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PROGRAM PLANNING WORKSHOP FOR THE IMPROVED PRODUCTIVITY THROUGH BETTER HEALTH PROJECT

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
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April 29-30, 1992

WASH Field Report No. 365
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IMPROVED PRODUCTIVITY THROUGH
BETTER HEALTH PROJECT**

**Belize
April 29-30, 1992**

Prepared for the USAID Mission to Belize
under WASH Task No. 354

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RELATED REPORTS

Improved Productivity Through Better Health (IPTBH) Project in Belize: Phrase One of the Amendment, Technical Assistance and Assessment. WASH Field Report No. 356. (Vector Biology and Control Project Report No. 82248), January 1992.

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ACRONYMS

A.I.D.	U.S. Agency for International Development (Washington)
GIS	Geographic Information System
GOB	Government of Belize
IPTBH	Improved Health Through Better Productivity Project
MNR	Ministry of Natural Resources
MOH	Ministry of Health
NGO	Nongovernmental Organization
O&M	Operations and Maintenance
RWS	Rudimentary Water Systems
RWSSP	Rural Water Supply and Sanitation Project
TOT	Training of Trainers
USAID	U.S. Agency for International Development (overseas mission)
VBC	Vector Biology and Control
VC	vector control
WASA	Water and Sanitation Authority
WASH	Water and Sanitation for Health Project
WS&S	Water Supply and Sanitation



EXECUTIVE SUMMARY

Following an evaluation of the Improved Productivity Through Better Health Project, an amendment was added to the Project Paper to strengthen community and institutional participation in project activities. The amendment outlined a three-stage process: 1) technical assistance and assessment, 2) data analysis, and 3) a program planning workshop to guide the national program for environmental health. This report describes the third step, the workshop.

The objective of the two-day workshop in Belize (April 29-30, 1992) was to bring together both policymakers and operational staff from the Ministry of Health and the Ministry of Natural Resources. Their goal was to draw up an outline for developing structures for sustainable improvements from both water supply and sanitation activities and vector control activities.

The 22 workshop participants articulated their vision for their respective ministries in this effort. They arrived at a consensus on strategies and mechanisms for arriving at their ministries' vision and outlined specific activities each ministry will need to undertake to implement these strategies.

The first area that participants outlined was specific technical assistance required by each ministry. The second was the definition of areas of collaboration and coordination between the ministries to improve efficiency and effectiveness of the delivery of services at the community level.

Chapter 1

INTRODUCTION

1.1 Historical Background – The IPTBH Project

The evaluation of the Improved Productivity Through Better Health Project pointed out that one of the major deficiencies in implementing the project's vector control and water supply and sanitation components was weak community and institutional participation. The evaluation, which covered the period 1985-89, indicated that training for communities was inadequate, or, in many instances, had not yet begun.

The evaluation team, concerned that village health committees would stop functioning for lack of training and support, urged the U.S. Agency for International Development (USAID) to refocus the emphasis of the IPTBH Project. The team recommended that in place of physical targets (e.g., drilling wells, installing pumps, and building latrines), greater emphasis be placed on community participation, training, and institution building.

To respond to the issues raised in the evaluation, USAID developed the 1990 Project Paper Amendment. Tasks for the amendment period were identified by a team of two consultants, one in vector control and one in water supply and sanitation. The consultant team held a four-day workshop in July 1990 with operational staff from the Ministry of Health (MOH) and the Ministry of Natural Resources (MNR) and met with high level Government of Belize (GOB) officials. The MOH and MNR staff identified constraints affecting the IPTBH Project and outlined activities required to meet the issues raised by the evaluation.

The consultant team then devised a three-stage process to complete the tasks identified: 1) technical assistance and assessment through collaboration between USAID consultants and GOB operating officials; 2) data analysis; and 3) a program planning workshop to guide the national program for environmental health. Technical assistance and data analysis are underway. This report describes the program planning workshop held in April 1992.

Before the workshop, Vector Biology and Control (VBC) consultants Dr. Michael Carroll and Flemming Heegaard, met with Belizian counterparts to discuss alternative vector control strategies.

1.2 Purpose of the Program Planning Workshop

The 1990 amendment to the IPTBH Project Paper reflects a new focus on institutional development and community participation issues. Worldwide experience has proven that both short-term gains in water and sanitation coverage and decreases in the incidence of vector-borne diseases are jeopardized when there is a lack of institutional structures and procedures to safeguard investments.

To this end, a three-phase effort was developed with the aim of formulating a coordinated plan for addressing environmental health needs for the remaining life of the IPTBH Project. The effort was designed to sustain a program of improvements in health status after the end of the project, specifically through improved access to water supply and sanitation and the control of malaria and dengue fever.

During the first phase, initial assessments were conducted, data gathered, and procedures and tools developed for assessing institutional, technical, and community factors in environmental health status and services. In the second phase, Belizian staff continued the data gathering process, concentrating on communities' behaviors in environmental health.

Chapter 2

WORKSHOP IMPLEMENTATION

2.1 Workshop Objectives

The overall goal of the workshop was to initiate development of structures for sustainable improvements in health. This workshop is the third phase of the three-phase effort. In keeping with the overall amendment, the following workshop objectives were developed:

1. To develop a vision or to articulate ambitions toward more effective and sustainable water supply, vector control, sanitation and health education programs;
2. To agree on strategies/mechanisms for achieving this vision;
3. To discuss and agree on required changes and strengthening of the Ministry of Health and the Ministry of Natural Resources to implement the strategies and attain the goals; and
4. To discuss requirements and agree on means to promote and support greater community management of vector control and water and sanitation programs.

2.2 Workshop Participants

Twenty-two people participated in the workshop. In addition to personnel from MOH and MNR in Belize City and Belmopan, workshop participants included staff from some of the districts. A representative from the Ministry of Social Services also attended (see Appendix A for a list of workshop participants).

2.3 Workshop Methodology, Content and Schedule

The workshop agenda was developed by USAID/Belize and the workshop facilitator following discussions with each of the participants. The workshop facilitator and consulting team from vector and water supply and sanitation met in Washington for one day to develop the design for the workshop. The final agenda and design were developed using all inputs and reviewing them with the USAID mission staff. The two-day program planning workshop was based on adult learning principles, emphasizing active participation. Both lecture methods and small group work were included (see Appendix B for the agenda).

Day 1 opened with a presentation of the agenda and establishment of the operational atmosphere for the workshop. Participants were asked to delineate their expectations for the workshop. Those expectations tended to center on a number of issues. Many participants hoped to learn more about how to collaborate better in reaching sustainable outcomes.

The day continued with a review of current problems, considerations, and perspectives on vector control and water supply and sanitation. Two presentations were given by the consultant team on conditions which hinder improved productivity, from the perspective of vector control and water supply and sanitation-related diseases. The talks also outlined the benefits to the government from community participation. The presenters not only discussed the current situation, but also future ramifications if action is not taken on the issues. This provided all workshop participants with a common knowledge base for the visioning work.

Small groups discussed the vision and ambitions of MOH and MNR for vector control and water and sanitation programs. Groups were asked to report their discussions, articulating and reaching a common understanding of goals and objectives of each ministry in each program area.

After a lunch break, participants met in groups according to their ministry affiliations to establish and agree on strategies for achieving their vision for effective and sustainable water supply, vector control, and sanitation programs.

In the final session of Day 1, ministerial groups discussed and then presented their discussion reports on strategies for institutional strengthening in vector control field operations, water supply and sanitation, and health education. They determined requirements for change and institutional strengthening for a more effective and sustainable water supply, sanitation, vector control, and health education.

Day 2 opened with a plenary session to review decisions from the previous day. Participants then formed small groups to agree on ways and means to increase community involvement in the operation and management of vector control, water and sanitation, and health education programs. The objective of the exercise was to develop clear functions for communities. Groups then reported on their discussions.

The final small group work centered on requirements for improving technical capability. Participants were asked to enumerate requirements for development of technical capacity in relation to water and sanitation and vector control programs, including review of Rudimentary Water Systems design procedures, training in existing and appropriate alternative technologies, monitoring, and support of vector control and water supply and sanitation programs.

The workshop concluded with a plenary assessment. Participants agreed upon critical follow-up steps to ensure that workshop decisions would be implemented. Agreement was reached on technical assistance areas for each of the ministries and coordinated areas of action.

Chapter 3

GOALS AND STRATEGIES OF THE MINISTRY OF HEALTH: SUMMARY OF SMALL GROUP DISCUSSIONS

Factors Identified by Ministry of Health (MOH) Personnel in a Visioning Session

The goal of the MOH is to improve health status of the population in Belize through provision of preventative and curative services.

Purposes of their organization are:

- Deliver health care
- Prevent ill health
- Improve health status
- Provide safe and healthy environment
- Reduce incidence of disease to increase productivity
- Promote community participation
- Increase health awareness (education)
- Promote proper health practices
- Inform public of availability of health services
- Improve structural changes to carry out programs
- Collaborate with other organizations to achieve goals
- Train health personnel in skills

Clients are:

- Community/nation
- Those exposed to risk
- Those who are ill

Services provided are:

- Curative health care, i.e., chlorine treatment
- Health education—e.g., promote food safety, spraying, immunization
- Early recognition/surveillance of diseases
- Community development (organize and train health committees)
- Train Community Health Workers, Traditional Birth Attendants, malaria volunteers

Requirements for effective sustainable services are:

- Effective/realistic planning
- Availability of material/human resources
- Appropriate legislation

Recommended service improvements to health education are:

- Recruit seven trained personnel
- Obtain audiovisual and training materials
- Expand network of health education
- Acquire money resources for workshop
- Analyze curriculum—participatory development
- Improved transport arrangements
- Between ministries, coordinate activities, share resources, and standardize protocol for community education
- Obtain commitment from Ministry of Health
- Work with health committee
- Collect data and analyze health behaviors
- Enact supporting legislation

Service improvements are:

- Vector control/malaria and Dengue prevention
- Decentralization of water supply policy
- Integration of vector control and health services

- Training of supervisory staff in source reduction
- Health education
- Community involvement
- Spraying
- Transport
- Inter-ministerial coordination
- Operations research

Table 1

MINISTRY OF HEALTH

Goal: To improve health status of the population in Belize through provision of preventative and curative services.

Objective: The reduction of malaria rates

Key Result Areas (Vector Control)	Outcomes/Achievements	Strategies
Health Education and Community Participation	Functional village health committees Improved knowledge, attitudes and practices in community with respect to malaria control	Organization and sustained training of village health committees Training of Trainers (TOT) at central, district and community levels Increased number of health education sessions at household, school, and community levels Development of proper training curriculum (ethnically, socially and technically appropriate) Development of audio-visual materials Greater availability of vehicles at villages
Spraying	Improved coverage (to at least 85 percent) Improved quality Use of cost-effective, environmentally safe, and socially acceptable insecticide(s)	Development of course materials and training of spray personnel Support to conduct operations research related to vector control—cost effectiveness and acceptability Spraying alternative insecticide as needed Improved working conditions for spray personnel
Case detection and treatment	Timely detection of at least 90 percent of cases through passive case detection (regular health personnel and community health workers) Timely treatment of at least 70 percent of cases by regular staff and community health workers	Increased number of trained volunteers at grassroot levels providing continuous support Communities involved in planning and implementation Change the role of the malaria evaluator Integrate malaria control into existing health services Improved supervision at all levels

Key Result Areas (Vector Control)**Outcomes/Achievements****Strategies**

Source reduction

Reduction in malaria breeding sources

Modification of breeding sites by villages/households

Reduction in malaria rate

Community education for site identification

Education of role of malaria

Definition of role of malaria evaluator

Community collaborator involved in planning/implementation
and change of role of management evaluator

Staff training

Other measures

Decentralization of water supply policy

Vertical vector control health program

Table 2**MINISTRY OF HEALTH**

Goal: To improve health status of the population in Belize through provision of preventative and curative services.

Objective: Identify risk sources of water borne diseases

Key Result Areas (Water and Sanitation)	Outcomes/Achievements	Strategies
Monitoring of water quality	Improved surveillance of water sources Reduction of water-borne diseases	Material support to increase mobility for collecting larger numbers of samples Increased sampling Coordination and sharing of information with Ministry of Natural Resources with respect to number of wells, test results, and action taken
Community Education	Improved knowledge, attitudes and practices with respect to water quality control and use	Utilization of existing health education units and NGOs Maximum use of media
Water and sanitation quality		Improved siting and maintenance of wells and latrines Establishment and application of policies and procedures, e.g., procedures for dealing with contaminated water sources and sources of contamination Systematically inform the community about the status of water quality

Chapter 4

GOALS AND STRATEGIES OF THE MINISTRY OF NATURAL RESOURCES: SUMMARY OF SMALL GROUP DISCUSSIONS

Factors Identified by Ministry of Natural Resources (MNR) Personnel in a Visioning Session

The goal of the MNR is to provide a safe, adequate, and acceptable supply of potable water and environmentally safe disposal of sewage.

Purposes of their organization are:

- Act as a facilitator between government and communities
- Provide a safe, adequate, and acceptable supply of potable water countrywide
- Provide and assist in environmentally and economically viable sanitation measures
- Encourage proper use and management of water sources
- Initial introduction to/acceptance by community (sustainability and use continuity is responsibility of MOH)
- In addition to health, achieve economic and social benefits
- Enact supporting legislation

Clients are:

- Population of Belize

Requirements for effective, sustainable, service are:

- Hygiene education
- Community development
- Community participation
- Assistance in determining technologically appropriate systems

Table 3

MINISTRY OF NATURAL RESOURCES

Goal: To provide safe, adequate, and acceptable supply of potable water and environmentally safe disposal of sewage.

Key Result Areas	Outcomes/Achievements	Strategies
Assessment of existing resource needs and capabilities at all levels	Body of data for establishing prioritized program planning, including sources	Assist relevant ministries in establishing data base Develop capability to collect and utilize data for community problem solving/planning at district and community levels
Community education for health information regarding dangers from improper use of water	Ongoing training of personnel at district and community levels Inter-sectoral approach to hygiene education (e.g., revitalization of National Health Education Council)	TOT from relevant ministries at district and community levels Development of content and methodology (inter-sectoral approach) for training
Strengthening communities' capabilities for implementation and management of water and sanitation improvements (in conjunction with other appropriate ministries)	Establishment of village-based organization to be active in community development activities Establishment of sustainable education program	Delineate responsibilities, incentives and rewards for proper O&M of improved facilities—e.g., latrines Better management training Continued encouragement and support to ensure sustainability of committees
Determination of technologically appropriate systems—choice and finance	More varied options for construction of WS&S systems	Identify funding Develop data base on community profiles to be used by both MOH and MNR, including identification of: <ul style="list-style-type: none"> ■ Kinds of information required ■ Methods and instruments for collection ■ System for storing and analyzing data ■ Mechanism for reporting information Develop information unit to access and utilize data Train central, district, and community personnel in data collection

Chapter 5

CONCLUSIONS AND NEXT STEPS

5.1 Areas of Coordination

The workshop participants agreed upon a number of areas of coordination between the Ministry of Health and the Ministry of Natural Resources. Participants agreed that improved coordination was possible in the following program areas:

- Community development
- Data collection and processing
- Health education
- Siting of wells and sanitation
- Water quality monitoring
- Watershed management

5.2 Mechanism for Coordination

One of the most significant outcomes of the workshop was the formation of a senior inter-sectoral executive committee to study water, sanitation and health. Consisting of the Permanent Secretary (MNR), the Permanent Secretary (MOH), the Chief Executive Officer (WASA), and the Director of Health Services (MOH), the committee will meet on a monthly basis, setting the direction and facilitating requirements for coordination. The first meeting of the senior committee is set for mid-May, 1992, at which time, six technical subcommittees will be established. After those committees are convened, with their assistance, the senior committee will develop a position paper on water, sanitation, vector control, and health education. This paper may form the foundation for future policy decisions.

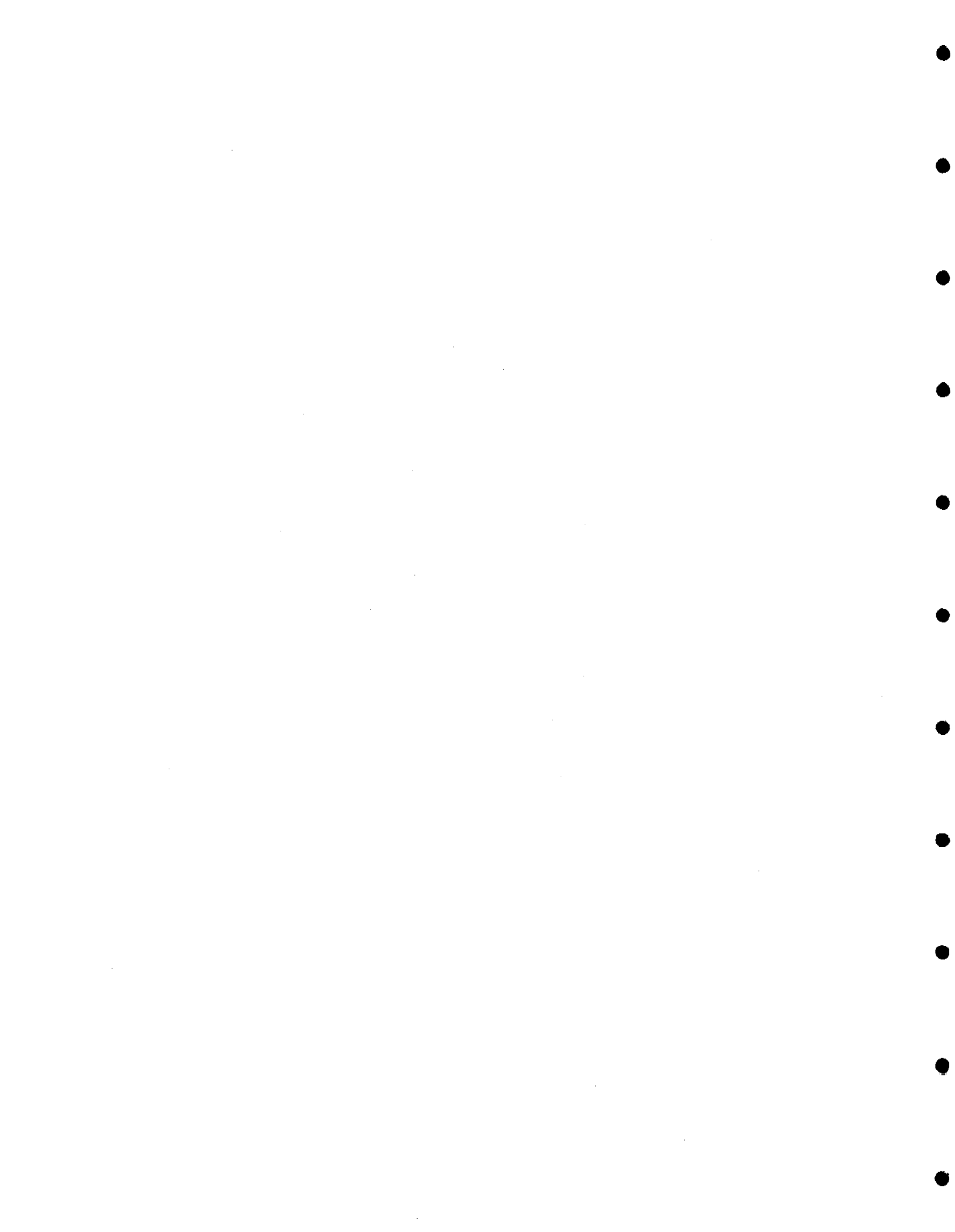
In addition, both the Ministry of Natural Resources and the Ministry of Health will develop implementation plans for programs and actions supporting strategies for sustainable health programs. The ministries also will develop and submit requests to USAID for necessary technical assistance.



Appendix A

WORKSHOP PARTICIPANTS

1. Mr. Fred Smith, Permanent Secretary, Ministry of Health
2. Mr. David Aguilar, Permanent Secretary, MNR
3. Dr. E. Vanzie, Director of Health Services
4. Mr. Frank Westby, Chief of Operations
5. Mr. H. Linarez, Principal Public Health Inspector
6. Mr. Conrad Thomas, District Supervisor
7. Mr. Flowers, Water Quality Control Lab Technician
8. Mr. Cargos Guerra, Sanitary Engineer
9. Dr. Kurella Rao, Director of Health Services
10. Mr. Winston Michael, Chief Engineer, WASA
11. Mr. Denroy McCord, Chief Engineer, WASA
12. Mr. Freddie Sandiford, Project Coordinator, WASA
13. Mr. Doug Wilson, Project Manager RWSSP
14. Mr. Anthony Nicasio, Chief Health Educator
15. Ms. Joan Burke, AIDS Health Educator
16. Mr. Roguel Rivero, District Supervisor
17. Mr. John Neal, Acting Director of Social Development
18. Ms. Amelia Cadle, Health Project Manager
19. Mr. Patrick McDuffie, General Development Officer



Appendix B

**IPTBH WORKSHOP
APRIL 29-30, 1992**

DAY 1

17

<i>Time</i>	<i>Session</i>	<i>Activity</i>	<i>Objective</i>
8:30 - 9:30	Session I: Introduction and Expectations Survey	Presentation of workshop agenda and identification of participant expectations	To determine participants' expectations and personal objectives and to establish the agenda and operational atmosphere of the workshop
9:30 - 10:15	Session II: Background Information	Presentation on perspectives, problems and considerations relating to vector control, water supply and sanitation	Review current problems, considerations and perspectives on vector control, water supply and sanitation and ramifications of not addressing these issues.
10:00 - 10:15	BREAK		
10:15 - 11:15	Session III: Visioning: Goals and Objectives	Small group discussions on vision and ambitions of MOH and MNR for vector control and water and sanitation programs.	To review/establish the goals of the ministries with respect to vector control, water supply and sanitation as they relate to the project.

11:15 - 12:15

Session IV: Visioning: Goals and Objectives (Continued)

Reports by small groups on discussion and points of agreement on visions and ambitions of MOH and MNR for vector control, water supply and sanitation.

To articulate and reach a common understanding of goals and objectives of each ministry for each of the program areas.

12:15 - 1:00

LUNCH

1:00 - 3:00

Session V: Direction/Strategies for Achieving Goals and Objectives

Discussion in ministerial groups followed by reports in a plenary session on strategies required to achieve the vision for each ministry

To establish and agree on the strategies by each ministry to achieve the goals and objectives for each program

3:00 - 3:15

BREAK

3:15 - 6:00

Session VI: Institutional development: management and operations

Ministerial group discussions with subsequent reports in plenary on changes and institutional strengthening for more effective and sustainable:

- (i) vector control field operations
- (ii) water supply and sanitation
- (iii) health education

To determine specific requirements for change and institutional strengthening with respect to vector control and water and sanitation programs, including changes required for:

- integration of vector control and water supply and sanitation activities into an environmental health program
- comprehensive planning aimed at improving use of resources and support for district level/-community based programs
- determine community hygiene practices and for developing appropriate and relevant health messages and monitoring tools
- reviewing and implementing policy guidelines for water supply and sanitation systems

DAY 2

<i>Time</i>	<i>Session</i>	<i>Activity</i>	<i>Objective</i>
8:30-9:00	Review	Assessment in plenary of previous days outcomes	To review decisions from the previous day and to determine changes in direction for the day if required
9:00 - 11:00	Session VII: Institutional Development: Management and Operations (Continued)	Small group discussions with subsequent reports on institutional changes and strengthening required for more effective and sustainable: (iv) community interventions	To agree on ways and means to increase involvement of the community in the operations and management of vector control, water and sanitation and health education programs. This will include agreement on roles and responsibilities of communities and methods/-means by which communities can undertake these responsibilities, i.e., develop clear functions for communities.
11:00-12:15	Session VIII: Institutional Development: Technical Capacity development	Small group discussions with subsequent reports on requirements for improving technical capability.	To enumerate requirements for technical capacity development in relation to water and sanitation and vector control programs (including review of RWS design procedures, training in existing and appropriate alternative technologies, monitoring and support of vector control and water supply and sanitation programs).
12:15 - 1:00	LUNCH		

1:00 - 2:30

Session IX: Conclusions and
recommendations

Plenary assessment of work-
shop outcomes

To summarize and clarify decisions
reached and agree on critical fol-
low-up steps to ensure workshop
decisions are implemented.

2:30-3:00

Closing