

SANIYA: A PUBLIC HEALTH COMMUNICATIONS PROGRAMME IN A WEST AFRICAN TOWN



A project proposal from the Projet Saniya team in Bobo-Dioulasso, Burkina Faso.

SANIYA: A PUBLIC HEALTH COMMUNICATIONS PROGRAMME IN A WEST AFRICAN TOWN

PROJET SANIYA

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Projet Saniya/June 1994

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ISBN 12642
LC: 204.3 945A

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SUMMARY

SANIYA-A PUBLIC HEALTH COMMUNICATIONS PROGRAMME FOR A WEST AFRICAN TOWN.

Intestinal infections remain a serious problem for children throughout the developing world. Though most current control efforts are focused on the promotion of oral rehydration and the construction of water and sanitation infrastructure, it is increasingly being suggested that the promotion of better hygiene should also form a basic element of CDD programmes. At the same time, new methods of communicating with large populations about health, which may prove highly effective, are being developed. As yet, however, little evidence exists as to the feasibility, effectiveness and cost-effectiveness of public health communications programmes to improve hygiene behaviour.

The results of a research programme carried out by a multi-disciplinary team in the town of Bobo-Dioulasso in Burkina Faso, which are described in the accompanying document "**Diarrhoea and Hygiene; what People Know, Believe and Do in a West African Town**" suggested that an intervention to promote certain key hygiene practices might be an effective means of preventing intestinal infection in children. This document presents a proposal which is both a programme for the promotion of improved hygiene in the town of Bobo-Dioulasso which has resulted from the previous studies, and an applied research project. The research aims to use a variety of methods to measure the impact of the programme on the hygiene behaviour of mothers and children, to calculate its cost-effectiveness and to find out which approaches are the most effective and why. The results will be made widely available to decision makers and planners through a series of publications and manuals.

The proposal presents a communications plan which details the key objectives, practices and messages, the target groups, the channels of communication to be employed, the candidate communications strategies, training, information support and materials production. Extensive testing and development of our approaches is currently being carried out in a programme supported by WHO and UNICEF. The resultant, finalised communications plan will be ready by the end of 1994. Supervision, monitoring and evaluation/research activities are also described in this document. The programme will be carried out by the Provincial Directorate of Health in collaboration with an experienced team from the London School of Hygiene and Tropical Medicine, the Centre Muraz in Bobo-Dioulasso, the Istituto Superiore di Sanita in Rome, UNICEF and WHO. Work is expected to begin in early 1995, to take three years and to cost in the order of US\$ 175 000 per year.

1. INTRODUCTION

Diarrhoea and helminth infection: Why a new approach is needed

Diarrhoeal diseases presently kill more people than AIDS. 3.3 million children in the developing world die of diarrhoeal diseases each year ¹. A third of the world's population is infected with parasitic worms ². Clearly, current efforts to control these diseases are not proving adequate.

Until now, programmes aimed at the control of intestinal infections have put the accent on three approaches: oral rehydration, water supply and sanitation and, to a lesser extent, hygiene education.

● **Oral rehydration therapy**

Oral rehydration therapy is an essential weapon in the war against diarrhoeal diseases; saving many lives throughout the world. The prevention of the occurrence of intestinal infections, has until now, taken second place to the prevention of deaths due to dehydration using techniques of oral rehydration. However ORT is of limited effectiveness in preventing deaths due to dysenteric and persistent diarrhoea and cannot prevent the occurrence of diarrhoea and helminth infection.

It is increasingly being suggested that programmes which can prevent intestinal infections might be cost-effective and should form one of the main elements of CDD programmes ^{3,4}.

● **Water supply and sanitation**

Though great advances were made during the water supply and sanitation decade (1980-1990) there are still:

- 1 billion people without improved sources of water
- 1.7 billion people with inadequate sanitation ⁵
- serious problems with operation, utilisation and maintenance of facilities.

Research suggests that the provision of water and sanitation installations helps prevent intestinal infection by causing changes in hygiene behaviour ⁶.

● **Hygiene education**

The promotion of hygienic practices such as the safe disposal of stools, hand washing and the boiling of drinking water has usually been a part of both Diarrhoeal Disease Control programmes run by Ministries of Health and water and sanitation infrastructure building programmes. However:

- hygiene education is usually an under-resourced afterthought, with the main thrust of programmes elsewhere,
- basic information is lacking on planning, implementation, impact and cost-effectiveness of hygiene education ⁷.

● New approaches

Whilst investment in the promotion of oral rehydration therapy and in the water and sanitation sector will always be a priority, agencies and governments in developing countries are beginning to invest in hygiene promotion. Some reasons for this include:

- researchers and policy makers have suggested that hygiene promotion may be a cost-effective means of combating gastro-intestinal infection,
- changing hygiene behaviour may be more sustainable in the long term than other interventions
- new, possibly more effective methods of promoting behaviour change in large populations are becoming available.



The discipline of public health communications which has grown up over the past 15 years offers exciting possibilities for the promotion of better hygiene behaviour.

● What is public health communications?

Healthcom define public health communications as “the systematic attempt to influence positively the health practices of large populations using principles and methods of mass communication, instructional design, social marketing, behaviour analysis and medical anthropology”⁸.

Public health communications as a discipline takes a systematic approach to planning and intervention. The planning phase involves researching and answering such questions as:

- what are the precise practices which put health at risk?
- what are the determinants of that behaviour (environmental, social, cultural, etc)?
- what are the constraints and opportunities for change?
- who are the target audiences?
- what channels and approaches can best reach these groups?

It consults the ‘consumer’ systematically, testing strategies and materials in the production of a detailed communications plan. The intervention phase relies on careful monitoring and evaluation to allow programme revision and impact measurement.

In the town of Bobo-Dioulasso in Burkina Faso, a series of research studies into intestinal infections and their context has led to the conclusion that investing in hygiene promotion may be the most effective means of combating diarrhoeal diseases. The accompanying document **“Diarrhoea and Hygiene: what people know, believe and do in a West African town”**, outlines the results of this work and its implications. We believe it is now time to put what we have learned to practical use. Hence this proposal, which plans to employ Public Health Communications combined with community participation approaches to promote safer hygiene practices amongst women and children in Bobo-Dioulasso.

● **Saniya: meeting a need for both intervention and research**

Entitled ‘Saniya’, which means cleanliness or hygiene in Dioula, this project proposal responds to two needs:

- 1 to intervene to reduce the high incidence of gastro-intestinal infection in the town of Bobo-Dioulasso
- 2 to provide much needed answers for programme planners concerning the effectiveness and cost-effectiveness of public health communications in improving the personal and domestic hygiene of large populations.

This project can thus be seen as a public health communications project implemented through the primary health care system or as an applied research project.

Viewed as a research project it will answer fundamental questions about the promotion of health related behaviour in developing countries whilst at the same time:

- building capacity in the Ministry of Health and the community,
- having a sustainable impact.

Viewed as a programme of interventions it will contribute to efforts to control intestinal infections amongst children in Bobo-Dioulasso whilst having:

- a management team with unique experience of the site,
- built in detailed, scientific evaluation of impact.

Lessons learned from this project will be widely disseminated in the form of a series of simple manuals in both English and French on the planning, implementation and evaluation of programmes to promote personal and domestic hygiene.

2. PROGRAMME AIMS

To intervene:

- to reduce the incidence of intestinal infection in the town of Bobo-Dioulasso,
- to develop an effective communications and community liaison resource for health promotion.

To carry out a programme of applied research:

- to evaluate the effectiveness of the public health communications approach in changing hygiene behaviour,
- to evaluate the cost-effectiveness of such an approach,
- to discover which approaches are most effective and why.

To make results widely available to decision makers, programme planners and field workers.

3. SPECIFIC PROGRAMME OBJECTIVES

To use a public health communications programme in the town of Bobo-Dioulasso:

1. To increase the proportion of occasions on which women throw young children's stools into a latrine from 40% to 60%.
2. To decrease the number of children observed defecating on the ground by 30%.
3. To increase the proportion of occasions on which women are observed to use soap to wash their hands after cleaning a child's bottom from 4% to 25%.

This will be achieved by: setting up local sanitation commissions in half of the neighbourhoods of the town; supporting the Ministry of Health in communicating about hygiene in half of all health education meetings in clinics; meetings with half of the women's associations in the town; a series of broadcasts and micro-programmes about hygiene on local radio; theatrical events in all outlying sectors of the town and a programme of activities in all primary schools.

4. RESEARCH OBJECTIVES

1. To test the hypothesis that a public health communications programme can significantly alter specific hygiene practices in a large population, by measuring changes in those practices (and indicators of these practices) over time and by comparing them with changes in a non-intervention area.
2. To determine the net and marginal costs of the public health communications programme and using the data concerning the impact of the programme, calculate its cost-effectiveness.
3. To determine which of the different communications approaches have been the most effective and why, using in-depth qualitative research techniques.
4. To investigate how far messages and target practices are propagated in the population indirectly. For example; does what children learn in school have an impact on their families and communities?

5. COMMUNICATIONS PLAN

The communications plan is based on several years of detailed research by a multi-disciplinary team into the problem of childhood diarrhoea in Bobo-Dioulasso, the results of which are in the accompanying report. The detailed plan for the public health communications programme has been produced in collaboration with staff of the Ministry of Health (Provincial Director of Health, National and Regional Directors of Health Education, Director of MCH, EPI, Service d'Hygiene), the Provincial Directorate of Education (primary school directors, school inspectors, teacher groups, parent associations) the Provincial Director of Culture, the Provincial Social Services Director, staff of Radio Bobo and a large number of women's groups and other social organisations in the town. Strategies and materials are now undergoing tests in the community and will be ready for use by the end of 1994.

Below we outline the key hygiene practices, the target groups, the channels of communication, the strategies and the additional activities which make up our communications plan.

Target groups

We have segmented our target audiences as follows:

● Primary audience:

Those who will employ the new behaviours are:

- mothers of children under three in the town of Bobo-Dioulasso (approximately 40 000),
- child caretakers (maids, sisters etc) (around 15 000),
- children at primary school (20 000).

● Secondary audience:

Those who can influence the primary audience are:

- family, older women, neighbours, etc,
- health workers, pharmacists, traditional healers,
- opinion leaders.

● Tertiary audience

Those whose support will be critical to the success of the programme are:

- decision makers, authorities,
- agencies, collaborators, funders.

Key practices

The results of our research which are presented in the accompanying document have suggested that the following practices will protect children from intestinal infection, and that the adoption of the practices by mothers and children is both feasible and sustainable:



- All child stools are disposed of in a latrine
- Mothers and caretakers hands are washed with soap after contact with child stools
- School children's hands are washed with soap after defecation.

Key Messages:

The key practices imply that mothers, caretakers and children need to do the following:

For mothers and caretakers:

- Dispose of all child stools in a latrine.
Baby stools in linen and the first washing water, should be thrown in a latrine, any stools on the ground must be collected and thrown in the latrine.
Get toddlers used to using a pot, throw stools in the latrine.
Children too old to use the pot should use the latrine directly.
Children should never be sent outside to defecate.
- Wash your hands with soap after washing a child's bottom or having contact with child stools.

For primary school children:

- Always use a latrine for defecation.
 - Wash your hands with soap after defecation.
-

Channels of communication

The chart shows the four main channels of communication together with their anticipated coverage of the target populations. The choice was made based on existing channels which are known to be effective, their possible reach, and the likely cost. There is a trade-off between reach and effectiveness; channels that reach the smaller audiences are probably the most effective, with face-to-face contact being the most effective of all, but also these are the most costly.

Activity	Channel	Direct maximum reach
'Saniya commissions'	local women who make home visits in 12 central sectors of the town	50% of target mothers 50% of 'maids' 50% of children
Discussion meetings	100 women's groups women attending pre- and post-natal checks, 50% of attendances	25% of target mothers 10% of target mothers
Radio and theatre	inserts in regular programmes, microprogrammes	67% of target mothers 20% of target children
"Theatre forum"	(participatory theatre) in 24 locations per year	10% of 'difficult to reach' groups (maids, children not in school)
Primary schools	practical and theoretical teaching for all classes	30% of school age children

Though all of these methods of communication will not reach all of our target audiences directly we expect many more to be reached indirectly. It is one of the research objectives of this project to investigate the indirect propagation of messages and practices (see section on further research).

Communications activities

● 'Saniya Commissions'

Safe stool disposal can probably best be promoted at local level where face-to-face contact promotes a new local norm of a stool-free environment.

With the support of local health workers and project staff, each residential block of about 20 compounds will choose a woman (who is preferably old, is respected and has the time) to be the hygiene monitor ('Responsible Saniya') for the block. This person will:

- Organise women to carry out weekly cleaning of communal spaces.
- Visit each household in her block weekly to encourage the disposal of stools in latrines.
- Visually monitor and record the presence of stools in public and domestic spaces.
- Attend progress meetings with project and health staff once every two months.

Five community liaison agents employed by the project will help set up and follow the Saniya commissions. Each agent will be responsible for about 100 'blocks' in 2-3 central sectors of the town. Their activities will include:

- Initial meetings with the populations of sub sectors, CSPS staff, local authorities, women's associations, griottes and project staff. (Radio messages will inform the population of the programme of activities.)
- Defining the limits of each residential block with local help.

- Meetings with residential blocks to choose the monitors.
- Continued liaison including follow-up meetings with the hygiene monitors and joint household visits, especially where the monitor has had difficulties.

● Discussion meetings

Women's groups

About a half of women in Bobo-Dioulasso belong to some form of formal or informal women's associations, some 200 of which are officially registered with the 'Collectif des Organisations Feminins'.

Each of the ten town health centres will be asked to make contact with ten women's groups in their catchment area, with the support of the Collectif and project staff. This process of developing contacts with community groups has already begun as one of the activities of the Bamako Initiative of the Direction Provinciale de la Santé. One leader from each of these associations will attend a two day workshop at a health centre to be trained in participatory communications techniques and learn about the promotion of the target behaviours (5 workshops in all).

A programme of meetings with the women's groups in each sector will then be arranged. Project/DPS staff will attend the first meetings and a video film made especially to provoke discussion about hygiene will be projected, followed by discussion. The association will be encouraged to arrange follow-up meetings with project/DPS staff and the trained leaders. Women's associations will be encouraged to lend their support to the 'Saniya Commissions'.

Pre- and Post- natal consultations

The existing discussion meetings for mothers attending clinics for pre- or post-natal consultations, called 'causeries', will provide a forum for the

promotion of the target practices. A half of women with children under three in Bobo have attended two or more of these sessions. Participatory tools such as those developed by PROWESS⁹ and WHO which involve mothers in the learning activity will be employed.

The key input of the project will be in staff training:

- All staff at each health centre will attend one day workshops on communications and hygiene.
- Three 'communicators' from each centre will then be selected to participate in an advanced workshop using participatory techniques.
- The communicators will then take over responsibility for the 'causeries'. They will be supplied with participatory support materials to help them to make the causeries more attractive to mothers.
- In three health centres video equipment will be installed on an experimental basis to see if the projection of hygiene promotion and other health promotion videos improves attendance by mothers.

● **Radio and theatre**

60% of mothers have a radio in the household and 67% of all mothers claim to be regular listeners. They particularly follow programmes in local languages targeted at women such as 'Lou Mina Tchogo' and 'Ton Baro'.

Regular programmes

The radio contact group of the Ministry of Health will prepare a series of broadcasts suitable for a variety of existing programmes on Radio Bobo in collaboration with the producers of each programme.

Programme	Frequency	Hygiene messages	Language	Target group
Lou Mina Tchogo	5/week	1/week Short messages	Dioula Fulfulde Bobo More French	women
Petit monde	1/week	1/month Games & competitions	French Dioula	children
Conseils pratiques	1/week	1/month Discussions	French Dioula	all
Objectif Santé	1/week	1/4 weeks Debate	French	all
Ton Baro	1/week	1/4 months Discussions	Dioula	women

Micro programmes

16 micro programmes will be prepared. These will last for two minutes each and consist of mini-dramas, sketches, dialogues and comedies around the hygiene messages. These will be prepared by 'Zama Publicité' (the state-owned advertising agency) over the first year of the intervention and will be broadcast twice a day at varying times on each of the two networks, Radio Bobo and Horizon FM. The spots will be conceived in local languages; 8 will be in Dioula, two each will be in Moré, Bobo and Fulfulde. Two will be produced in French. A further set of microprogrammes will be prepared for the second year.

In addition, the population will be kept informed of the activities of the project (local meetings, setting up of Saniya commissions, theatre presentations etc) through the daily local information slots on Radio Bobo.

Theatre forum

Some sectors of the town and some target audiences will not be well covered by the main project activities. To reach some of the audiences which are hardest to contact we plan a series of theatre forum presentations in public spaces which will be especially targeted at children not in school and maids and child carers. Locations will be chosen from those with no Saniya commissions and where children not in school congregate, for example.

A local troupe who are experienced in this type of activity will:

- prepare a number of short sketches around the key messages in collaboration with project/DPS staff,

- put on two performances a month
- organise publicity, especially inviting the attendance of child carers through griots and radio

Hygiene song

A competition for a hygiene song to be recorded and used in radio, theatre and other events will be launched at a meeting of traditional and modern musicians.

● Primary Schools

A programme of curriculum development will be arranged with the representatives of the Ministry of Education (Direction Provinciale de l'Enseignement de Base et de l'Alfabetisation de Masse). The details of the programme are currently under discussion with representatives of the Ministry of Education, primary school directors, teachers and parents associations. The programme is likely to take the following form:

- Training of six teams of four trainers in the target hygiene practices, with particular emphasis on applying the practices in the school environment.
- Support to trainers as they train all staff of the 100 primary schools.
- Support to a number of schools expressing an interest in setting up theatrical activities around this theme.
- Filming of theatrical productions to make a video adapted to use in schools. Projection of the video by the CRESA once a year in each school-accompanied by discussion.
- Provision of soap and water for each classroom, parents to buy soap along with other equipment at the beginning of each school year, possibility of obtaining promotional samples from local soap manufacturers.
- Production of a teaching pack for use by teachers.
- Production and testing of posters for classrooms.
- Production and testing of visual support materials for use by teachers.
- Supervision and follow-up by joint Ministry of Education/Ministry of Health teams.

Candidate strategies

A communications strategy is an approach by which an idea will be promoted. Research has led to the following strategies:

● Strategy 1:

Adopting the above hygiene practices is socially desirable. Examples of some of the approaches that might be used:

- A topic for debate with a women's association; what sort of behaviour is most respected in the neighbourhood?
- A video for school children which shows children who have learned about using soap, teaching this to a younger sister
- A participatory activity at MCH consultations consisting of a series of images for women to put in order concerning a husband who prefers to stay at home because it is clean rather than go out to a bar.
- A radio microprogramme consisting of a comedy where neighbours insult a family who let children defecate outside.

● Strategy 2:

Reinforcing the existing notion that dirt can cause illness. Examples:

- A theatre forum sketch showing children that play around the rubbish heaps with stools on them getting sick often.
- A participatory activity for training the neighbourhood 'Saniya' agents concerning mapping the locations where stools may be found and identifying how this material can then get into food and make people sick.

In primary schools two further approaches will be employed:

- Practice: Teachers will be trained to ensure hand washing and the use of latrines is put into practice in schools:

- Increasing knowledge: Children in classes CE2, CM1 and CM2 will be taught about hygiene and the transmission of diarrhoea.

Other strategies that might also be employed include:

- logic (extra soap will only cost the family about 250FCFA per month, diarrhoea costs the family about 1000FCFA per month on average)
- facilitation (with the collaboration of local manufacturers, free samples of soap can be given to children to help their first attempts at hand washing with soap after defecation)

Approaches are currently being tested in a programme of continuing research using techniques such as focus group discussions with target groups. These will have been finalised by the project start date.

Communications support

The four principal communications activities outlined above will be complemented by a number of support activities.

Meetings with decision makers and opinion leaders: The objective is to inform and gain the support of decision makers and opinion leaders in the town.

- Administrative and political authorities (Haut Commissaire, Députés, Mayors, Préfets, Administrators).
- Religious and traditional authorities.
- Representatives of local ministries.
- Representatives of all urban government health facilities, Action Sociale.
- Private health services personnel, pharmacists.
- Public and private primary school directors.
- Association of traditional practitioners.
- Representatives of women's associations.
- NGOs (Red Cross, Association Burkinabé pour le Bien être Familiale, GRAAP, CESAO, etc).

National TV: A short documentary on the project will be shown on national TV and journalists will be invited to a press conference at the start of the project, and at regular intervals, to ensure coverage on national TV and in the press. The project will take a stand at local festivals such as the 'Semaine Nationale de la Culture' where the use of soap and water for hand washing will be promoted.

National working group: A national working group of parties involved in hygiene, water and sanitation is being set up with the support of UNICEF. Projet Saniya will use this forum as a means of sharing experience, approaches and materials with national collaborators, partners and decision makers.

Training

Training in support of all of the above activities is a fundamental activity and a major investment of the project. The objective will be to create a new group of trained communicators who can not only transmit hygiene messages effectively using participatory techniques, but who can also become trained communicators, relaunching health promotion in the town and serving other needs of the PHC system, such as promoting ORT or community participation for the Bamako initiative.

Training will be coordinated by the CRESA (Centre Regionale pour l'Education pour la Santé et de l'Assainissement) with support from communications experts from Rome and local consultants experienced in participatory techniques. In addition Ministry of Health and project staff will attend a special course in public health communications to be arranged in collaboration with the Centre Régional pour le Développement et la Santé, Pahou, Benin.

Materials production

Burkina Faso has an excellent track record in the production of health education materials. Technical facilities for the production of high quality health promotion materials exist at the CNIEC (Centre Nationale d'Information, Education et Communication). (Video productions, tape slide productions, visual images, posters flannelgraphs, etc). In addition, UNICEF in Ouagadougou have the capacity to produce audio-visual materials.

The Projet Saniya team will collaborate with the 'Projet Pilote de Participation Communautaire à l'Assainissement du Secteur 7, Ouagadougou', and the 'Projet Intégré d'hydraulique Villageoise et d'Education Sanitaire' in Boulgou and Kouritenga in the production of materials.

An inventory of locally available communications materials has located little that is relevant to the current project. However, UNICEF envisage supporting the production of a national inventory which may bring to light useful materials.

Liaison with other activities in the town

It is vital to the success of this project that other needs expressed by women apart from hygiene improvements can be addressed. Whilst Projet Saniya will retain a narrow focus, it will develop close links with other projects which can help satisfy these other needs. For example, income generating activities are amongst the first priorities of all the women that we have worked with. Several new projects in this domain are being set up through the Ministère de l'Action Sociale with World

Bank and other funds.

The activities of Projet Saniya are intimately linked with the Bamako Initiative activities of the Ministry of Health. The network of community liaison and communication will be common to the activities of Projet Saniya and those of the Bamako Initiative.

HCK is a project of the French Ministry of Cooperation which supports the Provincial Ministries of Health in Houet, Comoe and Kenedougou. In particular we will collaborate with HCK in capacity building of the CRESA.

The World Bank-supported third programme of urban development for Ouagadougou and Bobo-Dioulasso is currently under study. The project team expect to collaborate closely with this initiative.

The local Jeune Chambre Economique is launching a competition for clean schools with which the project team is involved.

6. MONITORING AND EVALUATION

Supervision

A detailed programme of supervision by the Ministry of Health, school inspectors and project staff will be drawn up. Records will be kept of all project activities. Regular meetings with staff involved in the project will provide feedback and serve to solve problems, encourage and motivate staff.

Monitoring

Monitoring activities will be designed to serve two distinct purposes. First, standard techniques such as regular reporting and follow-up of performance targets will be used to follow the work in order to ensure that progress is adequate and to revise planned activities, if necessary. Second, qualitative research techniques, such as focus group discussions with targeted groups and participant observation, will be employed to provide a deeper perspective on the processes of the project: which approaches are working best, and why.

Evaluation

The aim of the intervention is to alter the hygiene behaviours of mothers and caretakers of young children and of children aged from 4-12 years. The impact of the intervention will, therefore, be evaluated by direct measurement of the targeted behaviours. Research in Bobo, funded by the Diarrhoeal Diseases Control Programme of the World Health Organisation has shown that direct observation of stool disposal and hand washing practice are repeatable at the population level. Compared with data obtained by observation, responses to direct questions overestimate the proportion of occasions on which child caretakers perform recommended practices.

Direct observation will be used to measure the key behaviours. Questionnaires will be used to evaluate the exposure that target groups have had to the communications programmes and to indicate knowledge and belief about hygiene and diarrhoea. Cross-sectional surveys will be performed in Bobo-Dioulasso and Banfora, before the intervention in Bobo-Dioulasso, in order to establish the currency of the targeted behaviours at baseline. In addition, spot observations in a number of streets over a predefined interval will be carried out to determine the number of children seen defecating in the open. After 24 months of full scale intervention, the surveys will be repeated using an identical protocol. The impact of the intervention on the key behaviours will be determined by comparing the frequency of the behaviours before and after the intervention in Bobo-Dioulasso. The data from Banfora, which will receive no comparable intervention, will serve as a concurrent control group. Existing data from research carried out in 1992 and 1993 will be used to examine whether there is any secular trend in behaviour, even in the absence of the intervention.

While the explicit aim of the intervention is to change behaviour, the implicit aim is to reduce the level of faecal contamination to which children are exposed and thus reduce the incidence of intestinal infections in young children. The impact of the intervention will therefore, also be assessed by measures of (faecal) contamination of the environment. "Spot" observations will be used to assess the frequency with which the child's environment is visibly contaminated with faecal material. Fingertip rinses¹⁰ will be used to measure the level of faecal contamination on caretaker's hands. Cross sectional surveys using identical protocols will be performed in Bobo-Dioulasso and Banfora both pre- and post intervention. The impact of the intervention will thus be assessed by a comparison of pre- and post intervention levels of

contamination in Bobo-Dioulasso. The samples from Banfora will provide concurrent control data.

Further research

The project provides an opportunity for further research into questions related to the promotion of safer behaviour. For example, it is often suggested that children can effectively transmit messages to their families, but there is little objective evidence as to their efficacy. A mini-research project will investigate, for example: if a class of primary school children are taught about hand washing with soap, how many members of the child's family and neighbours will adopt the practices, on average, compared to families with no children in school?

The evaluation does not set out to measure the impact of the programme on diarrhoea incidence, since this would require a prohibitively high investment. The link between hygiene and intestinal infections is well enough established for evidence of changes in hygiene practices to be sufficient to infer reductions in diarrhoea levels. However, questionnaire data concerning recent diarrhoea experience will be collected from the population sample, since it may shed some light on the processes of the communications programme in individual families.



7. DISSEMINATION OF FINDINGS

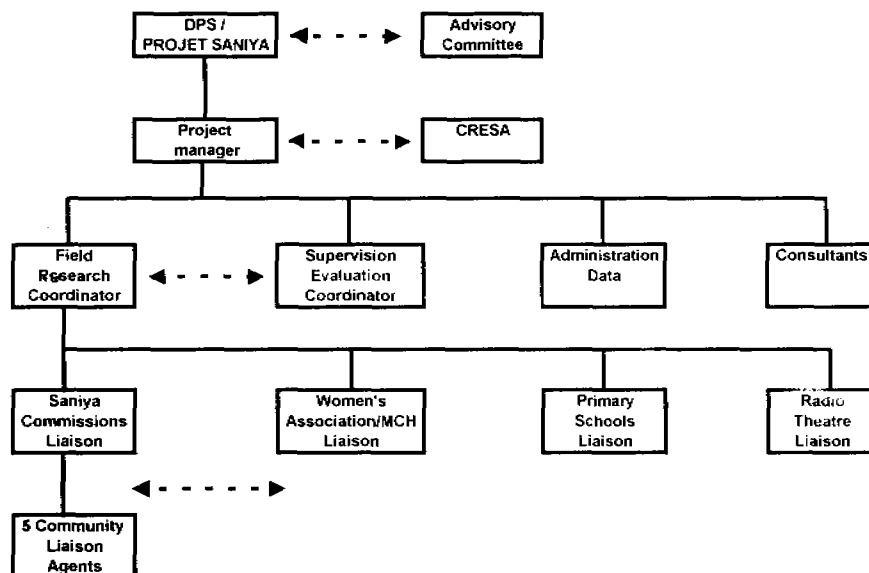
1. Six monthly progress reports will be sent to all donors and collaborators
2. A final project report will be produced for all donors and collaborators. A short version in French and English will be distributed widely nationally and internationally.
3. A series of publications for the scientific press concerning policy on hygiene behaviour promotion will be prepared.
4. Local and national workshops on the lessons learned from the project will be organised.
5. An international workshop for technicians and policy makers on hygiene promotion will be arranged.
6. A series of short manuals on topics concerning hygiene promotion in French and English will be prepared.

(Funding for activities 5 and 6 will be sought at a later date.)

8. PROJECT MANAGEMENT

● Project team

The chart shows the project management structure. The project team is a well established multi-disciplinary group of health practitioners and researchers, many of whom have been working together for over five years. The team will be led by Dr Arlette Sanou, the Provincial Director of Health and Valerie Curtis, a public health engineer and epidemiologist from the London School of Hygiene and Tropical Medicine. The Project Manager will be a public health specialist, trained in communications, on secondment from the Ministry of Health (to be identified).



Other members of the management team will include the director of MCH and the director of EPI part time, a communications specialist, a medical sociologist and field work supervisor and an experienced administrator/data manager. Trained extension workers who have previously worked with the project team will work as community liaison agents.

External advisors to the management team include Dr Pina Frazzica, a communications specialist from the International Course on Health Management at the Instituto Superiore di Sanità in Rome, Simon Cousens, a biostatistician from the London School of Hygiene and Tropical Medicine who will have particular responsibility for the quantitative evaluation, and Serigne M'baye Diene, a nutritionist and expert in community participation approaches from ORANA in Senegal. Local consultants in training and communications will be recruited from organisations such as the Centre d'Etudes Economiques et Sociales pour l'Afrique Occidentale in Bobo-Dioulasso and the Centre Regional pour le Développement et la Santé, Pahou, Benin.

- Steering group

A committee of local partners and collaborators will meet twice a year to consider progress and recommend future directions.

- Project Advisors

A number of specialists in this field have worked with the research team in the past and will be asked to continue to provide advice on an hoc basis. These specialists include:

Dr Sandy Cairncross, UNICEF/London School of Hygiene and Tropical Medicine

Betty Kirkwood, London School of Hygiene and Tropical Medicine

Mathias Somé, (CNIEC) Centre National d'Information, d'Education et de Communication

Guy Yoda, CNIEC.

Lizette Burgers, UNICEF

Cheikh Touré, (CREPA) Centre Régional pour l'Environnement et la Promotion Agricole

Davide Dao, WHO/Ecole Inter-Etats d'Equipeement Rurale

Mayling Simpson-Hébert, Rural Environmental Health/WHO

World Bank/PNUD/Groupe Regional pour l'Eau et l'Assainissement, Abidjan

Working group on hygiene behaviour, London School of Hygiene and Tropical Medicine

Water, sanitation and hygiene network, Burkina Faso.

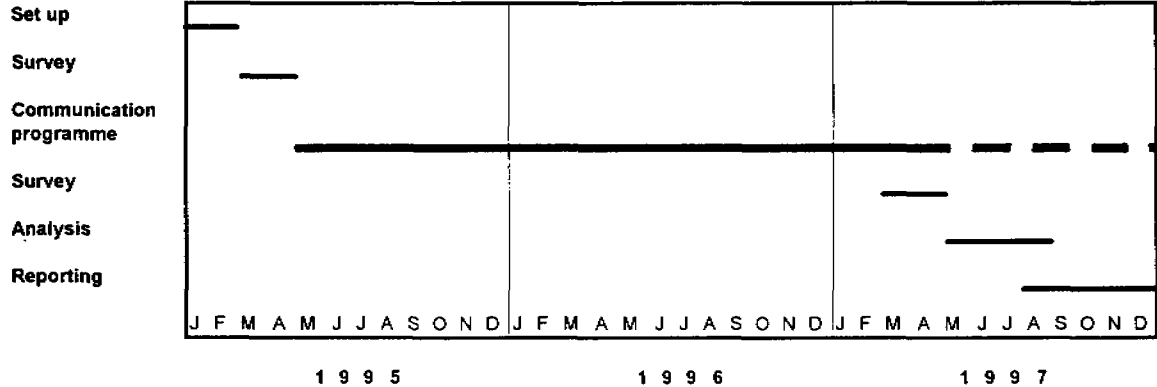
- Financial management

The project currently manages financial planning and accounting jointly with the Provincial Directorate of Health (DPS). Funds are received either through the London School of Hygiene and Tropical Medicine or the DPS and are held in a joint DPS/project account. A yearly financial audit of project expenditure will be carried out.

9. TIMING

The project will begin in January 1995 and run for three years. The project will support support interventions to be carried out over two years. However, activities are designed to be sustainable in the long term.

Plan of activities



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