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MERGING COMMUNITY HEALTH EDUCATION INTO THE TECHNICAL OPERATIONS OF UNICEF NIGERIA'S RURAL WATER SUPPLY PROGRAMME

Rural drinking water supply projects around the world continue to spark controversy within development assistance agencies over their cost effectiveness and actual impact on health. In Nigeria, where UNICEF has invested over $6 million on rural drinking water supply over the past four years, positive health impact has been a distinct goal, but one that is highly dependent on where emphasis is placed in a projects' design.

The UNICEF assisted water projects in Nigeria continued to evolve. Initial work began in Imo State in late 1981, expanded to two other states in 1983-84 while in 1985 planning began in earnest for a national rural water policy that includes both: - a priority goal and specific strategies.

Six core elements of the drinking water supply projects in all three states are:

- simple hand pump technology
- heavy participation in the project by people from state governments
- local governments and recipient communities
- community education in health and sanitation
- selection and training of Village Based Workers as Village Health Communicators
- introduction of improved pit latrines; and
- pump maintenance based at the government level closest to communities.

Each state project design used these core elements to test the project design for health impact. An evaluation study, sponsored by the World Health Organization, has been in place in Imo State for over two years. Continual project monitoring remains a crucial activity because project strategies continue to evolve and become more efficient and effective in

achieving project goals.

"Community strategies" in the first operational project in Imo state stressed detailed curricula for village based workers across a wide range of primary health care and rural development presented by a specially trained team from various state ministries and UNICEF. This training was one of several project activities that included community mobilization, evaluation, sanitation, and various technical operations such as geophysics, well drilling platform construction, pump installation and water testing. Each set of activities was carried out by interacting, but distinct project teams. Quite naturally, the greatest distinction among teams was between those that did the "technical work", the geophysics, drilling, platform construction, etc. What distinguished the Imo model from most other rural drinking water projects around the world was the heavy emphasis on this "people work", and a substantial allocation of personnel and resources to these teams. From the first day of the project, UNICEF staff advocated strongly to federal, state and local government ministries that the "software" side of the project should be more prominent than the technical side. In other words; the boreholes themselves were not the goal, but one powerful component of a strategy to improve rural capacities in achieving primary health care. This reversal of emphasis is an essential strategy of the Imo project designed to achieve a measurable health impact and avoid the failure of many technically dominated water supply projects. While maintaining its essential elements, the Imo project evolved by changing elements of this basic strategy in the past three years. New organizational structures resulted from continual monitoring of the project's progress within its operational environment in Nigeria. This environment has been one of growing austerity. These has also been a

are currently coming from the Gongola State project in particular. That project's systematic attempt to intregate community mobilization and basic water protection education with its technical operations is being undertaken with considerable success.

The methodology now being used in Gongola has potential for other state projects in Nigeria, and also for those water projects outside Nigeria that have desire to expand their technical operations towards a health oriented approach by introducing health education and promoting community participation and ownership. Details of the Gongola strategy may prove useful for projects with similar goals.

Shortly after beginning community work and drilling operations in Gongola, staff identified problem: (a) village training, (b) team intregration, and (c) observable health education impact in villages. There were constraints in using the Imo's project strategies in the more conservative moslem villages of Gongola. Selection of female village based workers was difficult and the women could not obtain permission to leave their homes for any protracted training. Village literacy was low, making it quite difficult for VBWs to absorb the curriculum of Imo, many project related behaviors in villages, including switching from dirty wells to the handpumps for drinking water were not changing sufficiently to achieve project goals. Also, the projects' technical personnel appeared divorced from the other teams in terms of shared project knowledge and attitudes about health. In some cases technical crews moved to sites not yet exposed to mobilization and training. More problematically, the drilling team got all the credit for new boreholes from villagers. As a result, they became viewed as an elite group and with some jealousy by other teams who were charged with the difficult jobs of mobilizing people, participate, donate

time and materials and change established behaviors.

Analysis of these problems brought the UNICEF project coordinator, the UNICEF technical operations officer and the UNICEF programme communication officer together with the various team heads from the Gongola project. The strategy that resulted from these meetings is now being put into practice and adjusted. It appears to be the most integrated plan of rural water project operations so far achieved in Nigeria.

The premises for the plan are as follows:

1. Village behavior change would begin with those elements essential to obtaining clean drinking water and protecting that water from its source to the child's mouth.

2. Village based workers would have to be trained in their village settings using hands on and discussion approaches with a minimum of lectures.

3. A set of basic, locally produced, visual aids would be required to integrate training, with VBWs community work, and a continual means of reminding villagers through prominent display of simple reinforcing messages on billboard's at the pumpsite.

4. The one to three day event of well drilling in a community, with its attendent heavy equipment and great novelty, would be optimally utilized for community mobilization, fostering community ownership and community education.

5. The projects' technical functions, geophysics drilling, platform construction, pump installation, water testing and latrine construction would be systematically married to the mobilization, training, and community communication functions through cross training and acceptance of mutual responsibility by all teams for the desired changes in village behavior.

6. A new type of activities planning and monitoring would be implemented to identify a timeline of all interrelated project activities -- both people oriented and technical oriented -- for each borehole site. Personnel responsibilities would also be assigned for building mobilization and training goals into each and every activity in a mutually reinforcing manner.

7. Programme communication personnel assigned to the project would play a key coordinating role in marrying technical and community oriented work.

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change from civilian to military government which allowed for more centralized planning. Also, government's image of the project continually improved based on observed and reported positive impact in the rural areas. Among the most significant changes were acceptance of major financial and management responsibilities by the state, a streamlined curriculum for the village based workers, a community funded maintenance system for village pumps, and increased well production through concentration of multiple sets of drilling equipment in one community as well as implementation of 2 working shifts per drilling rig.

Another project benefit that evolved was the steady growth of strong middle and lower level cadres of health trainers and village level workers that can now be used by other programmes to improve primary health care knowledge and skills in project communities. At higher levels, advocacy both for and about the project resulted in a spin-off of increased awareness and support of other UNICEF assisted programmes such as EPI and ORT.

Some of the most significant evolutions in project strategy have come out of Gongola and Kwara States. Benefiting from Imo project experiences they have adapted the "Imo Model" to their own organizational and environment, cultural setting and state resources. For example, planners learned from the problems that plagued Imo as a result of that project's organizational placement at a low echelon of one state ministry. In Kwara, the project was placed at the pinnacle of a ministry, under the Commissioner while in Gongola the project was set up even higher, within the domain of the governor's office. The new project strategies have also evolved in areas of team coordination and methods of communicating with communities, as well as greatly improved borehole siting by means of different geophysical techniques. Significant and positive improvements

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Discusses how UNICEF's water and sanitation programme in Nigeria needs to be combined with hands-on education for rural recipients in order for full health benefits to accrue.

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