE.

Among the NGOs reporting and field visits are the common practices for monitoring and follow ups. They were also not found very systematic. Only PRISM showed us monitoring card which they use. Our interviews with PMs, CTs and FTs show important differences in opinion on monitoring. Interestingly enough, **more FTs said there was no monitoring system, while according to PMs and CTs there was some monitoring (Fig. 4.9).**



FIG. 4.5

STATUS OF TRAINING MATERIAL

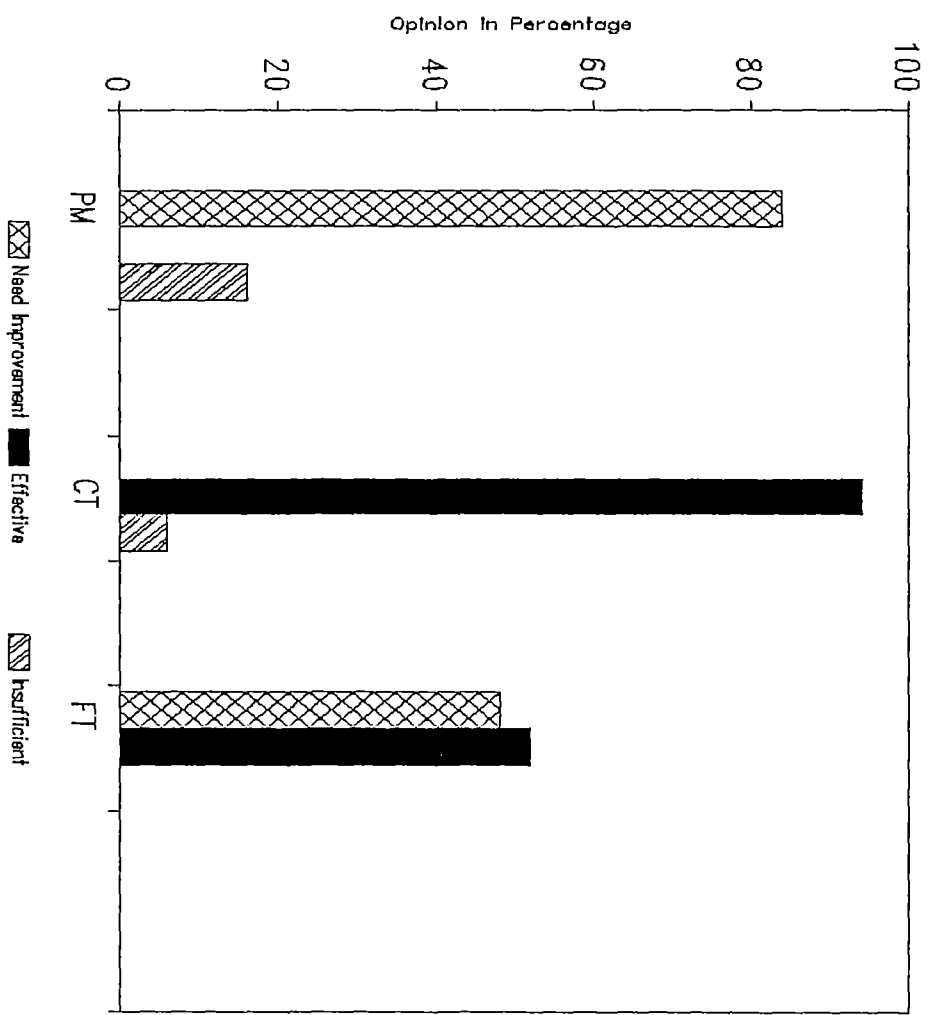
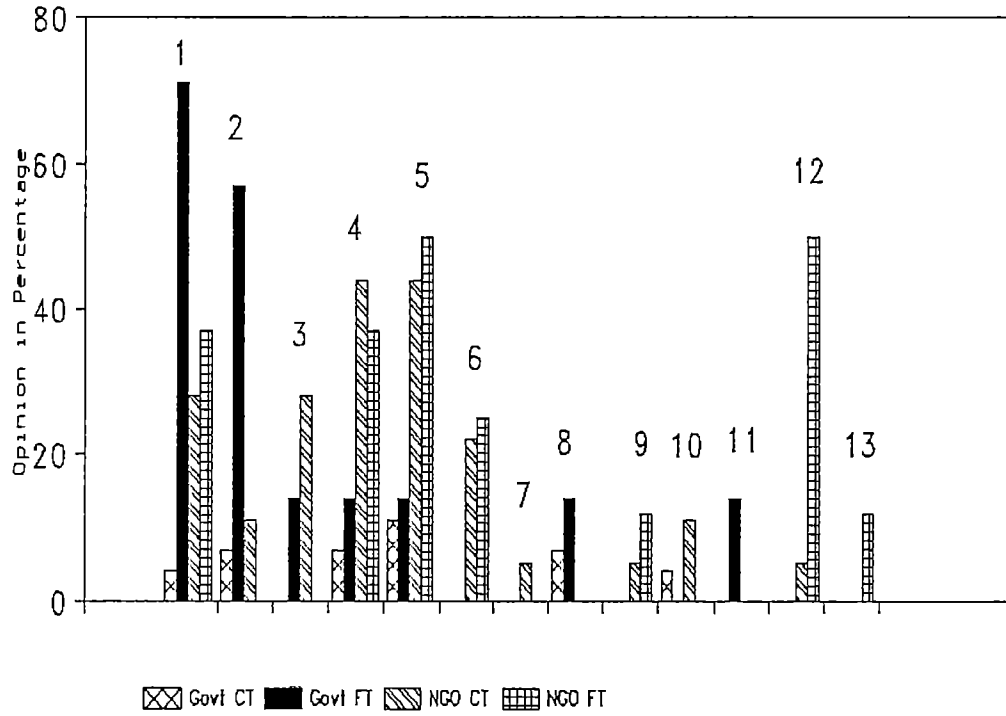


FIG. 4.6

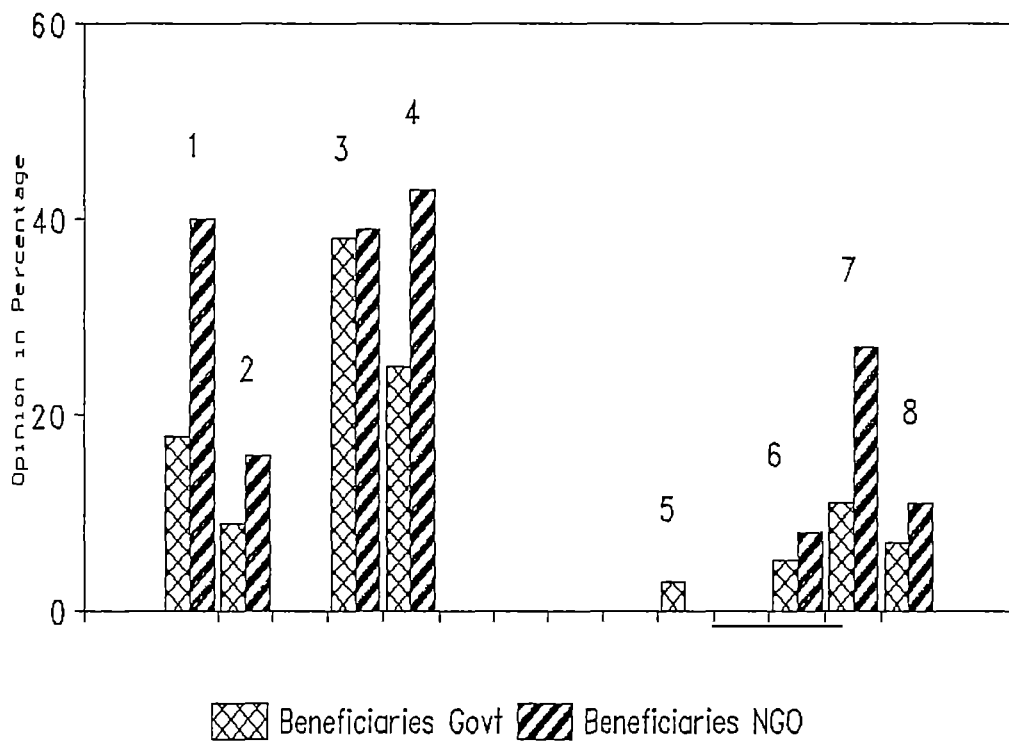
TRAINING MATERIALS NEEDED BY TRAINER



- 1 Poster
- 2 Leaflet
- 3 Booklet
- 4 Flip Chart
- 5 Audio Visual
- 6 Slide Show

- 8 Projector
- 9 Handout
- 10 Model Latrine
- 11 Coloured Photograph
- 12 Film
- 13 Song

TRAINING MATERIALS NEEDED BY BENEFICIARIES



- 1 Poster
- 2 Leaflet
- 3 Flip Chart
- 4 Audio Visual

- 5 Model Latrine
- 6 Film
- 7 Drama
- 8 Song

FIG. 4.8

STATUS OF TRAINING METHOD

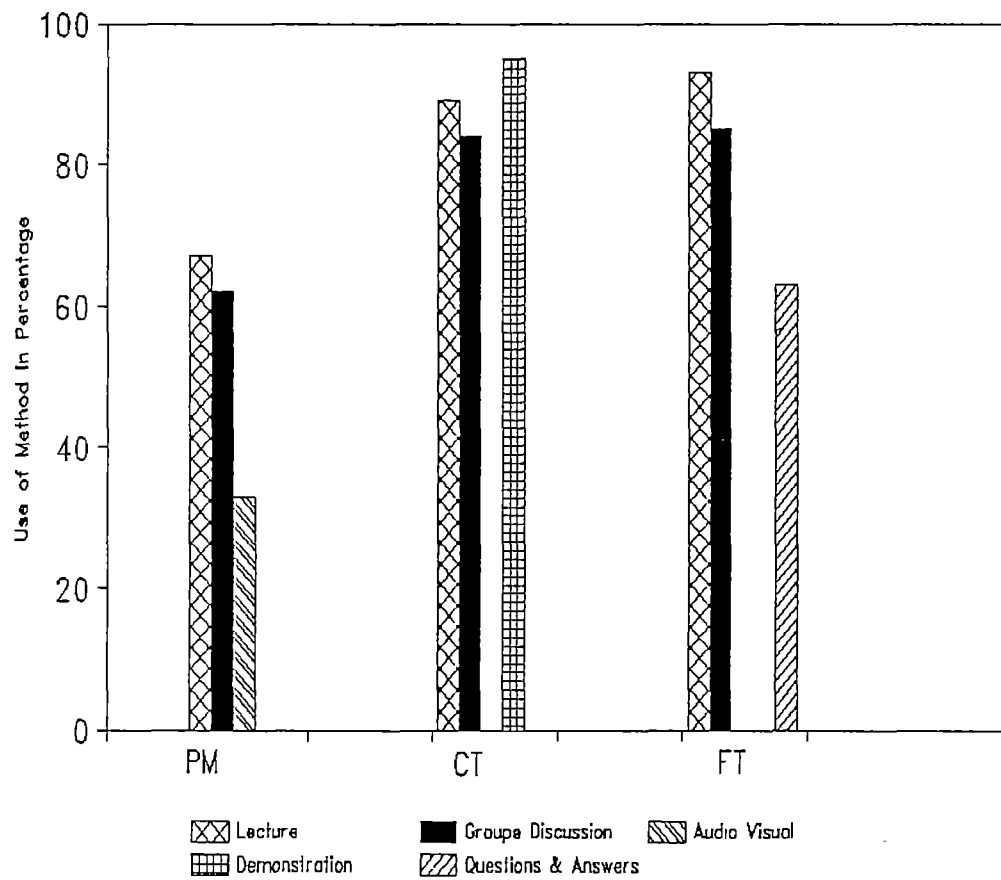
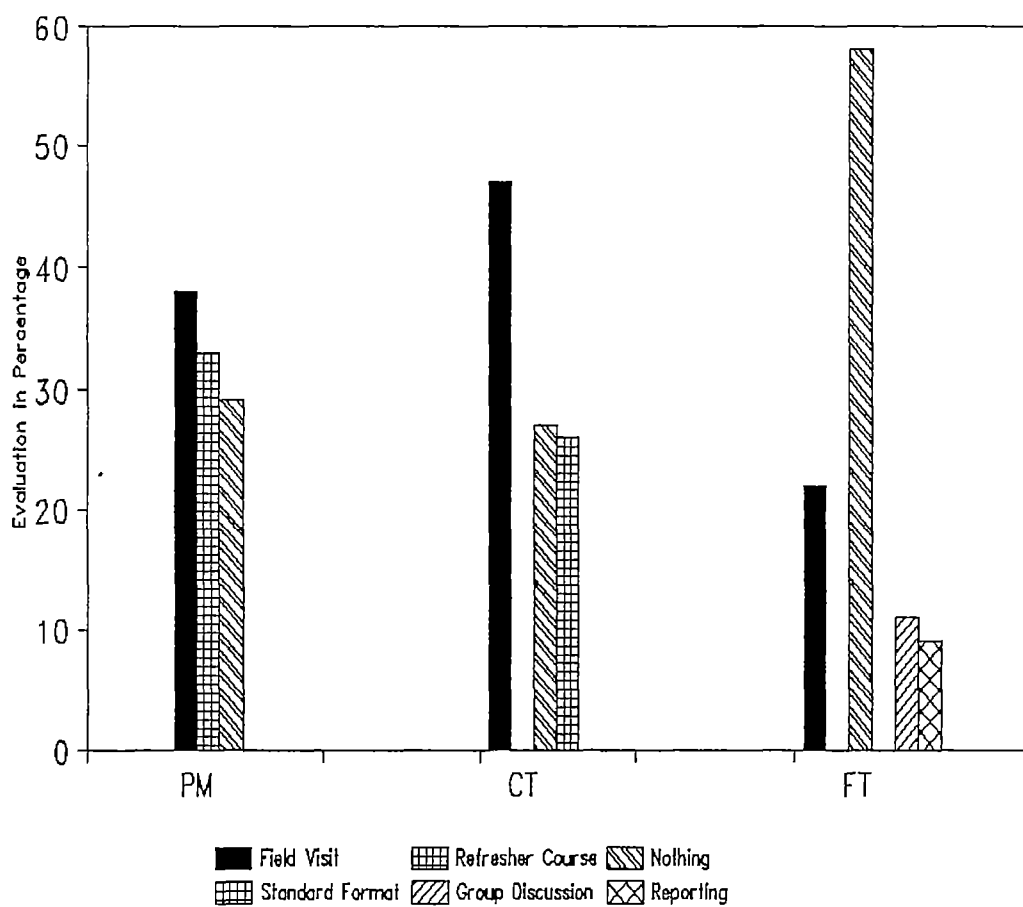


FIG. 4.9

MONITORING STATUS





CHAPTER VI
OBSERVATIONS AND FGD FINDINGS



CHAPTER VI

OBSERVATIONS AND FGD FINDINGS

6.1 General

This chapter will present the observations and the qualitative findings from the field visits and FGDs, to assess the Core Trainers, Field Trainers and the beneficiaries.

6.2 Qualitative Analysis from Observations and FGDs

RAJSHAHI

LGED (SIP)

A team of three investigators, including a female left for Ramchandrapur, Bajekajla, Rajshahi City Corporation on the 6th of December, 1992. On the basis of the information gathered from Unicef, Rajshahi, the team first went to visit the Ex-en, LGED thinking him to be the Core Trainer(CT). However, he informed the team that the Ex-en of Rajshahi City Corporation was the actual LGED CT and with the assistance of the EX-en they were able to meet him. The team was also informed that though the Ex-en, LGED was not the CT, he was equally involved with the SIP programme.

There are two field trainers(FT), the Field Organizers, for the SIP programme in this area. The team was taken to the slum in Ramchandrapur, Shahartoli where **the women slum dwellers were their target group members**. With the help of the FTs, FGD of 10 female members were organized.

During discussions it was noticed that **for 220 households there were 2 tubewells, and 40 twin-pit latrines** given by LGED. This was not sufficient and because there were lot of pressures on them, it became very hard for them to maintain the existing facility. Although LGED sweepers clean latrines, **the FGD women members were more willing to maintain latrines than tubewells** which they think is a heavy job for men.

The members were very enthusiastic about their water sanitation extension programme. DPHE attempted to install a Tara Pump in the slum since the water table here was very low, however, the beneficiaries did not accept it saying it is difficult to maintain. Therefore the idea was dropped. **The group felt that if tubewells were distributed through LGED, slum coverage would have been better.**

The group members informed the team that almost **no training materials were shown to them either by LGED or the City Corporation.**

DPHE

Next, the Team visited the DPHE office at Charshampur, Horiana, Poba - Rajshahi on the 7th of December, 1992. It should be mentioned here, that on arrival at Rajshahi, the first two

days were spent trying to meet with the SDE, who was busy with a programme outside the city. The team, therefore, moved on to the neighboring area of Poba, where they could not find any of the mechanics or SAE.

However, eventually they were able to contact 1 FGD with 1 SAE and 3 mechanics (FT) in the SDE office, where they were able to conduct a group discussion.

During the discussion, **the mechanics expressed that they were worried that they would loose their jobs once the water sanitation training programme was completed.**

The SAE and mechanics assisted in the successful completion of the 2 FGDs, 1 male (7) and 1 female (5).

During the interviews and discussions it was noticed, that there was some confusions about training materials that are used. The FT claimed that they had enough materials of their own, while CT said there was not. However, the CT later clarified that there was some material given by UNICEF, but this was not sufficient.

The FTs, mechanics and SAE, claimed that the material they have seen during training are audio visual, booklet, leaflet, poster, slide and manual.

While the beneficiaries have seen during training video, poster and leaflet. They did not come across any flipchart.

It was noticed during the FGDs of the beneficiaries that, there was not much enthusiasm or eagerness regarding water sanitation programme amongst them. **The beneficiaries asked, 'what is there to teach about washing hands and cleaning latrines?'** The women felt that **learning about tubewell maintenance would be very useful for them.** Then they could make the minor repairs themselves.

MOHFP

The Team next, left for MOHFP on the 8th of December, at the Poribar Porikolpona Kendro, Borogachhi Union Parishad, Poba Rajshahi.

The Team first tried to identify their CT of MOHFP at the Rajshahi distridt level. However, after discussion with the Thana Health Administrator (THA) and FT, it was discovered that some 25 km away **at Bagha Thana there is a training center, where a CT maybe found.** The time and distance did not allow the team to venture there. **Instead, it was decided that the MOHFP CT will be interviewed in Dhaka.**

The team then decided to conduct their interviews with the FT and with their assistance they were also able to conduct 2 FGDs, 1 male (7) and 1 female (5) of the beneficiaries.

During discussions it was found that all the female members wanted a **sanitation training, But surprisingly, none had sanitary latrines.** They felt the need for a **sanitation programme which would provide them with free latrines.**

While during the male FGD it was found that they had a better idea of what was safe water and sanitation than the women.

It should be noted that there is no specific water sanitation related training in MOHFP, however, the beneficiaries and the trainers are interested in such a programme. They are also willing to carry such messages. However, it should be surveyed how the EPI and other health messages could be integrated.

MOE

The SDE Rajshahi, informed the Team that Nawhata Primary School maybe surveyed since they have some UNICEF initiated activities. The Team, therefore, visited **Nawhata Primary School, Poba Rajshahi** on the 9th of december.

The Team first interviewed the principal and a teacher from the school as FT. The CT for the schools were the SDEs.

1 FGD of all the 4 primary teachers was conducted. The teachers themselves felt that both **training material and training is insufficient.**

2 FGDs of the school boys (8) and girls (7) of class 5 were also conducted. Since the school received some inputs in terms of demonstration training on sanitation by the SAE in the presence of SDE and UNICEF, the children appeared to have good understanding of sanitation.

2 FGDs of the boys (6) and girls (6) from class 7 of the Nawhata Secondary School was also conducted. Here, **the school children have not been exposed to demonstrations and training.** Neither have they seen any training materials during their classes, although some have seen posters etc. outside their school.

Unlike the primary teachers, the secondary teachers received no training at all in water sanitation. Therefore, they can hardly be regarded as trainers. However, the secondary school teachers felt that such a programme would be very effective in secondary schools because the older boys and girls would understand and apply it better.

Non Governmental Organizations (NGOs)

BRAC

Location : *Sharkar Bari Prangan
Modhya Para, Subhgram
Naruli, Bogura Shadar*

Date of Visit : *13 December,1992*

The team visited this extension programme of BRAC as suggested by their Dhaka office. The Area Manager was identified as the CT and 2 field workers were identified as field trainers interviewed.

BRAC Training Session Observation

The Area Manager enabled us to observe one of their training sessions, held every Thursday. These are TOTs for the field trainers, where the trainers are the Area Manager and the skilled programme organizer (SPO). These training are on their on-going activities, where water sanitation

is sometimes included. Water sanitation is an integral part of their health programme. This particular training was on Non Formal Education. The training was held at the BRAC office.

Training Facilities/Aids

They had furnitures for training, the chairs and tables were arranged in a U shape. Mainly **group discussions and question answers were applied which were quite participatory.** The use of case studies and stories were quite common. The training material they were using were booklets, leaflets and posters on NFE. They also have a flip chart on sanitation and health which was not found in use. They also had a black board, chalk and duster. During training we found them using a wall chart on their various duties and activities.

GRAMEEN BANK

Location : *Grameen Bank Area Office,
Mukamtola, Shibganj, Bogra*
Date of Visit : *14 December, 1992*

On recommendation of the Grameen Bank head office, the team chose to visit their field in Bogra. When the Team arrived at the Grameen Bank Office at Shahartoli, Bogra, they did not find any CT locally positioned, according to their Administrator. They interviewed 2 FT. **The FTs had received no formal training in water and sanitation.** Their sanitation programme is a part of their credit programme. With the help of the FTs the Team met the beneficiaries' group for an FGD of the male members. But no female FGDs could be contacted because in this area the Grameen Bank had not yet started their work amongst the women. This was an unusual situation for Grameen Bank, since their major target groups are the women. The field staff were unable to give any satisfactory explanation for this condition. On receiving this information from our team over telephone, we inquired the head office. The office informed us that it was a new field area. They had not yet begun their women's groups and their sanitation programme properly. It was strange that they suggested us to visit a field which did not yet have the programme which we were particularly interested in. It was, therefore, decided that a second field would be selected to visit and this time it will be within Dhaka division.

Community Leaders

The team conducted their FGD with the community leaders on 15. 12. 92. This was possible because of the support the team got from the Chairperson Union Parishad. The Chairperson was able to mobilize only 5 male members and 4 female members, although the investigators did inform them of the event a few days earlier.

The male members were the Chairman, member, secretary of the UP and primary school headmaster, high school headmaster. Amongst the women the primary school teachers and the secondary school teachers were available. **The community here strongly recommended mobilizing the local community in promoting sanitation. They also suggested that the local authorities and DPHE must work in close collaboration with the local people, particularly the schools and the school teachers.**

CHITTAGONG

A team of three members including a lady, investigated the sanitation training situation in Chittagong division. They started on the 6th of December, 1992.

DPHE

On the morning of the 6th at 9:30 am, the Team arrived at the DPHE Office in Chittagong Sadar. They met the Ex-en and had a detail discussion on the subject of the study and its objectives. But the Ex-en could not help us much as he could not give us much of his time for the study. He suggested

that we go to the field instead of making enquiries and talking to him at his office and wasting his time.

The Teams' status, as far as the EX-en was concerned was ambiguous. He questioned about the authenticity of the official letters that were given to the Team by the UNICEF and DPHE authorities. However, he ultimately introduced the SDE to the Team and asked him to assist them as CT. SDE explained that he was unable to help them that day, because he was busy. However, they could come and see him the day after.

On the 7th the Team went to meet the SDE at his office at 8:00 in the morning. **He had sent a message saying that he could not meet them for technical difficulties, but he was kind enough to telephone the SAE of Hathajari and request him to cooperate with the Teams' investigation. Needless to say the team failed to interview the SDE as CT.**

The same day, the team left for Hathajari, where the SAE provided them with all his cooperations to successfully conduct their field level interviews and FGDs. The team carried out an FGD of the 4 mechanics and the SAE and the 2 male and female FGDs of the caretakers.

The team was taken to the caretakers' home, where 2 FGDs were carried out in his homestead. The team also looked into the physical water sanitation condition of the area. It was found that **the level of awareness was high in Hathajari and all the group members had some form of sanitary latrines of their own.** The area, according to the SAE is particularly conscious because of its proximity to the educational institutions (University) and the number of educated people are more in the area.

Unfortunately, **on the 7th of December the Babri Masjid crisis broke out and the team was unable to conduct FGDs of the community and the schools.** They had to return to Chittagong Sadar the same evening.

LGED

Chittagong was one of the worst hit areas of communal disharmony in Bangladesh as a result of the Babri Masjid crisis. Due to this situation the local bodies were unwilling to organize meetings with the various groups. They were finally able to begin work with LGED on the 10th of December, 1992. The CT was not available, therefore, no interviews were possible.

The field workers called 'Field Organizers' are their field trainers. The team interviewed the field organizers. Afterwards they went to the Agrabad Bastuhara Colony for the FGDs.

The team observed that for every 10 families there were only one tubewell and one sanitary latrine, which were far too little. **While they were conducting their FGDs they found children lined up along the drain for sanitary purposes.** In the morning rush when all the latrines are occupied the drains are indiscriminately used. **"How could we practice hygiene habits when we do not have enough latrines?"** they asked. **In this slum on an average 70 persons use one latrine.**

The FGDs and the interviews with the field organizers show that **they are regularly visited. The groups are also familiar with the training materials like, flip charts and wall posters made by Lever Brothers on safe water use and sanitation.**

Organizers and the beneficiaries agreed that due to environmental conditions, in terms of limited facilities, they are unable to maintain hygienic habits. Therefore, the beneficiaries suggested that **before further training is imparted service delivery must be improved to at least one latrine per 5 families.**

The women members were all working women- working in areas of brick breaking, doing kitchen work in the local hotels and working as sweepers in the port area. Since they all go out to work, their children are left all by themselves at home. It is difficult to train children in sanitation without the help of their mothers.

The women members informed the investigators that **6 of the families together has built a little reservoir to store water for bathing.** The investigators saw that they hung a curtain so that the women could take their baths in privacy. **All the members said that they store emergency drinking water in front of the homes in a cemented "motka". It was found that they use the hard core of the coconut as a mug for the water.**

The investigators noticed that behind every house a torn curtain was hung in the space **in between houses for the women members for urination.** The men were also reckless about it because they could urinate anywhere and everywhere. The women informed the team that **the latrines are far away and always occupied, therefore, they cannot always use it, specially at night.** So they have made their own arrangements, though very unhygienic.

The investigators found sanitary conditions very poor. They also observed that the Field Organizers of LGED hold regular group discussions with the beneficiaries where they are given orientation on health and sanitation. **The group said they had no time for training during the day, however, they would attend adult education programmes in the night if there were any, which could include sanitation.**

MOE

On the 8th of December, the Team made an effort to conduct interviews and the FGDs of the school teachers and the students. At the time, **the town was very restless and the primary schools were declared closed.** The secondary schools, were having their yearly exams and the teachers could not have time for the team. Therefore, the team was unable to complete this task.

Although they could not carry out the FGds of the students of the primary schools, they managed to arrange a very informal discussion with the school teachers.

During the discussion, **the teachers commented that the present curriculum is not adequate for a water-sanitation and health class.** This curriculum needs to be reformed. They suggested **the incorporation of colored illustrations in their school books such as in Poribesh Porichiti.** They also suggested the transition of short films and stories through the radio and television, which could play a vital role in motivating not only the children but their parents as well.

Community Leaders

2 FGDs were organized, 1 male and 1 female, in two different areas. The male FGD was in Hathajari, in Toron Tapan Chowdhury's homestead. The area is predominantly Hindu, therefore during the Babri Masjid crisis they were afraid to come to meetings.

The **male community leaders in Hathajari** included a social worker businessman, 2 teachers, 1 TEO, **had received training from DPHE** and had seen some of the training materials, including posters, particularly one on how to make a slab, leaflets and flip chart. **They were given orientation on how to use the training materials for training the beneficiaries.**

The process of procuring a tubewell from DPHE is difficult and time consuming, complained the leaders, while such a tubewell is easily available in the open market. Therefore, people are

not eager to go to DPHE. They think it should be distributed from the Thana and people could be able to buy it on the spot with cash. Although they help with the site selection the actual installation and the provision for spare parts are long drawn process which needs to be simplified.

The Community leaders informed that they did not see any short films or slide shows during training. **The training are held in BRDB training center.** No training aids are provided by UNICEF. All training facilities are provided by BRDB.

Non Government Organizations (NGOs)

PRISM

On the 12th December the team left for Ramgoti in Char Alexander, arriving the next day in the morning. On the 14th the team met with the PRISM officials, the Thana Sanitation

Coordinator gave the interview as the field CT. On presenting our papers the manager provided us with all his cooperations and showed us their materials.

Prism follows its own methodology in the training and motivational work on water and sanitation. It covers 12 Chars. Each Char is divided into 3 operational zones for the convenience of the programme. As a first step, they conduct a house to house survey of each 'command' area in order to identify their total target size. In the process they also identify

how many tubewells are running and how many are out of order, the kinds of latrines are being used, open, sanitary etc.

Prism FT are called the Village Sanitation Motivator (VSM) and their method of group formation at the primary level is called Ham Dall and at the secondary level Baj Dall. The total number of household in Prism Command Area is 56, 390. While the number of VSM are only 133. The enormity of the task is evident from this.

FTs or the VSMs are trained in their training center, which is located in Bibir Hat Poribar Kalyan Kendro, Alexander Prism Office, Hat Hajari UP office, Koroitola Hospital Hallroom. The trainings are conducted by UNICEF, Prism Coordinator and DPHE participates in these sessions. BRAC also participates in these sessions as resource organization. Prism has its own training materials in the form of flip charts, wall poster from Danida. Registered books, monitoring cards and a jute bag with their own monogram is given to field workers for motivation.

Char Daktar was chosen by Prism for the FGDs of their target group. Before sanitary latrines were introduced by Prism, the local people used to use "Dobas" covered with water hyacinth. Such open latrines numbered 3,435. Prism started with low land latrines (because they get flooded) and distributed 819 latrines in the area. This year they have a plan to distribute even more. Their work has been extended for another 1 year and UNICEF is providing all the support. However, for proper implementation Prism feels they need at least a 5 year target plan.

Since, Prism works in a Char area where households are scattered, they suggest the use of **mobile film unit for motivation** which can be shown in hats and bazars. They also suggested that since the area is prone to disasters **mobile cinema unit- disaster related water sanitation and health messages** to the people would be very effective.

CARE

On the 9th of December, the team visited the CARE office at College Road, in Mirershorai. The Project Coordinator was interviewed as their core trainer. The field Motivator/Organizers were interviewed as the field trainers. **The field motivator are mostly women** and from the hindu minority group. The previous night a hindu woman was burned to death and the Project Coordinator did not want his staff to risk going to the fields. It should also be added, that the women themselves refused to go without their "shakha", a shell bangle traditionally worn by the hindu married women. Therefore, it was not possible for our team to conduct the FGDs of the beneficiaries.

According to the field trainers and the Coordinator the water sanitation program in CARE began only in 1992. **The beneficiaries are the women who are taught how to make pit latrines, how to maintain Tara tubewells and the latrines.** They are also given hygiene education and sanitation.

The training materials they use during training sessions are their own black and white flip charts, drama, and a manual on Apner Shasthya given by UNICEF is distributed

among their beneficiaries who are mainly literate Hindus and Buddhists. The field trainers **claimed that the drama is much more effective than the flip charts and manuals.** The group members themselves act out the drama in local dialect, although the script has been prepared in standard Bangla.

CARE organized workshops with their groups on drama where Mr. Abdullah al Mamoon of BTV, a professional dramatist was present as a resource person. **CARE uses 2 dramas, one on health care and the other on water and sanitation.** They also have songs in the local dialect on diarrhoeal diseases, how to make saline etc. **The group had to learn the song and they sing it during their group discussion.** This according to them is a strong motivator.

The investigators asked if these songs and dramas are recorded or are in cassettes and shown in other areas would they be just as effective. The field trainers explained that it would not have the same effect, because the participation of the groups will not be the same. The group will not sing the songs nor act the roles, therefore, they will not remember it afterwards. They said once it is 'out of sight it will be out of mind.'

There is a system of reviewing and monitoring through field visits and field reporting, and prepare a monthly report. They have to send this report to the Zonal Office in Chittagong.

Since CARE works in a highland area they feel that pit latrines are more suitable. The beneficiaries want sanitary latrines. In the near future CARE has plans to distribute group wise the sanitary latrines free of charge experimentally.

KHULNA

The Khulna investigating team left Dhaka on the 5th of December, 1992. They arrived at the UNICEF office at Khalishpur the following morning. Here the team discussed its programme with the Divisional Officer, informed them about an on going training session they could observe. The session was being held in a clinic in the main Sadar. They were able to observe the second day of the session on the 6th. It was actually a two-day workshop in collaboration with WHO on health and sanitation.

Training Session (MOHFP) Observed

The training was organized by the MOHFP from Dhaka. WHO was the resource organization. The trainees were THO. It was not a regular training but a special workshop. It also included subjects on health and sanitation which dedicated two hours of its training period on the subject. During this time the facilitator displayed the UNICEF posters and discussed on the messages. The team discussed with the trainers and the trainees after the

training was over. They all felt that such training should be held regularly. The general view was that, before going to the people it is important that 'we ourselves understand the messages thoroughly.'

DPHE

From the training session the Team then went to the DPHE office to conduct the interviews and FGDs during the period of 7 - 8 December, 1992. They met the Ex-en of both north and south. In accordance to their advice the team left for Barisal.

On the 7th of December, the team met the SDE of Barisal Sadar, who is the CT of both DPHE and the LGED. At the DPHE office both the SDE and the SAE were interviewed. They discussed with the SAE on training and group formation methods. He did not seem very eager to discuss with us. Soon the reason was clear to us the SAE had information that UNICEF was planning to hand over the water sanitation programme to LGED. When the team asked them they brushed it off as a rumor which somehow reassured the SAE and he was more relaxed during the rest of the discussion. When the team wanted to talk to the mechanics, the SDE informed that they come to office only twice a week. Therefore no talks with the mechanics was possible.

Next the team left for Banaripara where they went to meet the SAE. His office was locked. They enquired about his whereabouts and were informed that he lives in Barisal and occasionally comes here.

Consequently, with the help of a mechanic, contacted through a local woman, we were able to conduct 1 male (7 members) and 1 female (9 members) caretakers' group. The group was fairly aware of hygiene and sanitation which they also try to practice. The groups, both male and female work outside, therefore, even if they want to they cannot possibly maintain the latrines and tubewells.

The mechanics informed the team that the SAE had not taken any training classes of the groups during the last one year, all the trainings were conducted by the mechanics.

An FGD of three SAEs were conducted in the South Zonal Office in Barisal. According to them after every caretakers' group is formed, a demonstration training is given at the DPHE office.

After distribution of tubewells and latrines they receive a second training, a one day training course, in their area. This training is on operations and maintenance. During this training only Unicef posters are used. There was a difference of opinion in this regard between the SAE and the mechanics.

LGED

The team met the Ex-en of LGED on the 9th of December. According to him LGED have to work at the Launch Ghat slum area. Their slum improvement programme comprises water sanitation programme. The Slum Community Leader (SCL) gives training to the groups, that is they are the field trainers. The team collected the address of the SCL and went to the

Launch Ghat for the FGDs. With the help of 3 SCL we conducted several FGDs of the men and women in groups of 3 or 4. In total we were able to reach 8 women and 7 men. This was due to the fact that the women were busy with household chores while the men were out at work.

During FGDs it was found that **the men do the operational and minor repairs, while the women do the maintenance of tubewell platforms and latrines.** This they consider to be

their job. However, the investigators observed that the level of maintenance of latrines and tubewells was very poor. The slums were in a very unhealthy conditions. It was found that the men and women were not able to maintain this because they had to go out to work. **During the training or group discussion sessions, that lasted for about two hours, only posters were shown to the groups.**

MOE

On the 12th of December the team moved on to meet the school authorities at Banaripara. The team conducted four FGDs of the teachers and students. **The students were very aware of the importance of tubewell water as safe water.** One of the boys told the story of one boy who did not wash his

hands after defecation, and was motivated by this primary school boy. He explained to him how deceases spread because of such bad habits. **When the boys were asked who should clean the latrines 8 out of 10 answered 'Babaa and Maa.'**

There were a number of suggestions from the teachers. **Mainly, the water, sanitation curriculum for the children should be much more attractively illustrated through colored pictures. There should also be at least once a month training organized by DPHE. They also felt the need for more audio-visual material.**

Community Leaders

On the 13th of December, the team organized a FGD meeting with the ex UP Chairman, a member and school teachers. During the discussions it was clear that these people were not only enthusiastic about sanitation, but were also active in its' proper implementation. **Everyone had taken the training organized by DPHE/UNICEF. They feel that together with the training, social campaigning should be strengthened.** They expressed that **drama and songs on sanitation should be arranged in the hats and bazaars.** They also emphasized the need for **a coordinating committee, consisting of DPHE, UNICEF, local influential people and the community in general, who will promote and campaign for sanitation in a systematic manner.** It should be mentioned here, that Banaripara has achieved 82% coverage in sanitation.

MOHFP

The team visited the Ministry of Health in Barisal Sadar at 10:00 in the morning on 6 December, 1993. The team discussed with the division in charge. He informed the team that they have no activities on water and sanitation. They neither distribute tubewells and latrines nor do they give training in this area.

They give training in EPI and health which has a small component on water borne deceases. During this one and a half hour discussion period they also talked about water and sanitation.

JESSORE

Khulna division was covered by two teams of investigators. On the 5th, a team of three investigators left for Jessore to investigate the NGO Forum members of Jagoroni Chakra,

Bachte Shekha and Uttaran. On the 6th the team met the field coordinator of Jagoroni Chakra at 9:30 in the morning. The coordinator was interviewed as a CT. The team was assisted by one field worker who was interviewed as FT.

Jagoroni Chakro has a sanitation production center to which the team was taken. This hardware production involves only the beneficiary men. **This NGO produces three ring and a slab latrine which they sell to the groups in weekly installments.** The groups are also provided with cash for the super structure which they also pay back. This is a recent programme, therefore, it has not yet taken off. According to them their coverage at the moment is only about 20-25%.

It should be noted that the main programme of Jagoroni Chakro is their credit programme for the landless men and women. They give loans for small business. So the **water sanitation program is also a part of their credit programme.** They also have a health and MCH programme.

Next the team was taken to the groups for the FGDs in Kamalpur gram, Koadabazar. During the female FGDs the team observed that sanitary latrines given to all of them from their organization. The team also observed that although the members all said they use tubewell water, but they noticed that the number of tubewells were not sufficient. It was also noticed that Jagoroni Chakro gave only one tubewell to a group under the care of a female caretaker who was trained by them. The tubewell was given by UNICEF. All the members wanted their own tubewells, but their organization could not give them. **In the opinion of the management it is very difficult for them to get tubewells from DPHE because Public Health prefers not to distribute tubewells through NGOs.**

The women's group had received sanitation and health training and posters, leaflets and flipcharts have been shown to them. These training are at the preliminary stage and Jagoroni Chakro has plans for more extensive training where the groups will be shown video and films from NGO Forum.

The men's FGD was held in the same place but in a different area. **They received no training in health or water sanitation.** These are new groups and have not yet been shown any training materials. However, they said that they saw some sanitation messages in the form of wall posters in the bazaar. None of the men in the group had any sanitary latrines. **The level of knowledge was comparatively lower than the women, but they all wanted to learn more.** All of them were fishermen, they were working in a hatchery and a fishing pond of the organization.

The Coordinator informed the team that **there were not enough training material and suggested everyone should have the same materials.** A neighboring NGO use materials

different from them. These confuse the groups. The **coordinator strongly felt that these materials should be standardized.** The team was also informed that they plan to develop films and drama on water and sanitation.

BACHTE SHEKHA

On the 10th of December the team left for Sadar Jessore to visit Bachte Shekha. This is a totally women's NGO over a land area of 12 acres. The team met the Project Director and the Coordinator, who was later interviewed as the Core Trainer. Two female field trainers assisted the team to the field to carry out the FGDs and the field interviews.

In Mondolgati, the team was taken to a production center, where the women were **stitching in a corner, some attending adult education classes while others were producing sanitary latrines just outside the room.**

Bachte Shekha has a one year comprehensive training programme for women in the areas of literacy, legal aid, sewing, husbandry, MCH and water sanitation and health. Each training group consists of 25 - 30 trainees. This is a regular programme of the organization. These training are all field based. This organization has a field trainer in the real sense. This field trainer is totally dedicated and were trained to give training to the beneficiaries on all the above mentioned areas. Her house is the field training center. Every week the activities of the field trainers are centrally monitored through field visits and field reports.

Bachte Sheka, like Jagoroni Chakro sells sanitary latrines in installments. But the FGD groups have not yet received these latrines since the groups are new. After training they will be eligible for the credit.

Bachte Shekha has some wall posters of their own in black and white. Outside the NGO Forum materials they did not see anything else. They also do not use videos or slides. Regarding tubewells, the organization does not provide it. The group members said some tubewells have been installed by Union Parishad, however, they are certainly not enough.

Bachte Shekha management wants the cooperation of UNICEF for tubewell distribution amongst their members, since it is financially not possible for them to handle. **They hesitate to approach DPHE for the matter, since DPHE is not very keen to work through NGOs.** They also wanted more training materials in the form of posters, videos and colorful flip charts like the ones showed to them by the investigators. (18 DTP water sanitation project).

Both Coordinators the CT and FT said that the **materials they usually find on water sanitation are not compatible to the field situation.** They stressed the need for single message in a poster. **Many of the posters contain several messages on one sheet of paper, such as the UNICEF "Panir arek naam Jibon" are confusing for the illiterate target groups.** Such message must be made easily comprehensible for the target group. Similar feeling has been shared by many of the FTs of the other NGOs and organizations. (See chapter on Opinion).

UTTARAN

The team left for Tala, Shatkhira to survey Uttaran on the 10th of December. **This little NGO has chosen only one village to start with, which they had covered upto 90%.** They have also selected a second village as their next phase of action in water and sanitation. The NGO has highly specialized in water sanitation and is working intensively rather than extensively. **They started with the production and distribution of 1 slab and 1 ring**

sanitary latrines. They also collected tubewells from local donations and a few from UNICEF which have also been distributed.

The motivation or social mobilization program of Uttaran was quite exceptional and original in approach, not to mention, very interesting and very effective. The organization takes pictures of village sanitation conditions which are enlarged into bill boards or display boards. These picture messages then are hung at various places in the village. The pictures are rotated every week.

The investigators were told the story behind one of their sanitation messages. One of their group members used to keep a very tidy house, while another kept a very untidy and messy house where the latrine was right next to the kitchen and cow dung kept next to the stove. A little child was found defecating in the courtyard. The organization took pictures of both the households and they enlarged them into display boards showing a clean house and another showing a untidy house with the captions: "so and sos' house". The result was that the family with the untidy house was very ashamed and began to change. They contacted Uttaran workers, bought latrines in installments and began to change their habits. This method has had a direct impact on the groups.

Apart from such activities **the NGO also holds regular discussion sessions with their groups as in all NGOs.** During these sessions they use flipcharts, posters, handout, slides and videos. **For a small NGO they are very well equipped.** Even the videos they have on water and sanitation are their own production. Apart from the NGO Forum flip charts and material they have their own stuff. However, their flip charts are in black and white. They felt that if colored flip charts like the one shown by our investigators are provided by UNICEF it would be very useful, since people loves to see colourful pictures.

DHAKA

A four member Team including a lady investigator covered Dhaka division. The team first began with **Proshika field in Tangail, Delduar.** Then proceeded on to **DPHE and MOHFP also in Tangail.** **LGED, SIP project in Gonoktuli Dhaka** was visited. The social mobilization programme, started in Banaripara and Rajshahi, had not yet been introduced in Dhaka. The final exams had already started in all the schools, therefore, it was not possible to cover schools in Dhaka. Among the other NGOs investigated were **TARD in Savar and Grameen Bank (second visit) in Gazipur and Islamic Foundation in Demra,** as suggested by their Dhaka office.

MINISTRY OF RELIGION (MOR)

ISLAMIC FOUNDATION

The Foundation headquarters in Dhaka was first visited by the Consultants, where interview with its Director was held at the early part of the study, during identification of sanitation

programme fields. During the discussion the team was informed that the **Foundation works throughout the country through Imams**. Therefore, they have an extensive training programme for imams, where they are trained on religious and social messages for

dessimination at mosques.

The team was duly informed that the messages they carry to the people include primary health messages and hygiene education.

They are also given training in traditional healing techniques such as homeopathy. We were asked to visit their various fields, one of its kind was in Demra. The team was informed that they have a Core Trainer, Abdul Bashar Khalifa assisted by other imams maybe considered to be equivalent to the field trainers. Accordingly it was decided that the **team would cover the Demra field**. They succeeded to locate one Abul Bashar with great difficulty. However, the gentleman could not confirm us his status as Core Trainer. **It was also found that he received some training from the Islamic Foundation on religious practice and homeopathy, but not on sanitation**. He does not teach sanitation to other imams. In fact, the Foundation did not have any sanitation programme in this area. The man could not assist the team in identifying field level imams and their target beneficiaries. **The net finding was that there were no sanitation activities in Demra, therefore, no Core Trainer or Field Trainer**. However, there is an infrastructure in the Foundation that can be utilized for sanitation promotion by the imams.

Non Government Organizations (NGOs)

Proshika (MUK) and Training Session

On December 13 a team of investigators left for Tangail, Delduar to cover Proshika, there they were having a training on latrine production through demonstration in Delduar in their own training room.

There were three local women and the rest were landless group leaders (men) from different areas attending the training. The male members stayed at the training room, while the women came from their own homes.

The team observed that there were no flip charts or other training materials used during the session. However, the demonstration is Proshika's effective sanitation training method. After the class room session the group was taken next door where they have a latrine production center. They were shown how to remove or take out the mould.

Training Facilities

It was observed that the center had latrines, tubewells, but no electricity. The place was very well kept and clean. Proshika has its own cooking arrangements for both the staff and the trainees.

During the formal training session in the classroom, the trainees all sat in a semi circle in chairs, although during usual group discussion sessions they often use mats.

Apart from demonstration, training method appeared only partially participatory in the sense that efforts were made by the trainer to initiate group response. However, it was noticed that only a limited few participated. The women participants hardly answered or

responded, while the men participants except a few actually responded and the others followed. This may have been both due to lack of confidence and shyness as well as due to lack of knowledge.

An FGD of the attending trainees was conducted where 14 men and 3 women participated. A second FGD of 15 women was again conducted later. During FGD it was clear that training use practical demonstrations and group discussions as their main methods. These training are regular and they have their training calendars which they follow. Regular follow ups are made by the field workers and reports submitted. **The women beneficiaries are all willing to maintain tubewells and latrines.** About hygiene practice they said they take their children to a little dug out hole for the purpose. They all have latrines of some kind. However, they regarded pot latrines as sanitary latrines.

TARD

On 14 december the team had made appointment with TARD to visit their fields. The team members visited their activities in the area. Since, this was pre arranged over the telephone, when the team arrived the Coordinator, trainer and field trainers were all waiting for them. They informed us that **their programme on water and sanitation is located in Hatia, where they have an extensive programme. In Savar they mainly concentrate on training of selected persons from the beneficiary groups, who are brought to their training center.** Here they are given orientation on water and sanitation. These groups have seen some materials such as posters and leaflets, flipchart, booklets etc. Other beneficiaries at this stage do not receive any orientation and, therefore, they have not seen such materials. **These groups are encouraged to build their own latrines through indigenous methods.** For example, a common form of home built latrines in this area was the pit latrine. The peculiarity of this local latrine lies in the fact that **they dig a hole and place a broken "kolshi" upside down with the smaller opening downwards.** This narrow passage through which the waste flows contains the smell and conceals the visibility of the waste from outside. However, this does not protect or stop the flies and mosquitoes from getting in and out. **The latrines were all found left uncovered.** In some cases faeces were found lying outside. When one pit is filled they cover it and use another pit. **Tubewells were very few. They somehow collect only the drinking water from TW, but the other purpose water have to be collected from elsewhere.** The use and management of such latrines is a part of the training.

TARD has a loan programme on nursery and husbandry and small business. The team conducted its FGD in Jaigir Uttar para, Thana Shingair, Manikganj. **The group knew of the basic hygiene habits, but are unable to practice, since they cannot afford a proper sanitary latrines.** They were not aware of the activities of DPHE or their whereabouts. However, TARD has plans to start work on water and sanitation soon in this area.

TARD could not organize the male FGD because the men were out at the Haat. The team held an FGD of the beneficiary women. **TARD only does motivational work and no hardware delivery.** They have a training room where the beneficiaries (male and female heads of houses) attend the sessions. **TARD does not work in groups rather they go from house to house.** Group response was poor and even the health worker had difficulty in explaining what is sanitary latrines.

The DPHE-Dutch flip charts shown in all the fields with great success was not clear to the group here. **All the goose necks here were found broken.** The impact of TARD sanitation programme leaves much to be desired. **The group did not express any need or interest for sanitation.**

GRAMEEN BANK

This second visit to Grameen Bank in Mirzapur, Mirdeuhata, showed us that **Grameen Bank only gives loans for latrines and encourages people to buy them in installments. They do not have a motivational or any production training programme.** Therefore, the findings are very limited. They plan to continue to give loans for latrines. Before giving the loans they are given an orientation where tube well and latrine maintenance is discussed. The people seemed aware of the use of latrine and clean water. **Unicef had shown a short video film on the subject some 5/6 years ago in this area. They said this could have been shown more often, it can motivate more people to buy latrines. Grameen Bank gives loans for constructing house, where they set the condition that the house must include a latrine.**

TANGAIL

DPHE

On 12 December, after having covered Proshika in Tangail the previous day, the team went to DPHE office at Tangail. This team made appointments the previous day with SDE and SAE, who were to arrange the needed FGDs with the caretakers and the mechanics.

Unicef expressed the desire to visit the fields. It was decided that their Consultant, Nuzhat Shahzadi would accompany DPC to Tangail to observe one of the sessions. A team of three persons including one DPC and one Unicef Consultant left for Tangail on 14 december.

On arrival at the DPHE office, it was found that no arrangements were made either for the caretakers' FGD or the mechanics. Despite repeated requests made by our advance team they were unable to organize any. The slow pace of their arrangement made the team decide to go to the location by themselves. They called the women and men caretakers together. **About 15 women were gathered, but none could remember when and where they had their caretakers' training. During the entire period they were prompted by the SAE and the SDE. They were unable to quote the correct official cost of latrines, saying they are too expensive for them. Here, the SAE again tried to prompt them with the correct answers. Finally, it was found that only one woman caretaker and her husband have received some training because the tara pump is in their house. The others did not attend the whole training programme. In this field, it was obvious that the group did not have much interaction with DPHE. On enquiring how often is the SAE able to come to the fields, he answered that there is a lot of work pressure therefore, he comes once in three months or so. The male FGD was same. They could not produce a group of caretakers, rather than the one person already mentioned. Even he was unable to recollect what he learnt, where he learnt and whether they were shown any posters. They also did not receive the kit or the manual. The women did not even touch the tara pump during session, they were only given a demonstration. They asked for more training programmes to be held more often. Few had**

latrines of their own and their practice was not good either. They use open space. They felt that they could not handle tubewell maintenance. No FGDs of the mechanics could be arranged.

MOHFP

On the same day the team visited the MOHFP office and from there they went to the field in Delduar. Here, sanitation programme was not found at all. In fact, during FGDs and the interviews with the health assistants, it was evident that they mainly deal with EPI, with

some general information on latrine use and water borne deceases. The material they use, which was shown to the team, was a booklet with picture messages. The women were interested in hygiene education and better sanitation facilities. They had a tubewell which was installed by DPHE years ago. It is maintained by them and they have no links with DPHE at all. They do not even know that DPHE has a sanitation programme. They said the cost of latrines is too high and they cannot afford it. It is cheaper in the open market. One of them bought a slab and three ring latrine for a price which he quoted was much higher than the official rate. The team gave them the proper rates. The team noticed that rates are not known to people and exploitation can possibly take place. Rates should be displayed in public places and outside DPHE office to inform every one.

LGED

The slum programme of LGED in Gonktuli Dhaka, was visited and observed by a team of two members. There is a Youth Club for the male members. They discussed their problems with us. They had tap water, but there are no tap in their latrines. So it becomes difficult to maintain a clean latrine. They young men were very enthussistic in performing sanitation motivational work. In fact such youth groups should be tapped for sanitation social mobilization programme.

The sweepers clean the latrines early in the morning, but by 10 am it is already filthy. Here also children are seen to use drains. For 195 families there are 12 latrines, 6 for women and 6 for men. There is tremendous pressure on the latrines.

LGED health workers and the community women members attended the FGD. There are group meetings with the beneficiaries once a month where they discuss how to motivate and implement the SIP programme. There is a school where the meetings are held. Although the Health Worker was a trained worker, she was unable to say what was safe water, but another community member was able to give the correct answer.

Some of them boil water for their children but not for themselves for drinking. The group did not know what were the water borne deceases.

No material is usually used in daily discussions, however, they did see a video film (LGED/Unicef). They prefer this media for training. They were shown the 18DTP training material as every where else. They liked it very much, but they found the message where the woman is cleaning the latrine very funny. They felt that this was the sweepers job, but they could clean latrines if water was more easily available.

6.3 Quantitative Analysis from FGDs

This section will give a quantitative picture of each agency as seen in its totality. All four divisions are put together here.

◆	DPHE	:	Caretakers
◆	LGED	:	Slum Beneficiaries
◆	MHFP	:	Registered Couples
◆	MOE	:	Primary and Secondary School Students
◆	Community Leaders	:	Social workers, teachers, Chairmen etc.
◆	NGO	:	Samitis and Group Members

The FGDs mainly covered their training material, method, preferences, hygiene practice and capability to understand messages.

6.4 DPHE : Caretakers

Four FGDs of male beneficiaries numbering only 27 from the four divisions, were conducted. The number of male participants were considerably smaller than the female since they were at work during the day and could not attend.

Four FGDs of female beneficiaries, numbering 35 from four divisions were also conducted by female moderators.

6.5 Caretakers' FGD Findings

Training Method

Majority of the male caretakers (20 out of 27) said they preferred group discussions, while 14 (out of 27) preferred practical experiences. In all division majority of the female caretakers showed a preference for group discussions, demonstrations (in Rajshahi) and practical experiences and audio visual (Khulna).

Gender Wise Training Methods Preferred by DPHE Caretakers

Training Methods	Male	Female
Group Discussion	20	23
Demonstrations/Practical Experiences	19	-
Audio Visual	-	7

Training Material

Both male and female groups have been shown some visual material. The men more or less understood the material.

DPHE/Male Caretakers

Training Material	Participants Who have Seen Material	Not Seen	Total
Poster	22	5	27
Leaflet	22	5	27
Flip Chart	22	5	27
Video	3	24	27
Booklet	5	22	27

DHPE/Female

Training Material	Participants Who have Seen Material	Not Seen	Total
Poster	33	2	35
Leaflet	14	21	35
Flip Chart	10	25	35
Video	2	33	35
Booklet	11	24	35

More women had difficulty in understanding the materials.

Sanitation and Hygiene Perception

a) Safe Water

The FGDs show that according to men, safe water is tubewell (24 out of 27), boiled and germless water while according to women it is tubewell (30 out of 35) and germless water.

b) Water Borne Diseases

According to men, water borne diseases are :

- Dysentery
- Diarrhoea
- Stomach Pain

While according to women are :

- Cholera
- Dysentery
- Diarrhoea
- Skin Disease
- Jaundice

c) When asked what they do when children want to defecate :

The majority of the men felt it was not their job to take children out to defecate, rather the mothers handle the job. However 9 ventured to answer 'open air' 'veranda, bush', while only 11 (41%) said latrine and the rest did not explain.

Where as, female perception was different. Out of 35 FGD members 18 (51.4%) said latrine and 17 said open air, bush, veranda etc.

d) All female members claimed they used some kind of a latrine or the other (mainly pit). Chittagong group (at Hathazari) uses sanitary latrines. All men did not use latrines. Some of them use open space.

e) All the male members wash hands, legs after defecation either with tubewell or pond water. The majority men use earth (14), some use ash and soap. While the female members mainly use ash (19), some use earth and soap.

f) Most of the respondents, male and female, felt that pouring some water to clean pan was enough. Only a couple mentioned cleaning with broom and water.

g) All male and female participants were interested in sanitation and hygiene education training.

h) When asked what was a sanitary latrine, the following answers were given.

- Paka Paykhana
- Odourless
- Does not spread diseases

- Latrine from thana
- Pit latrine
- Latrine made of rings and slabs and is odourless

In addition to the above, men added

- Brick wall with roof
- Not accessible to flies

6.6 General Comments

The DPHE male/female caretakers appeared to be very similar. However, women had better level of hygiene knowledge and practice, while the men had a better sense of hardware knowledge. The women in all four discussions, including Banaripara clearly stated their lack of interest in maintenance job (saying it is a 'man's job') although Banaripara has achieved 82% sanitation coverage under DPHE/UNICEF. It is a case of concentrated hardware effort, with successful mobilization among teachers. The long term sustainability of the program will ascertain the strength of such a policy. In the meantime it may be said, in all four divisions of DPHE, community or social mobilization is at a bare minimum.

Banaripara is a model example of how the initiatives and enthusiasm of individuals can bring about dramatic changes in an area. Individual efforts will have to be translated into organizational efforts through institutionalization and infrastructure support.

Our investigator found that the personal commitment of such GOB personnel as the magistrate and commissioner contributed tremendously to the successful implementation of the program. The question is now how to institutionalize and sustain this success. This question has been raised by the local people during investigation. Banaripara success is also given to

- i) The regular briefings and follow-up trainings that was given to the teachers and the beneficiaries;
- ii) All kinds of training materials including videos, posters and flip charts were used intensively.
- iii) The commitment and motivation of the local magistrate, chairman and the teachers played the most vital role in social mobilization.

Banaripara shows, such a success as this is possible with an integrated approach and with the cooperation and collaboration of the GOB with local alliances. It has been strongly suggested by the community during FGD at Banaripara that this project can only sustain itself if DPHE closely collaborates with the community e.g. Teacher, Imams etc. An infrastructural support in the form of community based committees must also be developed by DPHE with the support of organizations such as NGO Forum.

Outside the formatted information, it was noticed that the responsibilities of SDE do not specifically include water and sanitation. The SAE do not attend all the caretakers training, which seems to be conducted mainly by the mechanics. Perhaps because they have too much work as some of them have informed.

It was also noticed, none of the caretakers groups were able to quote the actual costs of the latrines sold by DPHE. Every where different and higher prices were quoted by caretakers.

There is ample reason to believe that water sanitation program cannot be effectively handled by SAE/mechanics alone at the field level. Particularly, perhaps the job responsibilities of the SDE/SAEs are too varied for them to be able to do justice to the water sanitation program of DPHE.

Women's and men's motivation in DPHE caretakers' field was very weak. Only a very few women attended the whole training sessions at all. They showed no interest in maintenance training.

None of the women caretakers, (from our four FGD groups) of DPHE actually participated in the practical demonstrations given by the mechanics. Besides a one time training can hardly make an impression on these barely literate people. Many forgot what they were taught if they were shown again they would remember better.

The SAE and mechanics are not able to maintain close contact with the fields.

6.7 LGED

A total of four divisions were selected for eight FGDs. Four for men and four for women groups. Total male participants were 14 and female participants were 34. That is, 48 LGED beneficiaries were covered. No male participants were found in Dhaka division and Rajshahi division because they had to go out to work.

The following FGDs were conducted :

Dhaka Division	-	8/F
Rajshahi Division	-	10/F
Chittagong Division	6/M	9/F
Khulna Division	8/M	7/F

6.8 FGD Findings

Training method

In both male and female groups, the following training methods were used.

Lecture	:	6/M, 30/F
Group Discussion	:	14/M, 30/F
Practical Exercise	:	8/M, 30/F

Training Material

Participants	Seen, Understand	Seen, Cannot Understand	Have not Seen	Total
Men	10 (71%)	4 (29%)	-	14
Women	26 (77%)	8 (23%)	-	34

LGED is giving more emphasis on women in slums.

The material they have seen are,

Flipchart	14/M	17/F
Poster	14/M	24/F
Cinema	-	5/F
Video	-	8/F

Sanitation and Hygiene Perception

The following perceptions were observed :

a) What is safe water ?

Participants	Tube Well	Tap Water	Germless
Male	14	-	-
Female	19	8	7

In the slums tap water is considered to be safe water. This needs to be clarified to them.

b) On water borne diseases

Participants	Diarrhoea	Dysentery	Jaundice	Skin Disease	Cholera
Male	9	11	4	6	6
Female	20	9	-	4	-

In Dhaka division only one female member was able to name the water borne disease. Even health workers could not name all the water borne diseases. The level of perception are generally at the same level. Only men were aware of Jaundice and Cholera.

c) On sanitation practice, when asked what do they do when their child wants to defecate.

Male answers

Take children to latrine	5 (36%)
Mother decides where to take them	4 (29%)
Children defecates in the homestead	5 (36%)

Female answers

Take them to latrine	20 (58%)
Children defecates in the homestead	6 (17%)
Children defecates in the drain	8 (23%)

- d) All the male and female use latrine for defecation. But they all complained about the filthy latrines.
- e) Both male and female groups said they clean latrine

By pouring excess water : 9/M, 24/F
 With water and broom : 5/M, 2/F

The women in all 4 divisions complained that there is no water available in the latrine. That is why it is difficult to clean the latrine properly. Tubewells are at great distances, therefore, they cannot use water generously.

- f) The men and women wash their hands with :

Ash : 10/M 11/F
 Earth : 6/M 4/F
 Only water : 2/M 5/F
 Soap : - 16/F

Ash and earth are as common as the use of soap.

- g) What is sanitary latrine.

Respondent	Covered Latrine	Odourless	Pucca Latrine	Does not transmit Diseases	Unicef Provided Latrine
Male	6	8	6	2	-
Female	-	8	20	3	5

6.9 General Comments

It is interesting to note that 6 men have said covered latrines are sanitary latrines. A subsequent number of respondents said pucca latrines are sanitary; 5 females have mentioned Unicef provided latrine are sanitary. But they could not mention the types of latrines that can be used.

The LGED extension workers are called Community Organizers. The women's groups were articulate and enthusiastic about sanitation. However, women, though interested in latrine maintenance, were not at all interested in tubewell maintenance, which they consider to be a man's job. While the men in all LGED FGDs said that they do not have time for latrine maintenance and it is done by the women. The latrines were found to be filthy, because of the tubewell in distance. One slum area had only two tubewells for more than 400 dwellers. Tubewell coverage is very low and it is very badly maintained. It was also noticed that latrine coverage in LGED catchment areas was less than 25%. Hardly any training material was found in use and all training sessions were verbal lectures.

6.10 MHFP : Registered Couples

Four divisions were selected for eight FGDs. Four for the male and four for female groups. But we were unable to conduct FGD of Chittagong and Khulna division because they claimed they had no water sanitation program at all. Therefore, they were not so eager to organize such a FGD.

Total male members were 16 and female members were also 16. The total number of MHFP participants covered was 32.

The following four FGDs were successfully conducted

Dhaka Division : 9/ M 11/ F
Rajshahi Division : 7/ M 5/ F

6.11 FGD Findings

Training Method

In both male and female groups the following training methods were mostly used.

- Lecture
- Group discussion
- Experience sharing
- Audio visual

The men attending Dhaka FGD said that the womenfolk of his family attended some of the training. They then motivated them. The men do not really attend the training sessions themselves.

Training Material

Participants	Seen, Understand	Seen, cannot Understand	Have not Seen	Total
Male	7	-	9	16
Female	5	-	11	16

The material they have seen are :

Female Groups

- Flip chart (5)
- Poster (5)
- Leaflet (5)

Male Groups

- Poster (7)
- Leaflet (7)
- Flip chart (7)
- Cinema (7)

Sanitation and Hygiene Perception

The male/Female hygiene and health perception appeared to be at the same level.

The following perceptions were observed

a) What is safe Water

Participants	Tubewell	Boiled	Tubewell Water after Sedimentation
Male	14	1	1
Female	14	2	

It is unusual that one man was aware of unit treatment process like sedimentation.

b) Water borne diseases

Participants	Cholera	Diarrhoea	Dysentry	Skin disease	Worm	Malaria
Male	9	9	9	9		
Female	13	14	13	14	2	3

Three women described malaria as water borne disease. But malaria is transmitted through mosquitoes.

c) When asked what they do when the child approaches them for defecation,

Female Answers

Take child behind the bush : 13
 They are taken to latrine : 11
 Take them near a ditch : 13

Male Answers

Children defecate in open space : 15
 Take them to latrine : 1

d) Except for three out of 16 men and five out of 16 women, all the rest use latrines.

e) Both the male and female group said they clean latrine

By pouring extra water : 13/M 11/F
 Do not have latrine to clean : 3/M 5/F

Both the men's and women's groups said they do not have to clean their latrines because pit latrines do not need cleaning. But if it were needed, they use water.

f) Most of the men and women wash their hand with soap and earth.

Soap : 14/M 11/F
 Earth : 11/M 14/F
 Ash : 5/M 3/F

g) What is sanitary latrine

Respondent	Pucca Latrine	Odourless	Pit latrine	Not Accessible to Flies
Male	2	2	9	3
Female	2	1	13	-

FGD shows that most of the people think pit latrines are sanitary latrines.

6.12 General Comments

The sanitary conditions of FGD members show a reflective sanitation coverage, specially in Rajshahi.

MOH/MHFP does not really have a water sanitation programme. However, as a part of its primary health care and EPI programme it has some messages on safe water, water borne diseases and sanitation. Therefore, it is only a minor part of its health programme. MHFP however has an existing infrastructure whereby messages are taken door to door.

There are possibilities of incorporating water sanitation messages along with other messages for their health workers to take along. They would be able to carry sanitation messages along with their own to the houses they visit.

6.13 MOE : Primary and Secondary School Students

A total of four divisions were selected for 16 FGDs, eight FGDs for boys of primary and secondary schools and eight for girls of the same age group. But due to annual examinations in the schools at that time Dhaka and Chittagong FGDs were not possible to be held. The total number of boys were 34 and of girls were 17, that is 51 school students were covered by 6 FGDs.

The following FGDs were successfully conducted :

Rajshahi Division : 08 : Boys from primary (B/P)
: 06 : Boys from secondary (B/S)
: 07 : Girls from primary (G/P)
: 00 : Girls from Secondary (G/S)

Khulna Division : 10 : B/P 10: B/S 10: G/P 0: G/S

6.14 FGD findings

The findings are presented both gender-wise and according to sub-sectors.

Training Method

In both primary and secondary schools, the following teaching methods are mostly used.

Lecture : 17: G/P, 18: B/P, 16: B/S
Demonstration : 07: G/P, 8: B/P

It appears that demonstration is exercised only in the primary level. Participatory approach which is limited to demonstration is not exercised in either primary or secondary level.

The boys and girls enjoy their teaching methods.

It appears that as in the other categories the students also like their own methods of teaching. Perhaps it is because they do not have alternatives to compare with.

Training Material

Respondents	Seen, Understand	Seen, cannot Understand	Have not seen	Total
Boys	16/S, 18/P	-	-	34
Girls	0/S 5/P	-	10	15

Secondary boys and girls have had more exposure to training materials than primary school children.

The materials they have seen are

Girls Students

Poster	:	7
Booklet	:	7
Leaflet	:	7

Boys Students

Poster	:	18/P	16/S
Bulletin	:	8/P	-
Leaflet	:	8/P	16/S
Cinema	:	3/P	4/S

It appears that a large number of girls (59%) have not seen any training materials. Only boys students have seen cinema. They also said that they would like videos and colorful pictures for training.

It appears that secondary school students have more access to training materials than primary school students. This maybe due to the fact that schools of Banaripara in Barisal (Khulna division) secondary schools received special focus as possible motivator. Therefore, materials were made specially available to them.

Sanitation and Hygiene Perception

The following perceptions were viewed :

a) What is safe water

Students	Tubewell	Boiled	Germ less	Does not Transmit disease	T/W water after sedimentation	Tap water
Boys	15/P,	7/S	9/S	3/P	7/S	
Girls	12	2	2	1		

It is interesting that primary school students know about unit treatment process like sedimentation.

b) Almost all the student were able to name water borne diseases.

Students	Diarrhoea	Cholera	Dysentry	Malaria Transmit	Skin disease	Measles	T.B
Boys	13/P, 2/S	15/P,4/S	5/P,4/S	2/S	3/P	1/P	1/P
Girls	15	15	15	2	2	5	5

It is surprising that some of the students have mentioned diseases like malaria, measles, T.B, which are transmitted otherwise. This is not clear to them.

c) When asked, what do they do when a child approaches them for defecation they answered

Take them to latrine : 14
Did not respond : 3

The girls are more active in taking children to latrine for defecation. 50% of the boys did not respond where the percentage of non response among the girls are only 20%.

d) Except for 3 boys and 3 girls all the rest use latrines. 88% of the students use latrine for defecation.

e) Both the boys and girls said they clean latrine

With water and broom : 9/B/P 17/G
Pouring excess water : 6/B/S
With vim, water and broom : 4/B/S
Do not clean latrine : 9/B/P 6/B/S

100% girls actively participate in cleaning latrine while only 55% of boys clean their latrine. The boys think that their parents or servants are supposed to clean the latrines.

F) Most of the boys and girls wash their hand with

Ash : 10/G 4/B/P 2/B/S
Earth : 3/B/P
Soap : 14/G 11/B/P 14/B/S

About 87% of secondary school students wash their hand with soap while 71% of primary students wash their hand with soap. Which means secondary school students are more aware about cleanliness.

g) What is sanitary latrine

About 47% of the students described ring slab latrine as sanitary latrine. Ring slab latrines are more common in rural areas. Most of the NGOs and DPHE are also providing ring-slab latrine. 20 boys (58%) and 10 girls (59%) were able to explain the massages of the flip

charts shown. Most of the students have not seen such colorful flip charts. They highly appreciated it.

6.15 Community Leaders

Four divisions were selected for eight FGDs of community leaders, four for male and four for females groups. But we were able to conduct only five FGDs.

Total male members were 19 and female members were 11, that is total number of participants was 30. The following FGDs were successfully conducted.

Dhaka Division	:	4/M	-
Chittagong Division	:	10/M	7/F
Rajshahi Division	:	5/M	4/F
<hr/>			
Total	:	19/M	11/F

6.16 FGD Findings

Training Method

In both male and female groups the following training methods were mostly used.

- Lecture
- Group discussion
- Demonstration
- Brain storming
- Experience sharing
- Question answer

Training Material

Participants	Seen, Understand	Seen, Cannot Understand	Have not Seen	Total
Male	14	5	-	19
Female	11	-	-	11

The materials they have seen are,

Male Groups

- Poster
- Flipchart
- Booklet
- Bulletin
- Manual
- Audio visual
- Leaflet

Female Groups

- Flipchart
- Poster
- Video
- Leaflets

Sanitation and Hygiene Perception

The following perceptions were observed during FGD,

a) What is safe water ?

Participants	Tube well	Boiled	Germless
Male	9	-	10
Female	8	1	2

b) All the groups were able to identify the major water borne diseases :

Participants	Diarrhoea	Cholera	Dysentery	Skin Disease	Worm	Stomach Pain
Male	19	19	19	19	-	-
Female	10	10	10	1	1	1

c) When asked what do they do when a child approaches them for defecation.

Male Answers

Take them to latrine : 16
Child defecats on homestead : 4

Female Answers

Take them to latrine : 10
Take them near the bush : 1

d) All use latrines for defecation

e) Both male and female group said they clean latrines

By pouring excess water : 9/M, 3/F
With broom and water : - 1/F
By disinfectant and water : 10/M
Does not require to clean : - 4/F (pit latrine)

f) Most of the male and female wash their hand with earth, ash or soap.

Soap : 6/M 1/F
Earth : 10/M 7/F
Ash : 3/M 3/F

g) What is sanitary latrine

Respondent	Slab Ring Latrine	Odourless	Pit Latrine	Not Accessible to Flies
Male	2	4	4	4
Female	7	4	-	-

6.17 General Comments

Generally men have more exposure to the materials. But, there is a common likeing of the materials, except that men preferred drama and posters along with the flip charts and cinema. There is a general idea of safe water and water borne diseases, and more specific knowledge is required. It should also be noted, that although most people say that they take their children to latrines, there is ample reason to believe they say it because they know that it is

the right thing to do, but probably they do not practice it. Strong recommendations came from the community of Chittagong regarding communication methods that should be used. It was suggested that 5 to 10 minutes time should be dedicated to w/s issues on TV/Radio, just as it is done on programs like Maati O Manush.

While the community in Banaripara, specially teachers and local leaders strongly suggested that the coordination and alliances between the community and the government must be built to sustain the efforts that has been made in Banaripara. The teachers here were highly motivated and enthusiastic about the program.

During FGDs of field trainers and discussions with SDEs showed that Banaripara was often sighted as an example. The use of force was also discussed as a method of implementation in Banaripara. What was, however, surprising was the fact that the community totally accepts this process of "sanitization". If there were angry and hurt feelings at the beginning it was no longer apparent. On the contrary there was pride in them.

6.18 NGOs : Beneficiaries

A total of 10 NGOs were selected for 20 FGDs one for the female (F) and one for the male (m) groups from each NGO. A total of 57 male and 93 female members attended the FGDS. The following FGDs were successfully conducted :

BRAC	:	1(7) M	1(8) F
PROSHIKA	:	1(14) M	1(15) F
GRAMMEN BANK	:	1(7) M	1(12) F
PRISM	:	1(7) M	1(6) F
CARE	:	1(7) M	1(8) F
UTTARAN	:	1(7) M	1(10) F (NGO Forum Member)
JAGORONI CHAKRA	:	1(8) M	1(10) F (NGO Forum Member)
BACHTE SHEKHA	:	-	1(15) F (Womens' NGO)
TARD	:	-	1(9) F (Men were unable to attend due to bazaar)
ISLAMIC FOUNDATION	:	None	None

Our investigating team successfully located the Core Trainer of Islamic Foundation. in Demra. But the interviews of the field trainers was not possible because he informed that there had been no training on water sanitation and health for the imams in that area. He had received a number of religious and homeopathic training but none on the subject mentioned. He could not help the investigators in the field level nor in the beneficiary level interviews.

It is the opinion of the survey team that Islamic Foundations must have their water sanitation training program at its initial and planning stage, although this was not made clear to the team during discussions with their policy makers. The impression given at Dhaka was found not substantiated by field level work.

6.19 NGO FGD Findings

General opinions of NGO target members is gender and subject wise presented.

1. Training method

In both male and female groups the following training methods were mostly used :

- Group discussions
- Lectures
- Practical Exercises
- Experience Sharing
- Question Answer
- Demonstrations
- Drama (Only Care and Proshika uses Drama).

Most of the NGOs use an integrated multi method approach.

- Groups discussions
- Experience sharing
- Lectures
- Demonstrations/practical exercises
- Drama

Only TARD said that they use an integrated approach. TARD does not have a group approach but rather a house to house approach in reaching its target people.

Training Material

Training Material Seen According to Gender

Participants	Seen Understand	Seen Cannot Understand	Have'nt Seen	Total
Women	57 (61%)	18	18	93
Men	42 (73.6%)	7	8	57

Men in NGOs appear to have more access to training material than the women

The material they have seen are :

Female Groups

- Flip Charts
- Posters
- Hand outs
- Video
- Leaflet
- Slide
- Booklet
- Cinema (only 3)
- Drama (7 - all from CARE)
- Bill boards (in Uttaran)

Male Groups

- Posters
- Flip Charts (only Grameen Bank did not show it)

- Booklet
- Slide
- Video (Uttaran, Jagorani Chakra only)
- Handout
- Leaflet
- Dice (Mould) - (Proshika)
- Bill Boards (Photo Billboards Found in Uttaran)
- Drama (Care)

The groups gave preference for the existing material and methods they use rather than the new ones. Except videos and cinema were suggested almost by all the NGOs to be a strong motivator. CARE preferred drama while PRISM preferred flipcharts. Maybe this was due to their familiarity with the medium.

Sanitation & Hygiene Perception

The male/female hygiene and health perception appeared to be at the same level.

The following perceptions were viewed :

a) What is Safe Water

Participants	Tubewell	Boiled	Water that Does not Transmit Disease	Germ Free
Male	46 (62%)	6 (10%)	2 (4%)	3 (5%)
Female	73 (78%)	-	12 (13%)	14 (15%)

b) On Water borne diseases all the major diseases :

Water Borne Diseases

Participants	Diarrhoea	Dysentery	Cholera	Skin Disease	Jaundice	Fever	Stomach Pain
Male	48 (84%)	43 (75%)	33 (58%)	26 (46%)	16 (28%)	3 (5%)	2 (2%)
Female	91 (98%)	55 (59%)	31 (33%)	43 (46%)	2 (2%)	10 (11%)	24 (26%)

These numbers relate to how many of the 57 men and 93 women were able to identify the common water borne diseases.

c) On Sanitation Practice : when asked what do they do when the child wants to defecate

Male Answers

Mothers decide where to take them :	8
They are taken to latrine :	35
Use homestead :	11
Taken him to the bush :	3

The first reaction in a number of male FGDs was that it is the mothers job.

Female Answers

Take him to the latrine :	70
Homestead :	22
Ditch :	15
No response :	3

d) Except for two women and four men all use latrines. It must be noted here that 93% of the beneficiary groups of NGOs either had sanitary latrines or Kutcha/Pit latrines. Since tubewell and latrine coverage is simultaneous, nearly 100% of the groups had access to tubewell water.

They all use tubewell water after defecation.

e) Both the mens & womens group said they clean latrine.

By pouring extra water :	29/M 55/F
With water and broom :	11/M 21/F
Did not respond :	17/M 3/F

When one defecates in the open, as in the case of children and some adults, it is covered with earth two women from Grameen Bank said they throw it in the bush. PRISM has pit latrine which is covered with ash so that it does not smell.

f) Most of the men and women wash their hands with ash and earth.

Ash :	35/M 54/F
Earth :	35/M 67/F
Soap :	7/M 40/F
Only Water :	1/M

Respondent	Pucca Latrine	Odorless	Ring /Slap	Pit Latrine	Response
Male	9	8	21	21	-
Female	22	45	29	34	3

Each participant had more than one opinion, but the concept of sanitary latrine was partially clear to them.

- g) Most of the members actually discuss what they learn during group discussions and training with their families and neighbours.

Effective motivation and social mobilization can have a good modifying effect through NGOs.

The DPHE Dutch 18DTP water sanitation flip charts were shown. This was appreciated by all, but in some NGOs the beneficiaries were able to identify a sequential flaw in the flip charts.

6.20 General Comments

Two major observations have been made during the NGO FGDs:

- A unique method practiced by Uttaran, a small local NGO working in two villages in Tala. They had nine billboards with nine W/S messages made out of blow ups of photos they had taken of the village they are working on. Each billboard is hung in a strategic place billboard is hung in a strategic place in the village for a week, and then it is replaced by a record one. In this way a very effective campaigning and mobilization work is being achieved. Their sanitation coverage in the village they had covered is 100%. They have just started on a second village.
- The point that must be made is that all sanitation achievements of NGOs is not due to effective training material, but may be due to other factors such as close field supervision and monitoring. This is possible for NGOs who are not just field based, but community based as well. Their close contact with the target group allows constant follow ups. Through their weekly group discussions and daily field contacts.
- Like DPHE, even the children of the beneficiaries among NGOs were not always using the latrines.
- The reasons behind a good coverage on sanitation by NGOs and a weak coverage by DPHE must be thoroughly evaluated.
- General observations made during NGO show the following:
 - 0 NGO sanitation coverage in catchment area was very good.
 - 0 Social mobilization, particularly of women was strong, in some NGOs, such as Proshika, Bachte Shekha it was excellent. Women were found to be producers, caretakers and beneficiaries.
 - 0 NGOs maintain close contact with the day to day activity of the field.

ANNEXURES



INTERVIEW GUIDELINE FOR CATEGORY I

(POLICY MAKERS)

GENERAL

1. Name of Agency/Organization

2. Address :

3. Contact Person with Designation :

4. Background of Organization :

TRAINING PROGRAMS

5. Existing Training Programs :

6. Whether following areas are covered :
1. Water Supply
 2. Sanitation
 3. Hygiene Education
 4. Solid Waste Management
 5. EPI
 6. Breast Feeding
 7. Interpersonal Communication & W/S Training
 8. Women/Community Development
 9. Primary Health Care
 10. Income Generating Activities

OBJECTIVES W/S PROGRAM

7. The main objectives of W/S training programs.
8. Have you ever observed any such training program ? What is your impression ?
9. Do you think that the skill of trainers can be improved ? What is the attitude at the policy level on this ?
10. How much attention is attached to sanitation training ? Do you think the present approach can make a break through in sanitation requirements?

11. What about system loss from TOT to grass-root level workers?

12. Which should get priority ? Hardware sanitation training or software sanitation training. Why ?

STRATEGY

13. Strategy of W/S Training Program : Focal Point or main thrust

- Any separate focus on women.

W/S TRAINING MATERIAL

14. Existing W/S training material used;

- Subject wise :
- 1.
 - 2.
 - 3.

15. W/S Training Material

1. Own : Since -

2. Others : (Name) Since -

W/S ACTIVITIES

16. W/S & Hygiene Education Activities include :

- | | | | | |
|----|-----------------------------|---|------------|---|
| 1. | Installation | : | Allocation | : |
| 2. | Construction | : | Allocation | : |
| 3. | Maintenance & use | : | Allocation | : |
| 4. | Hygiene Education | : | Allocation | : |
| 5. | W/S Training | : | Allocation | : |
| 6. | Women/Community Involvement | : | Allocation | : |
| 7. | Motivation | : | Allocation | : |

17. Status of W/S Training Materials in Use :

- | | | | |
|----|---------------------|---|--------------------------------|
| 1. | Effective | : | Why ? |
| 2. | Requires Developing | : | Areas of intervention required |
| 3. | Very Weak | : | Why ? |
| 4. | Any Other Comment | : | |

W/S TRAINING METHOD & MONITORING

18. W/S Training Method in use :

19. W/s Training Follow up and Monitoring Method in use :

20. Apart from W/S training material, do you have follow up and monitoring formats/material which you can share with us

ACCESS TO TRAINING MATERIAL

21. NGOs are hesitant/(secretive) about sharing training materials. Please comment. Why? How can we overcome it?

SAMPLE SELECTION OF (CAT II, III & IV)

22. Please Name the Core Trainers we can Interview.
23. We need to identify W/S Core Trainers, Field Trainers, Training Sessions ^{of} location that can be easily visited and W/S training beneficiary groups. Please refer us to relevant persons.

ASSESSMENT OF W/S TRAINING MATERIAL

24. Please Comment on

Weakness of your W/S Training Material, Strength of Your Training Material, Areas of needed intervention to improve training techniques.

25. Future Plans on W/S Training Programs.

UNICEF
SANITATION TRAINING CURRICULA REVIEW/NEEDS ASSESSMENT

INFORMATION SHEET : CORE TRAINER

NAME: DATA ENTRY CODE:
 ORGANIZATION: DATE:
 DESIGNATION: PLACE:
 EMPLOYED SINCE INTERVIEWER(S):
 (Present organisation):
 EMPLOYMENT IN PRESENT POSITION: NO.OF SESSIONS:
 PLACE OF RESIDENCE: TIME:
 ACADEMIC BACKGROUND:

1. Training/Special Course Attended (Particularly in W/S, Health Hygiene, Community Development etc.

Course Title	Place	Period	Sponsor/Organization

2. Compensation Package (Salary, Benefits, etc.)

3. Mode and Frequency of Contacts with Seniors (Job Related)

Levels	Mode and Quarterly Average (Frequency)					
	Letter	Messenger	Telephone	Visit by Self	Visit of Senior	Report
District						
Region						
Centre/Institute						
Head Office						

5. Method of Material Collection:

Printed Material used:

Subject	Materials	Source
Water		
Sanitation		
Health Education		
Health Care		
EPI		
Women/Community Participation/Management		
Training & Communication		

Printed Materials: Articles, books, booklets, brochures, curricula, flip charts, guidelines, information bulletins, manuals, magazines, news papers, news letters, posters, reports, special publication etc.

6. Audio-Video Materials used:

Type	Title	Duration	Source	Produced by

Audio-Video Materials: Audio Cassettes, Overhead Projector, Slides, Video Cassettes, Short Film etc.

7. Training Aids used:

Item	Number	Source

Training Aids : Black Board, Display Board, Chalk, Duster, Wipers, Furniture, Fixtures, Projector, Flip Board, Slide Projector & other.

APPROACH

- Q.1 'Participatory approach' is a widely used term in present day training. Do you follow this approach ? and (if yes) why ?
- Q.2 What approach is followed in your area regarding provision of services ?
- a. Integrated Non-Integrated
- b. Free Provision of Hardwares Cost Sharing Cost Bearing
- c. Other :
- d. Which approach do you think is most effective ?

METHOD

- Q.3 Several methods are applied in sanitation and related training. Which method (s) are you applying ? Did you try other methods ?

Note

- | | | |
|--------------------|--|---|
| - Lecture | - Brain Storming | - Experience Sharing |
| - Group Discussion | - Question Answer followed by discussion | - Participating Discussion by Audio-Visual Aids |
| - Role Play | - Case Study | - Problem Solving Exercise |
| - Demonstration | - Song | - Simulation Game |
| | - Drama | |

- Q.4 Which method (s) do you think, is (are) most effective for your Target Groups ? Which method is liked by the trainees ?

MATERIAL

- Q.5 Do you have sufficient Material ? Did you find any mistakes in these materials?
- Q.6 Do you think your material is effective ?
- a. Yes, Why ?
- b. No, Why ?
- Q.7 Why do you think it is effective ? How do you know ? Even evaluated ?

- Q.8 Do you feel the need for more material ? If, yes, please specify particular material messages needed.
- a.
 - b.
 - c.
- Q.9 What suggestions do you have to improve the training materials production and delivery ?
- Q.10 What is your opinion about developing a uniform sanitation training curricula for use by the trainers of different agencies and organization?

EVALUATION

- Q.11 How do you evaluate and monitor your trainings ? Do you have any formats ?
- Q.12 Are you happy with the training situation in your area ? If not why ?
- Q.13 Do you feel that you are sufficiently trained for development of your organization ?
- Yes No
- Q.14 Which component of sanitation training should receive most attention ?
- | | | | |
|-------------------------|------------------|-------------------------|-------|
| Operation & Maintenance | Health Education | Community Participation | Other |
|-------------------------|------------------|-------------------------|-------|
- Q.15 Do you feel confident about your trainees that they are being sufficiently trained to train others - specially the beneficiaries ?
- Q.16 What is their impression of such training ? Are such training enough to build up a sanitation cadre ?

UNICEF
SANITATION TRAINING CURRICULA REVIEW/NEEDS ASSESSMENT

INFORMATION SHEET : FIELD TRAINER

NAME: DATA ENTRY CODE:
 ORGANIZATION: DATE:
 DESIGNATION: PLACE:
 EMPLOYED SINCE INTERVIEWER(S):
 (Present organisation):
 EMPLOYMENT IN PRESENT POSITION: NO.OF SESSIONS:
 PLACE OF RESIDENCE: TIME:
 ACADEMIC BACKGROUND:

1. Training/Special Course Attended (Particularly in W/S, Health Hygiene, Community Development etc.)

Course Title	Place	Period	Sponsor/Organization

2. Compensation Package (Salary, Benefits, etc.)

3. Mode and Frequency of Contacts with Seniors (Job Related)

Levels	Mode and Quarterly Average (Frequency)					
	Letter	Messenger	Telephone	Visit by Self	Visit of Senior	Report
District						
Region						
Centre/Institute						
Head Office						

5. Method of Material Collection:

Printed Material used:

Subject	Materials	Source
Water		
Sanitation		
Health Education		
Health Care		
EPI		
Women/Community Participation/Management		
Training & Communication		

Printed Materials: Articles, books, booklets, brochures, curricula, flip charts, guidelines, information bulletins, manuals, magazines, news papers, news letters, posters, reports, special publication etc.

6. Audio-~~Audio~~^{Video} Materials used:

Type	Title	Duration	Source	Produced by

Audio-Video Materials: Audio Cassettes, Overhead Projector, Slides, Video Cassettes, Short Film etc.

7. Training Aids used:

Item	Number	Source

Training Aids : Black Board, Display Board, Chalk, Duster, Wipers, Furniture, Fixtures, Projector, Flip Board, Slide Projector & other.

APPROACH

Q.1 'Participatory approach' is a widely used term in present day training. Do you follow this approach ? and (if yes) why ?

Q.2 What approach is followed in your area regarding provision of services ?

- a. Integrated Non-Integrated
- b. Free Provision of Hardwares Cost Sharing Cost Bearing
- c. Other :
- d. Which approach do you think is most effective ?

METHOD

Q.3 Several methods are applied in sanitation and related training. Which method (s) are you applying ? Did you try other methods ?

Note

- | | | |
|--------------------|--|---|
| - Lecture | - Brain Storming | - Experience Sharing |
| - Group Discussion | - Question Answer followed by discussion | - Participating Discussion by Audio-Visual Aids |
| - Role Play | - Song | - Problem Solving Exercise |
| - Case Study | - Drama | - Simulation Game |
| - Demonstration | | |

Q.4 Which method (s) do you think, is (are) most effective for your Target Groups ? Which is (are) most liked by the trainees ?

MATERIAL

Q.5 Materials used in training are

- a. Sufficient
- b. Too little
- c. More than needed

- Q.6 Do you think that messages in the curriculum content are all relevant to field conditions ?
- a. No, Why ?
 - b. Yes, Why ?
- Q.7 Do you see any discrepancies between field condition and message ?
- Q.8 Do you feel the need for more training material ? If yes, please specify particular material/messages needed.
- Q.9 How do you rate the general acceptability of these W/S training materials by the beneficiary ?
- a. Very good
 - b. Good
 - c. Partial (Specifying which part)
 - d. Poor

EVALUATION

- Q.10 Do you monitor, follow up whether groups are applying the new knowledge ?
- a. Yes
 - b. No
- Q.11 What is the best way to evaluating and monitoring ?
- Q.12 Are you happy with the training situation in your area ? If not why ?
- Q.13 Which component of sanitation training should receive most attention ?

Operation &
Maintenance

Health
Education

Community
Participation

Other

UNICEF
SANITATION TRAINING CURRICULA REVIEW/NEEDS ASSESSMENT
TRAINING SESSION OBSERVATION CHECKLIST

1. Description of Training Room

- a. Position and location
- b. Size of room
- c. Well lit/dark
- d. Congested
- e. Spacious
- f. Ventilation

2. Training Facilities/Aids

- a. Chair-Table/Mats
- b. Blackboard & Chalk
- c. Writing Paper
- d. Pencil/Pen
- e. Duster
- f. Flip Paper
- g. Tubewell
- h. Sanitary Latrine
- e. Electric Fan

3. Training Materials

- a. Handout
- b. Leaflet
- c. Flip Chart
- d. Poster
- e. Film, Video, Slideshow
- f. Drama (role play)
- g. Songs

4. Training Methods

- a. VIPP/CARD & CHART Method
- b. Lecture
- c. Trainee Participation
- d. Demonstration/Practical
- e. Group Discussions
- f. Exercises
- g. Role Play
- h. Brain Storming
- i. Problem Solving
- j. Simulation Games
- k. Participatory Discussion Supported by Audio Visual Materials

- l. Drama/Song
- m. Question-Answer
- n. Experience Sharing

5. **Trainer/Field Trainer (Techers, Imams, SAE/Tech)**

- a. Authoritative 5 4 3 2 1
- b. Teacher-Like 5 4 3 2 1
- c. Friendly 5 4 3 2 1
- d. Relaxed and Comfortable 5 4 3 2 1
- e. Formal and Rigid 5 4 3 2 1
- f. Simple and Clear 5 4 3 2 1
- g. Unclear/Confused 5 4 3 2 1
- h. Too Many Messages Given
at a Time 5 4 3 2 1
- i. Know the Subject 5 4 3 2 1
- j. Organised & Systematic 5 4 3 2 1
- k. Listen to the Questions
with petience 5 4 3 2 1
- l. All Messages Covered
Within Given Time 5 4 3 2 1
- m. Trainer respects
opinion of participants 5 4 3 2 1

6. **Beneficiary Group/Children/Caretakers/NGO Group**

- a. Clarify the Questions to Participants
- b. How many children could answer.
- c. Participation of Trainee/Children-Good/fair/Poor
- d. Response to Specific Message Blank Look/Bored/
Interested/Restless

- e. Trainee Comfortable and Free with Techer/Facilitator
- f. Trainee Submissive and Lacking in Confidence
- g. Trainee is Articulate
- h. Trainee has ideas
- i. Interpersonal Communication in Group Discussions

7. Training Content-Curriculum Covered

- a. Water Supply & Tubewell
- b. Sanitation & Latrine Use
- c. Personal Hygiene
- d. Practice
- e. Dissemination From Child to Parents/From Caretaker to Neithbour/From Imam to Community

8. Sufficiency of Training materials/Aid

- a. Children/Caretakers/Imams have their own Personal Copy of
 - 1. handout
 - 2. leaflet
 - 3. booklet
 - 4. flip chart
 - 5. posters
- b. Training aid used in groups.
- c. Only organisational copy.

SANITATION TRAINING CURRICULA REVIEW/NEEDS ASSESSMENT

Name of the Organisation	Manual/Module	Training/Clender	Report	Materials Collected								
				Video film	Poster	<i>leaflet</i>	News letter	Article/drama	Flip Chart	Curricula	Book/booklet	Session guide/Schedule
UNICEF	1. Manual on "role of sub-assist-engr. and caretaker of tubewell" 2. Module on "Role of sub-assist-engr. and caretakers of tubewell"	---	---	---	Poster on Sanitation	1. How to construct pit latrine 2. Emergency health guide	1. Health Buletin	---	---	---	---	---
UNDP/World Bank Water & Sanitation Programme	1. Two Pit latrine 2. Tara pump maintenance	---	---	1. Tara pump maintenance 2. Environment and health	Poster on low cost sanitation	Low cost latrine use and maintenance	---	---	---	---	---	---
WHO	---	---	Report on interim evaluation of sanitation programme through primary school system	---	---	---	---	---	---	---	---	---
DPHE	1. Hygine Education training manual for field workers 2. Tara pump maintenance 3. Tubewell caretaker training manual	---	1. Hygine Education on water use and sanitation	---	Poster on water	1. leaflet on construction of tubewell plat form 2. leaflet on water and sanitation	---	---	---	---	---	---

Materials Collected

Name of the Organisation	Manual/Module	Training/Clender	Report	Video film	Poster	Liflet	News letter	Article/drama	Flip Chart	Curricula	Book/booklet	Session guide/Schedule
LGED	1. Slum improvement project-A reference manual 2. Manual on slum dev program under STIDP	---	---	---	---	---	---	---	---	---	Booklet on use and maintance of sanitary latrine	---
Health Directorate	1. Primary health care for social leaders. 2. Manual for village health workers 3. Training module for category-I 4. Training Module for category-II 5. Training Module for category-III 6. Guidelines for health workers	---	---	---	---	Leafles on Aids, EPI, tobacco usage, Iodide salt	---	---	---	---	---	Training schedule
NCTB	---	---	Report of workshop on essential curricula	---	---	---	---	---	---	Essential Curricula	9 text Books of Primary level	---
BRAC	---	---	Annual Report 1992	---	---	Leaflet on water purification	---	On personal hygiene and sanitation	Flip chart on health education	---	---	1. On safe water 2. On sanitation

Materials Collected

Name of the Organisation	Manual/Module	Training/Clender	Report	Video film	Poster	Liflet	News letter	Article/drama	Flip Chart	Curricula	Book/booklet	Session guide/Schedule
WIF	---	---	---	1. Brac water decade 2. Water and sanitation impact 3. Slid show (UNICEF) 4. Overview NGO water decade 5. VERC and UN water decade 6. Knowing Environment 7. How to spread the diseases 8. BACE and UN water decade 9. Need and use of hygenic latrine	---	---	---	---	---	Training Curricula on sanitation communication	---	---
TARD	---	Training Calender 1992	---	---	---	---	---	---	---	---	---	---
ICDDR'B	1. Treatment & prevention of diarrhoea. 2. Mass education for diarrhoeal disease management	---	---	---	---	---	---	---	---	---	---	---
NGO Forum for drinking water & sanitation	Training module on sanitation and tubewell	Training Clender 1992	1. Completion Report of T/W skill training 1992 2. Training Copmletion Report of V-ST-92	---	---	---	1. 78 issues of newsletter "pani prabaha" 2. Ten issues of newsletter "Watson"	---	Flip chart on 1. Water 2. Sanitation 3. Hygine education	Curriculum on differ-ent covrsees	---	Seven training schedules

Materials Collected

Name of the Organisation	Manual/Module	Training/Clender	Report	Video film	Poster	Liflet	News letter	Article/drama	Flip Chart	Curricula	Book/booklet	Session guide/Schedule	
PRISM	---	---	---	---	---	---	---	---		1. Use of safe water 2. sanitation 3. Cleanliness and health education	---	---	
VHSS	1. How diseases are transmitted	1. Training Calender 1990-91	1. Role of NGO's and private sector in health & family planning in the 4th five year plan 2. Annual report 1990-91	1. Facilitation techniques on training	1. Poster on sanitation 2. Poster on Prevention of diarrhoea 3. Poster on control of diarrhoea	1. Primary health training programme in VHSS 3. Liflet on diarrhoea 4. Liflet on diarrhoea 5. Liflet on diarrhoea control	1. In Touch	1. Water 2. Safe sanitation program 3. Water & Sanitation		1. Health education 2. Environmental hygiene 3. Prevention of diarrhoea	1. Training Curricula on sanitation 2. Training health ... curricula on primary health care 3. Training Curricula on general diseases and first aid	1. Work book for workshop 2. Information on health	---
Prashika (MUK)	---	1. Training Program 1992-93	1. Annual activity Report 1991-92	---	---	---	---	4. Seminar paper on water and sanitation	---	---	1. Apraxia in participatory rural development 2. Development support communication program	---	
Islamic foundation	---	---	1. Evaluation Report on Imam Training Program 2. Evaluation report on Refreshers course of Imams 3. Evaluation report on the activity of Imams	---	---	---	1. Al Imamat	---	---	---	1. Book on Imam training program	---	

Materials Collected

Name of the Organisation	Manual/Module	Training/Clender	Report	Video film	Poster	Liflet	News letter	Article/drama	Flip Chart	Curricula	Book/booklet	Session guide/Schedule
Concern	---	---	---	---	---	---	---	---	1. Flip chart on sanitation 2. Flip Chart on drinking water	---	---	---
RDRS	---	---	1. Annual report 1991 2. Report of Review mission of RDRS	---	---	---	---	---	---	---	---	---
CARE	1. Working methodology of field level workers	---	---	---	---	---	---	1. Drama on use of T/W water 2. Drama on use and maintenance of latrine 3. Drama on control of diarrhoea	1. flip chart on tubewell maintenance 2. Control of diarrhoea	Training Curricula on water & Sanitation	---	---
Grameen Bank	---	---	Annual Report 1991	---	8 Posters on EPI and breast feeding	4 leaflet on EPI and diarrhoea	1 Newsletter called "uddoug"	---	---	Curricula on W/S	---	Training schedule



LIST OF PERSONS CONTACTED

<u>Organisation</u>	<u>Person Contacted</u>
UNICEF	Neill Mckee, Chief, PCIS Philip Wan, Chief, WES Azad, Project Officer, WES Nuzhat Shazadi, Consultant Helen Patton, Sanitation Co-ordinator, WES Siddique, Assistant Project Officer, Dhaka Divisional Officer Ayesha Hossain, Project Officer, WES Qamrul Islam, Project Assistant, Dhaka Divisional Office
UNDP/The World Bank	Haroon-or-Rashid, Country Co-ordinator SK Abu Jafar Shamsuddin, National Country Officer S.S. Anisur Rahman, Sanitary Engineer Iftekhar Haider, National Country Officer
WHO	Alex Rede Kopp, Sanitary Engineer Mofazzal Hoque, National Field Programme Officer
DANIDA	Awlad Hossain, Field Sanitation Officer
SDC	Michael Vinding, Councillor Peter Tschumi, First Secretary Development
DPHE	Aminuddin Ahmed, Chief Engineer Fariduddin Mia, SE, Planning Nurul Islam, XE, Tangail Nurul Islam Khan, SDE, Tangail Basanta Kumar, SDE, Khulna Manjurur Rahman, SDE, Rajshahi
LGED	J.R. Chaudhuri, Project Director, SIP I. Khan, Town Planner, STIDP Shahidur Rahman, Social Scientist, SIP Sareet Datta Gupta, XE, Rajshahi Jiban Kumar, XE, Khulna
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FRISM	<p>Rafiqul Halder, Sanitation Co-ordinator Shamal Shaha, Thana Sanitation Coordinator</p>
PROSHIKA (MUK)	<p>Mosharef Hossain Bhuiyan, Programme Co-ordinator</p>
TARD	<p>M.A. Awal, Executive Director Habibur Rahman, Programme Officer, Information A.H. Noman, Co-ordinator, Field Operational Programme</p>
CARE	<p>R. Steven Nakashima, Environmental Management Specialist Mozaffar Ahmed, Assistant Project Coordinator Khorshed Alam, Project Officer</p>
BRAC	<p>Jalal Ahmed, Programme Manager Dr. S.M. Yunus, Area Co-ordinator</p>
VHSS	<p>Fedai Mawla, Co-editor In Touch Sharifa Zaman, Senior Assistant Programme Officer</p>
WIF	<p>Nazrul Islam, Country Director Mosharaf Hossain, Deputy Director</p>
NGO FORUM	<p>Ziaus Sabur, Programme Officer Rafiqul Islam Khan, Training Officer</p>
IF	<p>Abdul Jabbar, Director, Imam Prashikhan Kendra Kazi Abu Horaira, DD, Imam Prashikhan Kendra Mowlana Abul Bashar Khalifi, Assist Mowlana, Mijmiji Hazi Abdus Samad Islamia Senior Madrasa</p>
ICDDR,B	<p>Dr. Bilqis Amin Hoque, Scientist and Coordinator, Environmental Health Sciences Dr. Sushila Zeltlyn, Anthropologist, Community Health Division PO</p>
CONCERN	<p>Charlie Jackson, Community Development Coordinator</p>
RDRS	<p>Rezaul Hoque, Acting Head, Research</p>

Grameen Bank

Nizamul Hoque, Chief, R & D Department
Saleha Begum

Jaycrohi Chakra

Shahadat Hossain, Trainer

Uttaran

Shahidullah Usmani, Co-ordinator

Banchte Shekha

Shahidulla Khan, Co-ordinator



