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Mission report

Yemen Arab Rrepublic / Kingdom of the Netherlands

Rada' Integrated Rural Development Project

Review and planning of the health education activities

August 1989

Yemen Arab Republic
Ministry of Agriculture
and Fisheries

Kingdom of the Netherlands
Ministry of Foreign Affairs
Development Cooperation
(Asia) Department

RADA' INTEGRATED RURAL DEVELOPMENT PROJECT
Rural Women Extension Programme

REVIEW AND PLANNING OF HEALTH EDUCATION ACTIVITIES

Report on a mission by
Ms Dia Timmermans, May 1989

August 1989

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Ilaco
Arnhem, The Netherlands

CONTENTS

ABBREVIATIONS

RIRDP	Rada' Integrated Rural Development Project
RWES	Rural Women Extension Section
RWSSP	Rada' Water Supply and Sanitation Project
MCH	Mother and Child Health
ORS	Oral Rehydration Salts
PHC	Primary Health Care
LBA	Local Birth Attendant
LCCD	Local Council for Community Development

SUMMARY

Health education as part of community development has been mentioned in literature, but in practice it is more often linked to PHC activities. As improvement of health is part of community development, health education is an essential part of integrated community development activities. Health education in RWES was in the pilot stage in 1988. The health education specialist was working for RWES and MCH clinic at the same time until June 1988.

Health education within RWES has been organized through women's gatherings in the villages. Discussions were based on a felt needs and problem solving approach, which invited the women to present their personal and families' health concerns; the evaluation of the activities which has been carried out by the leaving health education specialist presented clearly the constraints. As focus has been too much on PHC related activities and extension agents are trained in community development activities, the subjects turned out to be too difficult to be discussed by the extension agents independently. Cooperation with the MCH clinic has been directly in the field by immunization sessions. Women in the village have the impression that health education sessions are part of the MCH outreach programme.

Two women who were acting as women leader went for a 9 month PHC training in Rada'; after having finished this training they will be better trained for their PHC job in the village than the extension agents (although they are not familiar with health education in practice).

The planning of the programme for 1989-1990 has been based on integration of health education in ongoing activities of RWES; training, one day a week, is of utmost importance for the extension agents as until recently health education was performed as an isolated activity of the section.

Introduction of water and sanitation related health education has been identified as a priority. Although the extension agents received information on water and sanitation during their initial training, and women are the key caretakers in water and sanitation activities in the villages, the subject has not yet been introduced as part of RWES health education activities. Planning of activities have not been realized as expected during the short term mission, due to sudden leave of the sanitation/health extensionist.

It is recommended to concentrate within RWES on health education in community development which implies that subjects are related to agriculture, livestock, literacy classes, socio-economic activities and water/sanitation. The PHC related health education will be carried out through outreach activities of the MCH clinic in Rada' (since 1988 training of female PHC workers is organized in Rada').

Priority should be given to training and supervision of extension agents as they have to realize the activities in daily practice.

It is strongly recommended to organize at least once a month an afternoon session on health education in the villages, taking into account women's activities in the morning on the fields and in the kitchen.

Water and sanitation are part of RIRDP activities and women are the keys in this matter. Therefore it is recommended that the health education specialist and health extension agent carry out in cooperation with the Sanitation Subsection an investigation in the concentration villages concerning:

* supply of water
* transport and use of water
* sanitation facilities available
* women's role in water and sanitation in the different villages

Women leaders in the village are contact persons for community development related activities; therefore it is strongly recommended not to choose female PHC workers as women leaders for RWES.

1 INTRODUCTION

In Yemen health education has recently been given the special attention of the President of the Y.A.R., and was recognized as a special priority within the MoH. "...the public should be considered as a member of a health team and relevant educational materials and methods should be developed to educate the people to promote the caring role of the community.." (Saied, 1988).

As improvement of health is an essential part of amelioration of conditions of life, health education gets already since 1985 attention within RIRDP, especially in RWES. Within RIRDP health education is considered as a part of a community development project and not as part of Primary Health Care.

Before health education activities can be initiated, an investigation of health related problems has to be carried out to identify the practices that cause, cure or prevent a problem. Within RWES this investigation of major health concerns has been carried out in 7 villages in 1987 and messages, based on felt needs and demands of women have been developed during the pilot stage of health education in RWES and has taken a large part of the available time of the health education specialist. Collection of socio-cultural data related to health and sanitation has taken place in 1979 in 3 villages in Rada area (Holstein, 1979). Ten years later research will be needed to analyse changes which have taken place over time in the project area.

Health education has been one of the components of RWES since 1986; major health problems have been investigated in 1987 by the health education specialist before sessions could be organized in the villages. Until June 1988 health education activities were linked to the MCH clinic in Rada' as the health education specialist was working for both projects. The health education activities were strongly related to PHC activities as immunization and growth monitoring.

Eight female extension agents received 3 month initial training in 1987, including hygiene, nutrition and sanitation. The fieldwork started by February 1988 and the planning of activities was done in April 1988 when health education within RWES was reviewed and recommendations were formulated (Timmermans, 1988). Seven subjects were defined, fieldwork and in-service training were planned and a filing system prepared. One of the objectives was to enable extension agents to organize health education sessions in the different villages independently through intensive "on the job" and in-service[1] training. After one year of fieldwork and training experience the health education specialist has evaluated the activities and formulated conclusions as follows:

* Activities could not yet be performed by the extension agents in the villages independently without the continuous guidance of the health education specialist:

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[1] In-service training is functioning as a continuous education activity for extension agents

* The felt needs approach invited women to raise immediately the health problems of their children or themselves. There was no one else in the village to whom they could address their problems to, although in one village a male and a female PHC worker have been posted.
  It is also difficult for rural women to go to Rada' MCH clinic when they want to.
* Rural women do not make a clear distinction between prevention and cure. Because of the problem solving approach the extensionist risks to be seen as a doctor who is able to cure and solve individual health problems.

Redefinition of activities was therefore advised by the external general adviser (Holstein, 1989), in order to achieve integration of health education within other RWES activities and to leave PHC related health education to the outreach activities of the MCH clinic.

A short term mission was planned in 1989 to discuss the evaluation 1988 and to draw up a programme for health education activities in 1989-1990, taking into account recommendations made by the evaluation mission and the general external adviser of RWES.

In Chapter 2 the evaluation of health education activities in 1988 is described and conclusions are formulated. Chapter 3 deals with the integration of health education within the other activities and a planning of activities is proposed. Training of extension agents (in-service and initial training) will focus on integration. Finally the introduction of water and sanitation related activities is described. In Chapter 4 the links to other health related projects in Rada' are discussed. Cooperation is strongly recommended; although activities and approaches are different the general aim is : "to improve living conditions for the people in the area".

2 EVALUATION 1988

The evaluation of health education has been carried out by the health education specialist who was assigned to RWES from 1986-1989, before handing over the activities to her successor in April 1989 (Derckx, 1989). Focus has been on the development of a training and education programme for extension agents, women leaders and women in the villages.

Cooperation with other organizations has been established and after a initial period of intensive discussions and shared activities from the health education specialist with the Sanitation Subsection and MCH clinic it was strongly recommended to restrict the activities for a certain period of time to activities within RWES. Cooperation continued on a informal basis. Discussion were organized during qat sessions and on demand the health education specialist participated in Sanitation health education activities outside the concentration areas of RWES.

2.1 Training extension agents

During weekly in-service training the eight female extension agents got 19 times health education and extension subjects. Two examinations have been given in order to check the knowledge gained through training. The five[1] remaining extension agents have passed these examinations; skills and attitude, necessary to perform a sessions independently have been observed during practice in the villages. They are able to handle to following subjects during sessions:

- growth chart and weighing
- prevention of diarrhoea
- home-treatment for diarrhoea: ORS
- cooking demonstration : children's food; use of vegetables

The extension agents are able to fill in a fieldwork form and in case of illiteracy they are assisted by young schoolgirls and boys in the village.

2.2 Women leaders

The role of the women leader in the village has been defined, but as she feels also the hostess of the health education session, she is not yet able to act as a resource person for other women in the village during the session. It has to be discussed what kind of qualifications a woman should have to become a women leader for health education activities as it appeared confusing to choose the LBA or female PHC worker of the village who has received 9 month training in Rada' and therefore could feel higher qualified than the extension agents who started working after a 3 month initial course. Other training than "on the job" turned out not to be a priority for women leaders who act as the contact person for health education (two of the former women leaders have been selected by LCCD to go to Rada' for female PHC training).

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1 By April 1989 3 extension agents had resigned from RWES.

2.3 Fieldwork

In the evaluation report 1988 the number of total field visits is mentioned as well as the number of health education sessions:

Fieldwork in the pilot villages

Total number of field visits	**78**
Total number of health education sessions	**48**

The fieldwork depended still very much on the presence of the health education specialist; activities in the villages were not carried out on a regular basis as was planned.

2.4 Subjects

Although 7 subjects were planned, more messages have been developed by the health education specialist as the programme was based on a felt need approach. An investigation of health problems was the basis for the development of health education activities. During a field day discussions started again with health problems for the women. Most of these discussions could not be guided by the young extension agents because of lack of experience and status in society (e.g. reproductive problems are not to be discussed by young unmarried girls).

As the extension agents are able to handle subjects which have been taught and discussed during initial and in-service training the fieldwork should be based on their possibilities within health related subjects within community development and handle over the more PHC oriented subjects to MCH clinic activities in the villages.

2.5 Filing system

The filing systems per subject and per village as recommended in 1988 appeared of great importance. Communication between extension agents and health education specialist is facilitated by the use of these files. In future, when all subjects are described and a time schedule is prepared, the extension agent will be able to organize - under supervision of a adviser- a field day on her own, with the available background information per subject and village in the files.

2.6 Role of the health education specialist

The planning of activities as described in April 1988 (Holstein, 1989) seemed to be too sophisticated. The time schedule as formulated could not be followed due to logistical and managerial problems (e.g. by absence of the health education specialist there was often no driver available to accompany the extension agents to the villages).

2.7 Conclusions

In 1988 health education has become visible within the section and the villages, Extension agents have been trained and women in the villages have been discussing health related subjects; skills to improve living conditions have been applied (e.g. women in the villages have learned to treat children with diarrhoea with ORS and to go to MCH clinic if the child has not improved after 2 days of treatment).
Information on subjects has been described and training manuals have been written, but the educational level to perform the activities appeared to be too high and therefore the extension agents are not yet able to go to the village on their own.
The role of the extension agents in health education has not yet been established. It is strongly recommended to continue weekly training, during which activities will be discussed and relation towards health will become clear, so that the extension agents of RWES will discuss with the women health aspects which are related to the activities which are going on.

As the health education specialist worked until April 1988 part-time for the MCH clinic in Rada' town as a nutritionist, it was difficult to separate community development oriented activities within RIRDP from the PHC activities in the clinic. Up to now the training and supervision activities of the MCH clinic have only been carried out in the concentration area of RWES on a incidentally basis and not yet as a well structured programme. It is important to make a dichotomy between health as part of community development and health based on the mixture of curative, preventive and promotive health activities as carried out by health institutions like the MCH clinic in Rada'.

Exchange of information between both projects as well as with other health related projects is necessary to share experiences in the method of developing health education messages, especially in the field of water and sanitation.

The approach can be different as well as the working place but the aim is the same:
"to improve health status and living conditions of the people from the area".

3 PLANNING HEALTH EDUCATION WITHIN RWES 1989-1990

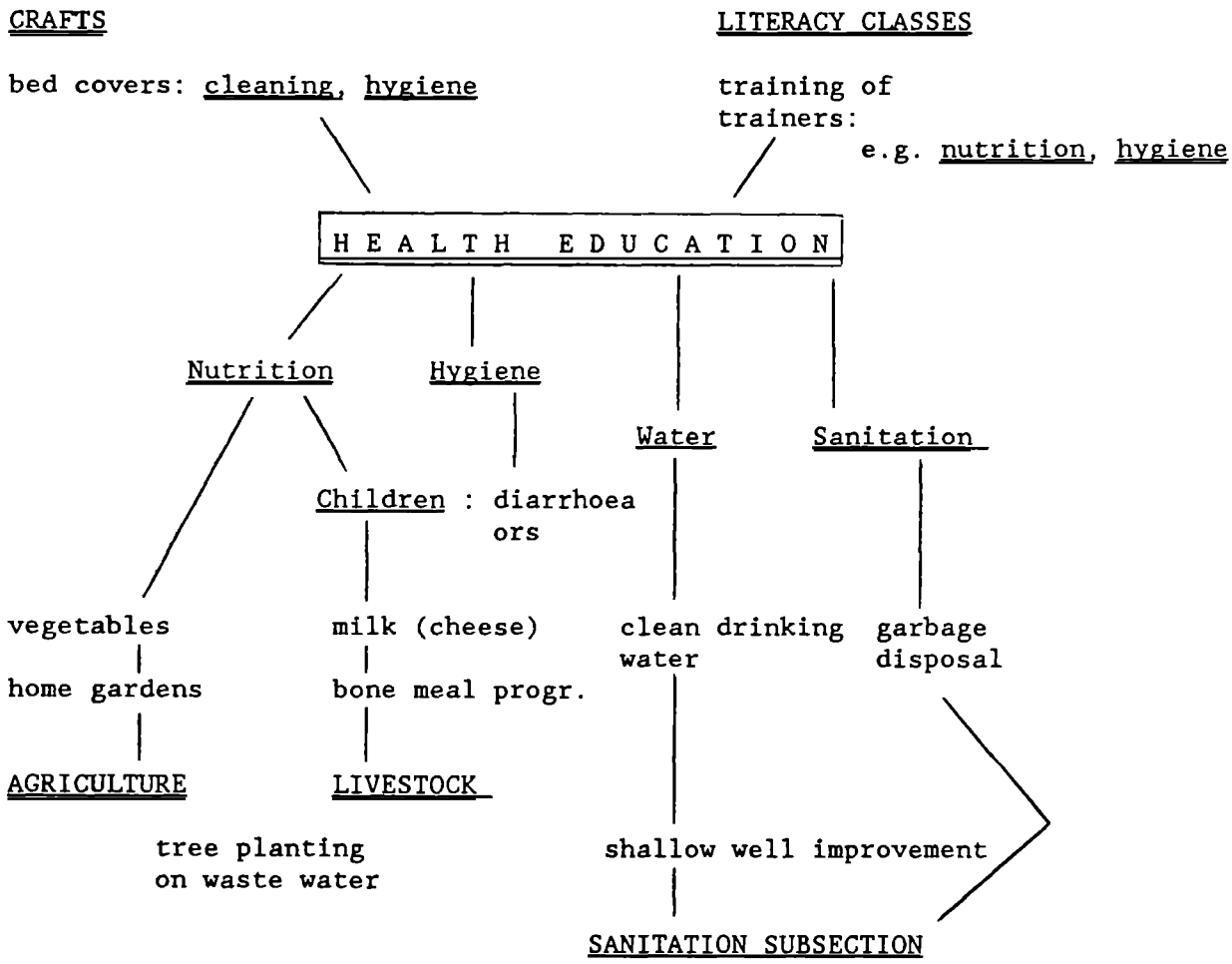
Planning of the health education activities can be divided into 2 parts:
- integration of the health component in ongoing fieldwork activities
- training: in-service training
  initial training

Instead of the present approach, based on felt needs and demands concerning health, it is recommended to start from ongoing RWES activities, which implies that health education will be integrated in other activities.

3.1 Integration of health education within other activities

It has been discussed within RWES to integrate health education within the ongoing activities; therefore a framework has been developed to explain the relation between the different activities (figure 1).

Figure 1 **Integration of health education in RWES**



The planning of these integrated activities has been discussed with the other advisers of the section as it has an effect on all ongoing activities.

Therefore it is recommended to design a planning for 3 months and to evaluate the result on short term of this integration. It implies also that health education activities will be organized together with the other activities, e.g. the Crafts programme for bed covers:
The activities will be initiated in a village through the women leader for crafts and first discussions will be organized in her house. After 3 weeks of activities (wool spinning, sewing of the covers) health education sessions will be organized by the extension agent for health education[1] in cooperation with the women leader and can take place in the same house where initial discussions for craft took place. The crafts related topics which are to be discussed are:
* cleaning of the bed covers
* ventilation of the house in winter season
In this session the target group is formed by women who showed interest in making bed covers. It has to be discussed with both women leaders, for crafts and for health education during preparatory visits how other women of the village could be motivated to join the session on health education.

Planning per week

Saturday	in-service training
Sunday	
Monday	fieldwork linked to other activities
Tuesday	of the section
Wednesday	
Thursday	TAU meeting, report writing, RWES meeting

For health education it is better not to rely on one trained specialized extension agent but all extension agents should be able to discuss health related aspects of their activities. Specific sessions, like cooking demonstrations, will be organized by the specialized extension agent, under supervision of the health education specialist.
The health education extension agent can continue with the sessions in the concentration villages[2] under supervision of the health education specialist to present the topics which she can handle more or less independently if participation is restricted to a discussion after the information and the practice.

The subjects which are linked to other activities and which have been discussed during in-service training are:
1 Use of vegetables with agricultural extensionist
2 Feeding of small children, cooking demonstration, links to livestock and agriculture
3 Clean drinking water (Shamlan method)
4 Tree planting on waste water (Agriculture)

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1 For agriculture, crafts and livestock extension agents have been sent for further training to specialize in that specific subject; one of the remaining extension agents has been appointed to be specialized health extension agent, but has not yet received further training.

2 AzZuab (Qawl, Qahara), Suar (Khalagah, Qarn al Asad, Al Hajar (Mauer) and Hayd al Majil (Al Wadhbah)

The extension and activities of the present health education programme can be structured in health education blocks which are related to the different RWES activities and can be presented as such in training (Annex A).

As the adviser for Agriculture was on leave, it was not possible to discuss the integration thoroughly with all advisers, but in principle it was agreed already in February 1989 during the general review and planning of activities (Derckx, 1989).

Activities in Al Hajar have to be restructured as it seems better to relate the health education to activities of the Sanitation Subsection.

3.2 Training

As described in the health education mission report 1988 (Derckx, 1988) priority should be given to training and supervision of the extension agents rather than to the production of materials. Training will remain a key element of RWES activities. Integration of health education in other activities means that training should be restructured and become part of the planning. As many activities are season-related, planning of activities should be interlinked with training of the subjects. For instance, bed covers are only made by women in winter, therefore training of hygiene related to the use of bed covers should be organized in winter only. Activities related to the use of vegetables can only be organized in the crop period.

3.2.1 Training extension agents

The extension agent is the facilitator of the session in the village and therefore it is important to shift the training day from sunday to saturday; in-service training in the beginning of the week can be used to evaluate activities and to plan and organize fieldwork of the coming week. Health related subjects in other activities will be discussed and additional information will be given.
A specific topic is to be discussed and during two weeks sessions in the villages will concentrate on this topic. the health education specialist has to supervise the activities in the village until the extension agents are able to go alone. Supervision will then continue before the departure to the village and afterwards in the office.

Women leader/contact person

Extension agents need support in the villages and in several villages woman have been motivated to act as women leader. Due to PHC related contacts two of these women leaders have been sent for further PHC training. Redefinition of the role of women leaders for health education is needed. As the activities are integrated with other RWES activities, the role of a special women leader for RWES health education has changed. To avoid confusion with PHC activities it is recommended to look for integration also at village level.

It is strongly recommended to organize at least once a month an afternoon session for the women, as women are really busy on the fields and in the kitchen in the morning.

3.2.2 Initial training September-December 1989

As the group of trained extension agents has decreased and all extension agents are in the marrying age it is important to select candidates for an initial training by September 1989. Health education should also in this initial training course be discussed as integrated part of the other RWES activities; emphasis should be on attaining practical skills and attitude rather than on transfer of knowledge on health related activities as this has to be transferred to training of PHC workers.

3.3 Role of the health education specialist

The health education specialist has as major task to train extension agents and to supervise the activities carried out in the villages. As the extension agent who concentrates on health education has not yet received any training in the new integrated approach, it will take time to implement the restructured health education activities in the villages.

Health education as integrated part of existing activities can be presented in blocks (Figure 1) so that the relation to seasonal or short-term activities which take place will become clear, for instance:
as agricultural activities will take place in a village during 3 seasons in succession, the block **home garden** related health education will be discussed in that period. Subjects are: introduction of vegetables in children's food, relation food preparation, cleanliness, prevention of diarrhoea
and homemade treatment, growth chart and weighing[1].

After a period of three months the planning of an initial course has to be finished. Course material is available but has to be adapted to an integrated approach and simplified.

3.4 Introduction of water and sanitation related subjects

"Water and sanitation related diseases are responsible for most of the morbidity and mortality in developing countries. The use of more water of improved quality and safe methods of excreta disposal, adequate personal hygiene and food hygiene by all members of the community can lead to significant reduction of these diseases. These measures can also decrease

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1 As long as the MCH clinic has no regular outreach programme in the village the weighing and use of growth chart can be done by extension agents, while this is a subjects, which they can handle all after a long period of training. In a later stage women with under five children will be referred for this activity to the PHC worker.

considerably the economic cost of these diseases and their treatment for individual households and for governments, and reduce the human suffering associated with them. Women play a key role in this process because traditionally, they manage domestic water use and household hygiene, educate and care for young children, provide health care in their household and often also in their community, and make decisions on use and, to some extend, on maintenance, of water supply and sanitation facilities." (Van Wijk-Sybesma, 1985). From this quotation not only women's role in water and sanitation becomes visible, but also the links to community development and health education as part of this. Within RWES nutrition and hygiene are the keys for discussion. Discussions have to be related to activities to improve the situation. Health education has only sense if in the mean time facilities are improved or supplied.

On incidental basis several activities have been carried out by the health education specialist in cooperation with the Sanitation Subsection, but mostly in villages which are outside the concentration areas of RWES. As water and sanitation activities have to be launched through the LCCD in the village, it is recommended to work as a mixed RIRDP team from the beginning. This will ask much from the organizational capacities of the health education specialist; it is better to have a completed structured programme on water supply and sanitation improvement related to health education. Within RWES sanitation has not yet been a major activity. It is recommended not to introduce a new activity as long as staff is limited and in-service training is needed for the integration and execution of ongoing activities.

As mentioned in the discussion on the role of the health education specialist it is important to investigate existing facilities, need for improvement and to make a planning for a programme on water and sanitation in relation to health education. Cooperation with the Sanitation Subsection is of utmost importance. Investigation of the situation in a village can be done through regular health education sessions. Concerning garbage disposal women have to discuss the consequences and their role as educators of their children, who have to collect the garbage and transport it to the pit.

Village cleaning has been proposed already in the beginning of 1989 for Suar but has not yet taken place. Major constraints have been Ramadan, Aiet and a harvest just after Aiet. The planning of a cleaning day has to be discussed through LCCD; as the garbage disposal pit has been constructed the cleaning day cannot be postponed too much.

Also the improvement of shallow wells has to be organized:
* investigation of water supply in the village
* possibilities of improvement
* cost (external funds, participation LCCD)
* manpower
* feasibility/acceptance of the improvement

In a village outside the concentration area a sewerage system will be constructed. The assistance of the health education specialist and the extension agent has been asked. Activities on request are time-consuming because of the preparation of health education activities.

3.5 Conclusions

In-service and initial training needs much attention from the health education specialist. The integration of health education in ongoing other activities has to be organized and implemented. It is very important to pay attention to the restructuring of the training and fieldwork. Training days should not only be used for the transfer of knowledge but also for the evaluation of the activities carried out and the preparation of the coming fieldwork. This is the only way to attain a real integration of activities.

The role of women leaders will be restricted to the health education activities in the villages. It is strongly recommended not to choose a female PHC worker as women leader for health education activities, as it is important to avoid confusion between the different activities. Health education within RWES should be limited to the integrated health education within community development.

The health education specialist will function as an organizer, trainer, supervisor and innovator of new integrated activities: water and sanitation related health education. Water and sanitation activities have to be linked to the health education activities of RWES, although the introduction should be carefully planned in order not to overload the extension with new task as long as they are not able to act independently in the villages concerning the ongoing RWES related health education activities.

4 COOPERATION WITH OTHER "HEALTH RELATED" ORGANIZATIONS WITHIN RADA'

Cooperation between the three health related projects in Rada' has been organized through informal qat sessions. The aim of these gatherings was to share information on health related activities. In the past an umbrella committee for health related activities seemed rather more time-consuming than effective and therefore it was recommended to plan and execute activities within projects and section and to discuss possibilities and problems during the informal sessions.

It is very important to avoid duplication of activities and therefore referral and consultancy should be possible.

The introduction of water and sanitation related activities within RWES implies a closer and better structured cooperation with the Sanitation Subsection.

Cooperation with the MCH clinic has to be strengthened in the field of health education as the second group of female PHC workers is in training and the outreach activities are carried out. Health education has not yet been organized as part of the Mobil clinic activities.
It is recommended to concentrate the cooperation on the exchange of information as the approach and methods used are not comparable. In the villages women who attend a health education session organized through RWES are referred to the PHC worker or direct to the MCH clinic for medical problems, immunization, antenatal care and family planning.

The health education specialists of RWWSP and RIRDP have been exchanging information, but real cooperation seems not yet necessary while one project is situated in urban and the other in rural areas.

Although the structure of cooperation is no longer established through an executing committee, the cooperation between the different health related projects has not decreased. The collaboration has to concentrate on the exchange of information rather than on the implementation of activities.

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ANNEX A
HEALTH EDUCATION BLOCKS

BLOCK HOME GARDEN

activity:	cooking demonstration
extension:	information on children's food cleaning of drinking water (Shamlan method) prevention of diarrhoea, home made treatment (ORS) growth chart and weighing of children(****)
period:	2end season of home gardens activity in villages
training:	6 weeks
target group:	women with a home garden and women who are motivated to participate
personnel:	Miriam and Hakma

BLOCK GARBAGE DISPOSAL

activity:	village cleaning
target group:	all men, women and children of the village
extension:	cleanliness of the village in relation to good health status causes, prevention and home treatment of diarrhoea
target group:	women of the village children (health education in schools)[1]
personnel:	Miriam with assistance of other extension agents and the health education specialist

BLOCK TREE PLANTING ON WASTE WATER

activity:	tree planting on waste water
extension:	hygiene spread of diarrhoea home treatment diarrhoea
period:	all year possible
target group:	women of the village
personnel:	Hakma and Miriam
time :	training and fieldwork: 2 weeks

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[1] The introduction of health education at schools should be introduced by the male PHC worker of the village or should be an integrated part of the curriculum of teacher trainers colleges. It is recommended not to initiate these activities through RWES.

ANNEX B
ACTIVITIES IN THE DIFFERENT VILLAGES
related to health education:

HOME GARDEN	AzZuab
	Hayd al Majil
	Quarn al Asad
	Mauer
TREE PLANTING	AzZuab
	Hayd al Majil
	Quarn al Asad
	Suar
GARBAGE DISPOSAL	Suar

(investigation in other villages)

BONEMEAL	AzZuab
	Qual (not yet health education)
	Hayd al Majil
	Mauer
	Suar
CRAFTS	Al Hajar
	Quarn al Asad

ANNEX C
PROGRAMME AND TERMS OF REFERENCE OF THE MISSION

Programme of Ms. D. Timmermans, backstopper health education within RIRDP-RWES, 09-05-1989 till 23-05-1989

Tue 9-5	Arrival at Sana'a airport
Wed 10-5	Travel to Rada'
	visit TAU leader Dirk Smits
	discuss report "evaluation RWES health education programme 1988"
Thur 11-5	TAU meeting
	extension meeting
	visit RWES
	visit Project manager Abu Rijal
Fri 12-5	
Sat 13-5	Fieldtrip AzZuab, growth chart, weighing, nutrition education
Sun 14-5	Fieldtrip Suar : cooking demonstration, use of vegetables
Mon 15-5	Planning health education for 1989-1990
	discussion on integration
Tue 16-5	Discussion with project manager on integrated approach
	Planning health education
Wed 17-5	Departure M. Derckx
	Discussions on women's role in sanitation
Thur 18-5	Report writing
Fri 19-5	
Sat 20-5	Final discussions with Project manager on integrated health education approach and planning 1989-1990
Sun 21-5	Discussions within RWES on planning health education 1989-1990
	Discussions with Health education section RWWSP
Mon 22-5	Travel to Sana'a

Meeting with the Health education specialist of the Sanitation Subsection was cancelled (he left suddenly for Egypt with his severely sick child).

Terms of reference short term mission health education expert

* To discuss the evaluation of the pilot health education programme as carried out by the associate expert health education;
* To draw up a programme for health education activities in 1989-1990, taking into account the recommendations of the evaluation mission of June 1987, the recommendations of Ms. L. Holstein concerning the Rural Women Extension Section (February 1989); this means the focus will be on:
  - integration of the activities with agriculture, livestock and sanitation activities
  - independent implementation of the programme by extension agents;
* To define state of health education on behalf of the project evaluation in June 1989;
* To prepare a final draft visistor's report before leaving the country and to discuss it with the project management, the relevant staff members of RWES and the Sanitation Subsection.

ANNEX D
JOB DESCRIPTION (FEMALE) HEALTH EDUCATION SPECIALIST

General task description

- To assist in preparing, implementing, monitoring and evaluation of health education activities within the Rural Women Extension Section.

Place in the organization

- Under the teamleader of the Technical Assistance Unit and functionally within the Rural Women Extension Section

Specific tasks

- To advise and assist in the selection and training of female extension workers and women leaders
- To assist in preparing extension activities in the field of health education, related to livestock, agriculture, handicrafts and literacy activities within RWES and to the activities of the Sanitation sub-Section.
- To advise and assist in setting up a organizational framework for health education activities related to the above mentioned activities.
- To advise and assist in the implementation of these activities in the villages.
- To monitor and evaluate the integrated health education activities.
- To assist in village research prior to implementation of project activities such as improving water use system in households.
- To keep working relations with the staff of the MCH clinic about health education activities.

Replacement

- She will be replaced by the rural women extension specialist of the Rural Women Extension Section.

Communications

- She will report once every three months in writing to the team leader of the Technical Assistance Unit.
- She will attend the meeting of the Technical Assistance Unit.
- She will report upon request in writing to the Head of the RIRDP-RWES