Part VI - Recommendations –Options to Consider

1. The MCH programme

1.1. Make the MCH component a replicable, large scale, adapted, model.

- *The targeted areas should no longer be at village level but at the level of Health division (close to administrative divisions). Ideally to cover the whole LTTE controlled area within the next phase. This would mean stepping out of actual project villages by leaving behind a viable model for continued (community based and DoH assisted) MCH education and services.*
- *It is considered necessary that women's groups should become autonomous in time, with the ability to venture into other activities, as well as promoting health. Such a strategy based on women/mothers (groups) as "partners in health & development" could be interesting and challenging to develop and test over the next phase.*
- *Health education is a relatively cheap intervention, programme support structures have to be accordingly adapted, intervention areas chosen large enough, and the overall budget adapted.*

1.2. Get this CHV model to become viable or drop it.

- *Develop a sustainable model for the CHVs not only for the 50 Tdh (CHVs) but for all CHVs in a future target area. The CHV will most likely need some kind of incentive to perform effective work. These incentives have to come from resources within the community and not from external donor.*
- *Discuss with the CHVs and the community what kind of extended role they could play in the community and whether these services could procure them some revenue. It should be a specific offer responding to a demand clearly expressed by the community and not a standardised product decided by the programme.*
- *Well trained Community Health (& development) Workers (and not volunteers) could be moved from one village to another to start, train and assist women's group over a one year period.*

1.4. Whatever strategic options are taken the MCH should become a part of PHC and integrated in the national/regional Health policy.

- *DoH should be associated right from the planning phase of the new phase.*
- *Investments such as rebuilding clinic,s or health centres, have to be done according to the medium investment plan worked out by the respective DoH, even if the health structure is not directly located in a "Tdh" village.*
- *If Tdh wants to develop a replicable, adapted model for MCH and/or PHC they should provide a technical 'expert' on PHC management, with the focus on periphery MOH centres. Such action obviously requires discussion with the DOH, in order to see if this suggestion would fulfil a real need for them.*

1.5. Education should go out of beaten tracks and develop and test new, innovative techniques based on Health communication and 3 way learning.

- *There is a need to avoid a kind of rote learning. It is not just an acquisition of knowledge - it needs to be followed, wherever possible, by appropriate and independent action from the women beneficiaries.*
- *Promote activities that enhance women to take a lead in health education once they have had sufficient input. For instance they could take turns in leading a group session on a subject.*
- *MCH issues could be based on live situations, whereby problem solving rests with the women themselves, with input only as necessary from the CH. The use of positive role models could be used from the community as examples of how changed attitude and behaviour is productive.*
- *During the health education through dramas played in the villages, consideration has to be given to the participation of people from the villages. Expose the Tdh cultural programmer to interactive theatre techniques as the ones derived from the pedagogy of the oppressed and developed by Augusto Boal*[53]
- *Health education could go beyond the basic messages and include new themes as asked by the women, or defined according to improved situation monitoring (e.g. drug compliance, self medication, family planning, juvenile suicide, etc.)*
- *Globally the health education has to become more dynamic and innovative. More health communication, than one-way teaching. Models of tree way learning (learning in, lateral learning and learning out) could also be interesting to study.*

2. The water and sanitation component

2. 1 Safe human waste disposal is essential, but latrines may not be the only option

- *There is an agreement that the quality of ground water is in danger and that safe human waste disposal is essential.*
- *Human waste disposal in fragile environments is a technical problem, which needs more capacities than Tdh and its partners can put at their disposal.*
- *It is only after having assessed alternative system that the option of "latrines" can be taken.*

2. 2 Stop building latrines in someone's garden, but do it differently

- *Health, a proper compound, safety, etc. are of sufficient concerns for the people to invest in latrines.*
- *This is a starting point to mobilise them to build latrines, only then can it be decided what type off assistance (technical, material, financial) they would need to realise THEIR latrine*[54].
- *"This latrine has been built by Koinonia, sponsored by Tdh, funded by UNICEF" in big blue letters should disappear from private compounds and be replaced by "this*

[53] Used with success with peasants and street children by the Tdh programme in Burundi

[54] This is exactly the action desired by the MoH in Kaluwanchikudi during one of the meetings held in Batticaloa District. He was in fact critical of the latrine building that had taken place.

latrine has been built by my father XY" in the memory of the family.

2. 3 Even latrine building needs real "technical support"

- *Tdh, its implementing partners and the contracted entrepreneurs have to acquire the necessary technical knowledge in term of design, material and techniques before they should go on building latrines.*
- *By improved design (no more door frames, limited roughcasting, etc.) new techniques (fibrocement reduces by 1/3 the use of cement for the roof, etc.) Helvetas can built toilets for 3'500 – 5'000 RS in Ampara. Tdh is 300-400% more expensive !*

2. 4 Increase participation, accountability and transparency towards beneficiaries

- *Increased participation is not more free work delivered by the beneficiaries, but discuss with them the design, the cost, the technical options, the contracting and the organisation of the building site.*
- *Full transparency on costs, beneficiary selection and contracting is essential. Accountability is a first line towards the beneficiaries and not only a donor's request.*

2. 5 Provide SAFE drinking water and not just water

- *Water as such is not a problem, there is plenty in the area; the problem is safe drinking water. The wells constructed until now are unable to provide safe drinking water and a new solution for the provision of water has to be found.*
- *Wells may not be the best solution, or they will have to be properly located and built in a way that does not let the polluted "surface" water reach into the well.*
- *If safe drinking water cannot be provided than treatment has to be studied. Boiling is not the most feasible solution. Helvetas is testing on large- scale family units of water disinfection by solar exposure, a method already accepted by the MoH.*

2. 6 If Tdh continues WatSan project, contracting with local NGOs has to be reviewed

- *Actual contracting is much to expensive for the quality delivered by the NGOs (especially Koinonia).*
- *Beside admin cost not exceeding 10 – 15% (max.20% according the way it is calculated) the NGO has to assure quality control, monitoring and maintenance. A two or three yeas guarantee for a well seems a minimum.*
- *Finished works have to be handed over with a protocol in presence of a technician and the owner (family, community,) all imperfections noted and corrected by the NGO on their own expenses or less value applied to the payment.*
- *If local NGOs are not willing to accept "normal" condition of contracting, Tdh could contract directly private contractors through an open tender.*

3. The psycho social programme

3. 1 Even under pressure from parents and teachers, Tdh has to watch not to fall back to formal education in the preschools

- *The only reason to continue to support preschools is to defend a open, interactive education model, if it is to run ordinary preschools there is no need of an specialised, expensive INGO.*
- *Exposing children two years earlier to stress, competition, performance and discipline is definitively not Tdh's role. It is important to prove, and than convince parents and primary school teachers that learning by playing is possible and effective.*

3.2 Recreational activities should to be preserved/separated from tuition.

- *Whatsoever frequency and duration, it is important to offer some recreational activities to the children and pre-adolescents; this space should not be eaten up by tuition classes and preparation for scholarship examinations.*

3.2 Review the implementation of the programme through local NGOs

- *If the programme is run by a local NGO, the organisation should be in a position to guarantee a high quality, innovative model of teaching and recreational activities, which contribute to a balanced well being of children and adolescent.*
- *Training their staff, developing cultural and sportive activities, introducing proper monitoring tools (eg the ones proposed by the University of Oxford) falls within their responsibilities.*
- *Tdh should refrain from doing this within the centres of their partners with their own staff.*

4. Programme management and model of intervention

4. 1 Efficiency – The overall programme has to become more efficient.

- *Cost analysis, compared to national level, to the type of intervention and the coverage, have to become an inbuilt policy at all levels, from institutional policies down to the field.*
- *Specific indicators (or other monitoring tools) measuring efficiency have to be part of the project strategy.*
- *Cost recovery and beneficiary participation are options not to be neglected. Real cost analysis should be the driving force for budgeting. Elaborate tight budgets which may motivate the team to search for cost effective solutions.*
- *Cost effective solutions for PHC are widely documented in the literature, the team should have time to study alternative solutions. The new health and nutrition strategy developed by Tdh should addresses these issues.*
- *Negotiation with implementing partners and sub-contractors has to be more tight.*

4.2 Sustainability – A new phase should focus on a strategy aiming for sustainability and a viable exit strategy from existing villages.

- *As for efficiency the new strategic plan will have to contain clearly defined indicators measuring how viable (sustainable) the new programme strategy is.*
- *The programme has to search for a sustainable model for the CHV, or drop the idea of building sustainability on the CHVs and assess an option building on the women's groups.*

4.3 Exit from existing implementing partners

- *Time has come to initiate an open and transparent negotiation of how long, to which extent and under what conditions Tdh is ready to support the actual partners.*
- *If future or increased investment in capacity building is considered, a previous analysis on how effective this can influence a local partner is to be done. Some partners, due to absence of democratic structures and limited capacity to change are not suitable for increased investment.*

4.4 A more flexible and adaptable and participatory planning can greatly strengthen the programme and increase transparency towards donors and partners

- *The situation in the Eastern Province remains highly uncertain and changing. The programme has to be flexible enough to adapt itself to the changing environment.*
- *Reviewing annually the relevancy (validity) of the planned results and especially of the indicators designed to follow up on these results is necessary.*
- *Changes in strategy, new major interventions have to be not only communicated to HQ and SDC but integrated in the planning documents.*
- *DoH should be implicated right from the beginning in the planning of the new three-year phase of the MCH programme. Department of Education regarding the preschools.*
- *If possible respect the logic of PCM.*
  - First assess results and lessons learnt from previous intervention (final KPC survey, team's and HQ's view on present evaluation results, etc)
  - Second strategic planning session (where we want to go, what goal we want to achieve over the next three years), large consultation.
  - Tertio: Operational planning and budgeting
  If this sequence is not possible due to institutional constraints then try to negotiate a first draft version of a programme proposal and budget - to be reviewed after completion of the process