



Participatory monitoring by adolescent girls

Afroza Ahmed, Bangladesh

IN ORDER TO reduce the incidence of diarrhoeal diseases, parasitic infections among one million slum dwellers of five City Corporations and nine selected *Pourashavas* by ensuring and promoting improved hygiene practices, environmental sanitation, and safe water supply, the Department of Public Health Engineering (DPHE) and UNICEF have come forward to initiate a project entitled Environmental Sanitation, Hygiene and Water Supply in Urban Slums and Fringes project.



Figure 1. Monitoring training to adolescent girls

The hygiene education component of the project was initiated in 2000. For the hygiene behavior change component, UDCs (Urban Development Centers) were involved in four City Corporations and ten local NGOs were involved in the ten *Pourashavas*. CARE-SAFER project is involved in building capacity of UDC and NGO staff on hygiene behavior change programme and participatory monitoring.

In the project, a target focused hygiene behavior change programme is designed considering the need, and the roles of the different target groups. Women, men, adolescent girls, adolescent boys and children are considered as the important channels for hygiene education dissemination and motivation at both the household and the community levels. For each of these target groups different themes were designed. Figure 2 shows the five different themes for the five target groups.

For monitoring purposes, the local NGO workers from the slum community selected the adolescent girls from the slum community. The adolescent girls were selected considering their easy access to their neighboring households. Also for the adolescent girls it is easy to observe the real hygiene behavior of the community. Grade V was considered as the minimum qualification for the adolescent girls.

Indicators

Prior to the adolescent monitoring, the adolescent girls identified the six indicators of hygiene practices. Accordingly a monitoring format was developed. The six monitoring indicators for the adolescent girls are as follows:

- Use of sanitary latrines
- Washing hands before eating and after defecation
- Use of tubewell/Tap water for drinking and cooking
- Disposal of garbage in a fixed place
- Regular nail clipping by the family members
- Diarrhoeal prevalence of children below 5 years age during the last 15 days

TARGET GROUP		THEME
a. Women	→	Installation, use and maintenance of sanitary latrine
b. Men	→	Safe disposal of solid waste and drainage
c. Adolescent Girls	→	Participatory community hygiene monitoring
d. Adolescent Boys	→	Environmental improvement
e. Children	→	Learning by games & fun

Figure 2. Themes for hygiene education component

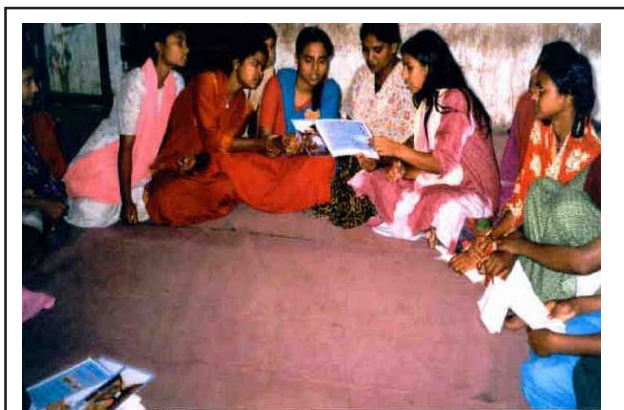


Figure 3. Intensive hygiene education with adolescent girls



Figure 5. Monitoring result sharing

Process

After selection of adolescent girls, a tailored, intensive hygiene education training was provided to build their capacity on different monitoring tools particularly, on observation technique and reporting system. 15-20 households were given to each of these adolescent girls for monitoring purpose. The NGO workers helped the adolescent group to identify the neighboring targeted households for this monitoring.

The adolescent girls filled up the format for their assigned neighboring families (Figure 4). After filling up the data the adolescent girls had to send the form to the responsible NGO staff.

The respective NGO worker then compiled these data from the adolescent girls in a Format. This compiled monitoring data were also sent to the respective City Corporation/Pourashava on a monthly basis.

At the community level, the respective NGO worker together with the adolescent girl shared the monitoring results with the women group in a pictorial chart. Figure 6 shows the result-sharing format with the community by the adolescent groups. The monitoring result-sharing sessions were found to be very effective since it created some peer pressure among the women group for improved hygiene behavior. Then, together with the community they fixed their target for the next hygiene practice.

Gender Implications

Recognized as an useful channels for dissemination: The adolescent girls are not only actively involved in the monitoring process but also in disseminating of the safe hygiene practice messages to the community
Well accepted both at family and community level: It is found that both the family and the community accepted this new role of adolescent girls.







Sl #	House #	Name of the guardian of the family	 (Use of san. lat.)		 (Washing hand bef. Eating & after def.)		 (Use TW/Tap water for drinking & cooking)		 (Dispose garbage in a fix place)		 (Family members cut nail on regular basis)		 (Diarrl. Attack of 0-5 years children during last 15 days)	
			☺ Yes	☹ No	☺ Yes	☹ No	☺ Yes	☹ No	☺ Yes	☹ No	☺ Yes	☹ No	☺ Yes	☹ No

Figure 4. Monitoring format for adolescent girls







☹ No	☺ Yes	☹ No	☺ Yes	☹ No	☺ Yes	☹ No	☺ Yes	☹ No	☺ Yes	☹ No	☺ Yes
🏠			🏠		🏠					🏠	
🏠		🏠	🏠		🏠					🏠	
🏠	🏠	🏠	🏠	🏠	🏠	🏠				🏠	🏠
🏠	🏠	🏠	🏠	🏠	🏠	🏠	🏠	🏠	🏠	🏠	🏠
🏠	🏠	🏠	🏠	🏠	🏠	🏠	🏠	🏠	🏠	🏠	🏠
											

Figure 6. Monitoring result sharing format

Leadership capacity enhanced: It is quite apparent that the adolescent girls now feel more confident to convince the community for improved hygiene practices. These groups can lead any social development movement in the future.

Public mobility increased: There can be both positive and negative impact for increased public mobility. Here it is found that they like to do this monitoring and many of them would like to be an NGO worker in future.

Able to influence family decision making process: It is quite evident that they are quite able to influence the family decision making process. For instance, they influenced their parents to arrange soap for hand washing particularly before taking food and after defecation. Although they shared all the responsibilities of looking after the household chores, earnings, and looking after their siblings, they felt that by taking these responsibilities they are well recognized as very important members of the family.

Constraints

It is only possible to do the initiative in one of the City Corporation out of 4 City Corporations. Lack of commitment and supervision were the major reasons for this.

A high turnover rate among the adolescent girls was found, mainly because of marriage and employment.

Families are not always interested to let their young girls move around other households.

Sharing sessions were not always possible, since there was no provision for the necessary logistics required for this monitoring in the budgetary allocation.

Very limited time period for the programme. It was only possible to operationalize the monitoring for about 6 months.

Lessons Learned

This participatory monitoring data found more reliable. Since these adolescent girls are living in the same community, it is possible for them to collect the actual information of the community’s hygiene practices through informal observations.

This participatory monitoring system could be used as a formal tool for the monitoring system.

The adolescent girls are found very effective change agents at both family and community levels.

They can continue their work as peer educator in future.

There should be some incentives or rewarding system for the best performing girls.

As a recognition for the best performing adolescent girls, the girls can be a member of the Project Implementation Committee (PIC) at the Ward level where they will share the existing condition of the hygiene and hence to involve in the community’s decision making process.

Conclusions

The time period for this participatory community hygiene monitoring was from January to July 2001. In total 1359 adolescent girls in 11 City Corporations/Pourashavas were involved in the participatory monitoring purposes. In the process, the adolescent group monitored more than 50% of the households in the respective City Corporation/Pourashavas. Total 21204 households out of 40,000 targeted households were visited and monitored by adolescent girls. After re-examining the process, the monitoring system can be formalized as periodic monitoring tools considering the reliability of data and participation of the community in the monitoring process.

AFROZA AHMED, Project Officer, UNICEF, Bangladesh.