



Phục hồi bệnh viện huyện Quảng Xương  
Rehabilitation in Thanh Hoa Province

Development  
Workshop

**GRET**

*VIE/89/035*

*Rehabilitation of Thanh Hoa Province - Phase II*

## *Water and sanitation upgrading in Quang Xuong Hospital*

*Raising awareness in the villages and  
amongst health workers*



*Final Report*

*May 1993  
DW/GRET*

## Credits

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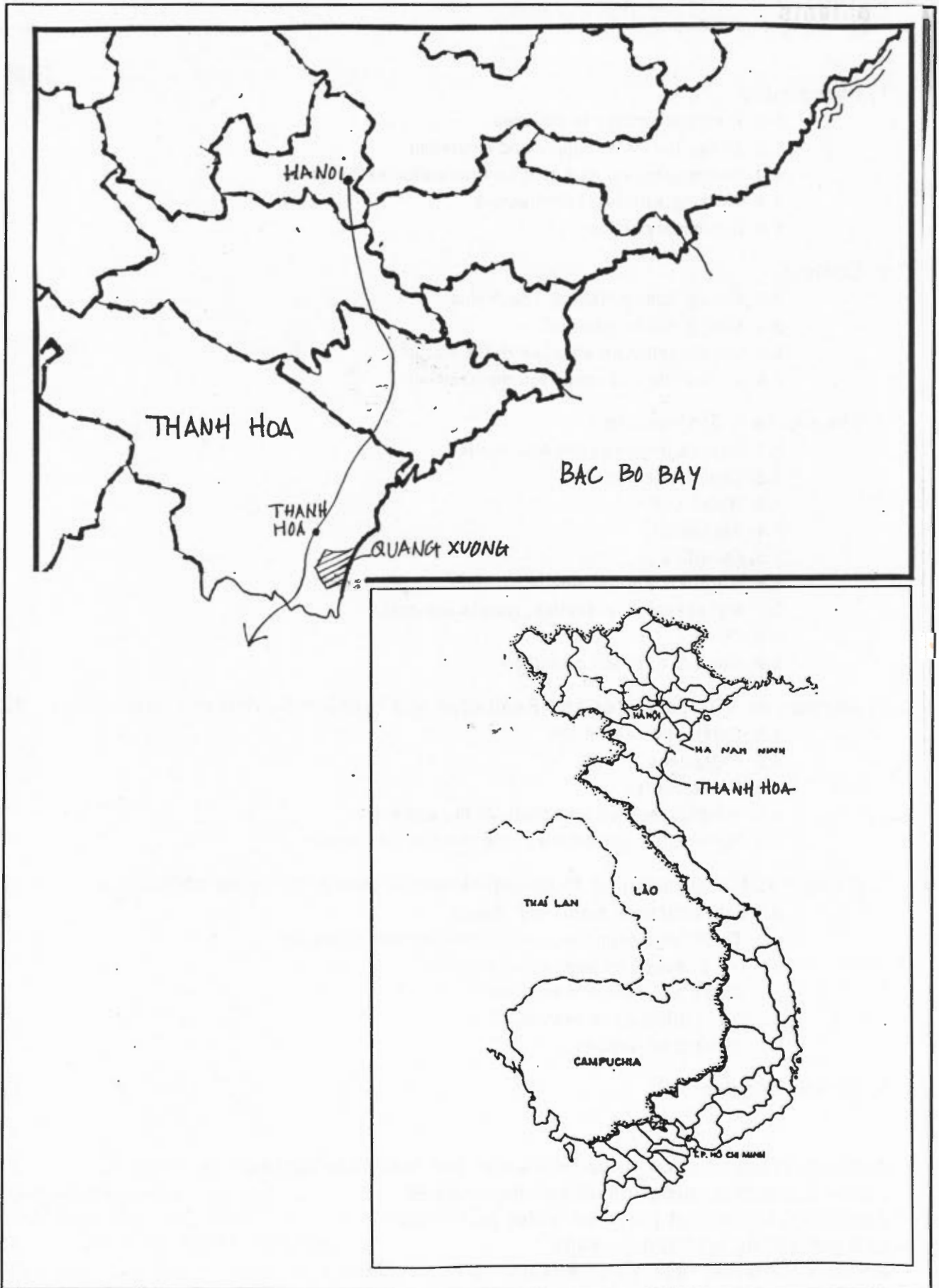
Phase II: Water and sanitation upgrading  
in Quang Xuong Hospital  
Raising awareness in the villages and  
amongst health workers

Sub-contractor (consortium of NGOs): Development Workhsop, Lauzerte, France  
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## **1. Background**

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### **1.1. Previous actions in the area**

In 1989 Thanh Hoa province was hit by typhoon Irving. Damage was widespread, and included the major destruction of the Quang Xuong District Hospital, just to the south of Thanh Hoa city, and the destruction of the nearby primary school in Quang Lien village. The Australian Government and UNDR0/UNDP combined to provide a budget which would contribute to the rebuilding of the Quang Xuong Hospital and the primary school, and that would in addition enable the organisation of a technicians' and builders' training workshop on storm resistant building techniques.

At the request of UNCHS Habitat, Development Workshop and GRET (DW/GRET) working in consortium for this programme, undertook the design and operation of the programme. This new programme benefited from the experience which DW/GRET had already developed through their work in operating the UNCHS VIE/85/019 programme to improve typhoon resistance in buildings in the provinces of Quang Binh, Quang Tri and Thua Thien Hué.

### **1.2. Phase II - water supply and sanitation**

Following the completion of the first phase of work, in 1991 the Australian Government provided an additional budget for the provision of a water supply and sanitation system to the Quang Xuong hospital. DW/GRET were again invited to design and supervise the implementation of the programme.

Whilst this new programme primarily dealt with the improvement of water supplies and sanitation in the hospital, DW/GRET considered that it was equally as important to focus on the fact that a significant proportion of the diseases that occur stem from poor sanitation and poor water supplies in the surrounding villages. Thus whilst funds could not stretch to undertake practical action in these villages, DW/GRET felt that an effort should be made to review the problems and potential solutions to the water and sanitation situation in the villages. To this end, DW/GRET suggested the organisation of a three day workshop in the area to address these issues. Because the origins of the whole programme lay in the damage done by typhoon Irving, one day of the workshop was allocated to refreshing participants' memories about the critical points of typhoon resistant building, which had been addressed in the phase one programme.

### **1.3. Communication as a tool for information exchange**

The Quang Binh, Quang Tri and Thua Thien Hue typhoon-resistant construction programme mentioned above had already confirmed the important role that communication and local animation play in promoting a local readiness to take action. To this end the DW/GRET team decided to further develop a number of ideas for local communication during the present programme. As a result of contacts DW/GRET had made in 1991 with the Hanoi based Central House of Puppetry, two puppet plays were commissioned and financed privately by DW/GRET. One was on water purification and the other on preventing typhoon damage. Both plays were subsequently performed in Quang Xuong and Quang Lien villages, (and in Ha Nam Ninh



Province) in the context of the VIE/89/035 programme. These performances provided a valuable insight into the level of awareness of hygiene and typhoon problems, and in turn serve to focus attention on the importance of rural credits and income generation if any of these problems are to be seriously resolved at the village and household level in rural Vietnam.

#### **1.4. Working with local contractors**

The programme has encouragingly promoted the process of delegating of work to local contractors and technical assistance, and the programme has been in this sense useful as a trial of local ability to undertake work to an acceptable standard. Whilst the risks incurred in extensive delegation are greater in terms of short term productivity, the longer term benefits are better local responsibility for providing work of good quality, and an improved capacity for local supervision. DW/GRET consider that this experience, albeit not without problems and delays, has been worthwhile.

#### **1.5. A summary report**

This report reviews the experience of the programme. The reporting process has been long, due to slow completion of works.

## **2. Context**

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### **2.1. Quang Xuong district, Thanh Hoa**

Quang Xuong district lies on the coastal limit of the southern end of the Red River Delta basin, situated on flat land liable to flooding, but bounded to the south by hills. The narrow coastal plain provides essential agricultural land, and the largely rural population is dense (120,000 people in the district). Household incomes are extremely low, there are few exploitable resources, and the services and built fabric of the district are for the most part old. Signs of change are visible alongside the only national north-south highway, which runs through the district and along which new building and stores are appearing. But further away from the road, conditions are extremely simple. The effect of these poor conditions is that budgets for home or district improvement and maintenance are very limited or non-existent

### **2.2. Quang Xuong Hospital**

#### **2.2.1. Role and capacity**

The hospital is located at the centre of the district, and at 100 metres to the east of the main national highway. In 1989 most of the buildings were destroyed by typhoon Irving, and the majority rebuilt as part of the Phase 1 programme mentioned above. The hospital provides in-patient, maternity, and infectious disease care, and operates an out-patient services with a clinic. The hospital acts as the base for the health services throughout the district. There are some 130 bed spaces (actual capacity), but the furnishing, equipment and medicament stocks are very meagre. With the exception of certain illnesses and the certain categories of patient, medical care has to be paid for by the patient, at a subsidised level.

#### **2.2.2. The previous water and sanitation situation in the hospital**

Prior to the programme, the hospital depended on shallow wells and ponds for its water supply, and on the use of latrine blocks situated at the perimeter of the site, but in several cases at close proximity to water sources. The high water table in any case implied that seepage into water supplies takes place. Following the post typhoon rebuilding programme, only a minimal water supply arrangement had been made for the new buildings.

### **2.3. Local sanitation situation in the district**

In most family concessions water is drawn from shallow wells or ponds. The water, apart from direct contamination with coliforms, is typified by a pH content of 7 and a high level of soluble Iron (Fe = 5mg/l). The water colour is a rich yellow leaving heavy staining. About 50% of the families make use of some kind of rudimentary filter, but for the most part poorly maintained. The most common choices are stone, cement or ceramic water containers with a bed of sand and gravel through which water passes. Most of these have a covering layer of cloth, which when clean removes a little of the iron. Without regular changes in filtration material these actually provide only minimal benefits. Moreover, this form of filtration on its own can only deal with a part of the problem, with little or no impact on the coliforms in the water. Boiling would also help, but is plainly costly. Better off families have rain water collection cisterns (fed from pipes of bamboo or metal linked to the roof), but these are almost never large

enough to provide the family (and neighbours) with enough water use throughout the year, and thus almost all families will have to turn to fairly contaminated sources for part of the year.

Some households have latrines, but those that do use raised level dry latrines, some of which have double chambers. Many other families allow excreta to fall almost directly into the family fish pond, where clothing and food washing also take place. Excreta is in any case valued as a free supply of important fertiliser, not to be wasted. Although in the general region there is a greater diversity of water supply, including public wells and rivers, the situation in this district is very typical of most settlements in the plains.

The foremost illnesses are related to the overall environment, which for many months is chilly and damp, and thus chest and lung diseases, malaria, eye infections and diarrhoea predominate. There are only limited resources for curing diseases, but the district health workers, as with others in the region, devote efforts towards health education.

#### **2.4. An overview of scope for improvement**

There are few collective systems using public ponds with water filters, albeit that these represent the most economic short term solution to providing acceptable water. Improved water filters could be introduced, including porous pottery jars available at low cost, but none of these systems will be of much benefit without regular cleaning. Health education and stress on the need to improve water quality for human consumption are important. Better management of water for human consumption would also help, since at present little distinction is made between water that will be used for cooking (and thus boiled) and water that is used for drinking, at one end of the scale, or washing clothes at the other.

The potential for improving water and sanitation in the district is limited by the general economic situation at both household and community level and by household awareness of the problems. Above all, the degree to which intervention for improvement can take place is regulated at family and commune level by the degree to which water and sanitation are rated as an important priority - for many households this is not their prime problem, albeit that ill health is one serious contributory factor in maintaining poverty.



### **3. The Phase II programme**

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#### **3.1. General organisation and inputs**

In order to respond to the needs of the hospital and its operational potential, it was decided to design a water and sanitation system specific to the hospital and one that would require a minimum of maintenance beyond the scope of the local contractors and staff.

In order to take a step towards improving conditions in the surrounding villages, it was decided that the three day seminar should concentrate on highlighting major problem areas, and on identifying what actions could be developed without relying on further major project funding which in the short term is unlikely to be available to sufficient rural communities to have an impact.

The overall programme has run from October 1991 through until the third quarter of 1992.

The following partners have been involved in work on the programme.

- Development Workshop/GRET:  
programme design; overall management and monitoring;  
development of communication media with local counterparts.
- Institute of Housing and Public Building, Hanoi, and notably Mr Long:  
design of the water and sanitation system, and supervision of the contractors.
- The Institute of Building Design, Hué:  
animation of the seminar on typhoons.
- UNICEF, Hanoi:  
presentation of UNICEF water purification programme.
- The Central Hanoi Puppet Company:  
production of the two plays on water purity and typhoons.
- The People's committee of Quang Xuong district and the hospital staff:  
organisation of seminar in the district, and reception.
- Ms. Nguyen Hong My, Faculty of Pharmacy, Hanoi University (through the UNFPA):  
independent seminar and social impact evaluation; translation.
- Ms Deborah Allen, School of Oriental and African Studies, London University, UK:  
independent seminar and social impact evaluation; review of communication process.

### 3.2. Choice constraints

The choice for the new water and sanitation system needed to take into account, as far as was possible, the following constraints:

- a rural population with firm habits regarding the use of water and excreta handling;
- families staying beside sick in-patients;
- a low local maintenance capacity;
- limited operational budget for running the system;
- a need to be able to expand in the future;
- limited skills available within the local contracting companies;
- national norms for water: 300l/patient/day; quality: iron (Fe) less than 1mg/l; bacteria less than 20/l;
- an electricity power line running close by the hospital site;
- a maximum of 130 inpatients, and 140 staff operating the hospital;
- limited budget for the overall programme.

The system that was installed corresponded to the majority of these criteria, although the accent was placed on robustness and simplicity for maintenance.

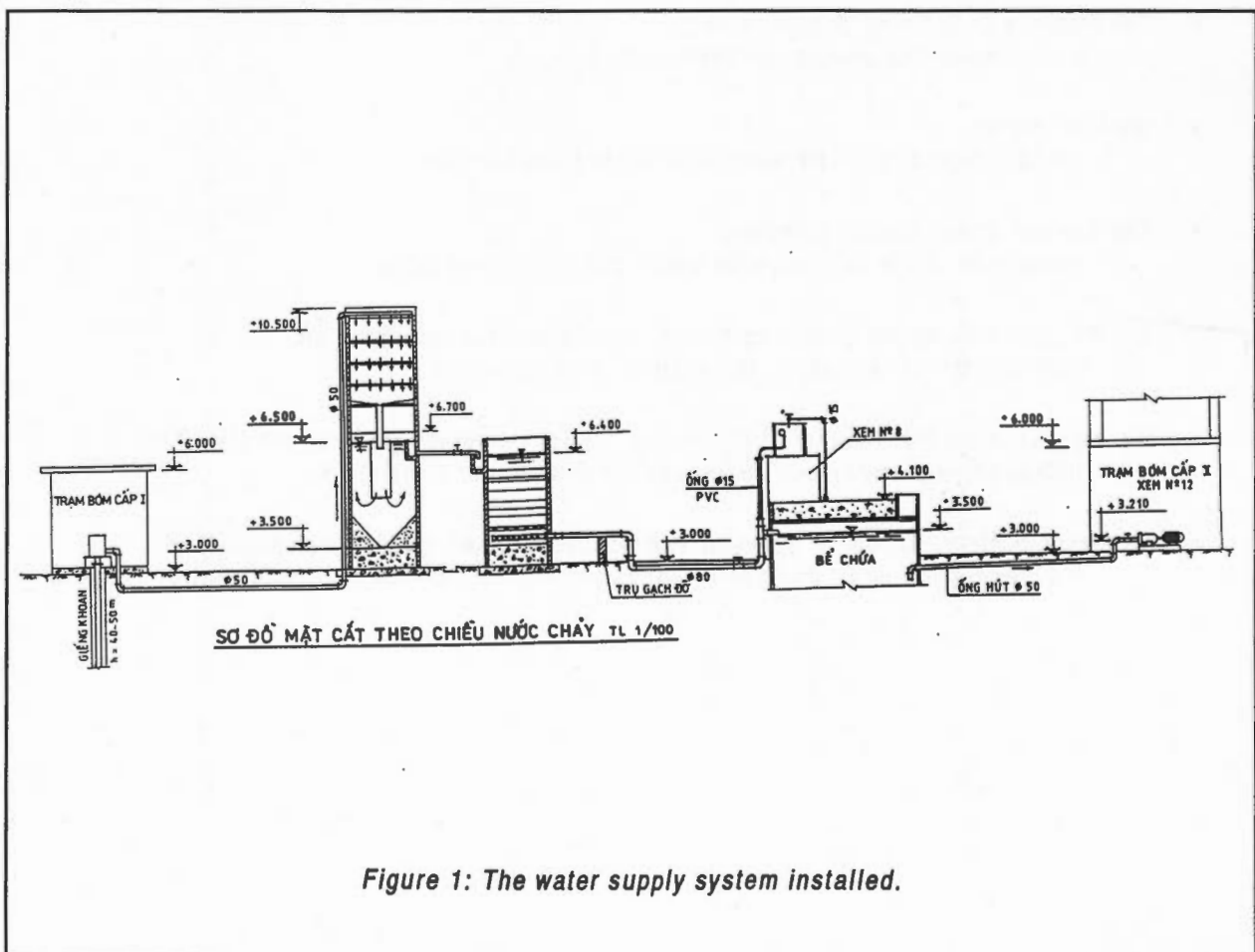


Figure 1: The water supply system installed.

### 3.3. Water supply

The system was designed to provide 35m<sup>3</sup> of water per day to the standard of Vietnamese norms.

Water supply came from deep wells, which have a pH content of 7, an average acceptable level of organic matter, and iron content of 5mg/l, and an excessive level of bacteria. Water filtration and purification were necessary, as well as aeration to remove the iron.

Water from the wells is pumped through the filtration system to the pure water holding tank and a second pumping system to lift water to the water tower, which provides an equalised flow of water to the distribution system independent of the level of water in the pure water holding tank. (See Figure 1.) The fresh water holding tank and the water tower also represent an overall reserve of water for the hospital. The pumps run on electricity, locally available through a 100 kW transformer station. Water going through the filtration tower passes through an aeration bed, a settling tank, and a filter tank before reaching the pure water holding tank, where it is further treated by chlorination as it enters the holding tank. Water from the 30m<sup>3</sup> tank (see photo 1) is distributed by buried water pipes to different outlet points around the whole hospital.

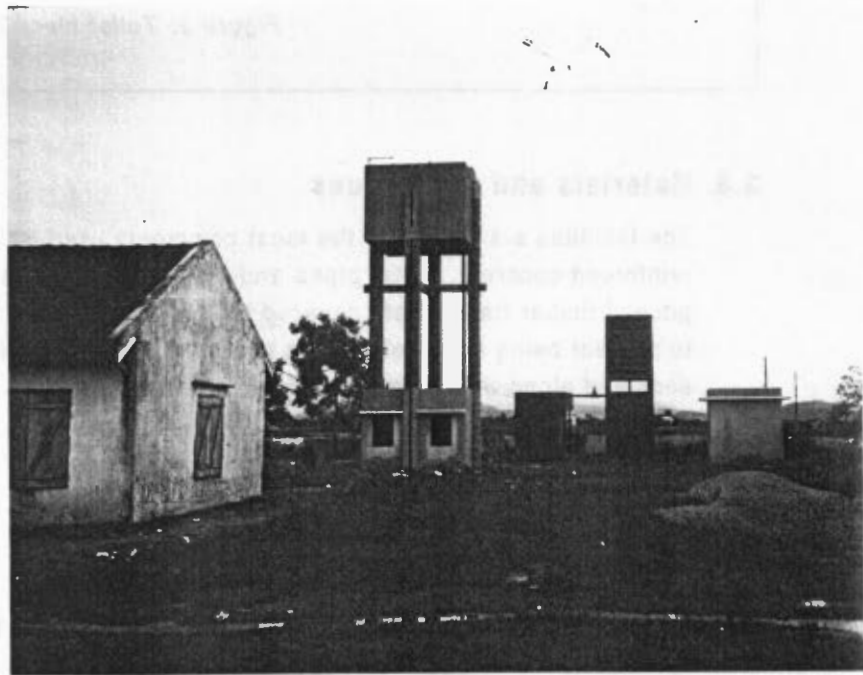
### 3.4. Sanitation

Drainage and sewage previously were allowed to flow directly into adjoining rice paddy fields. The new system includes a water born sewage treatment, including a treatment station, a settling pond and an area for drying out silt residue.

### 3.5. Facilities

Washing facilities and toilets are provided in three main blocks, of which the largest is a double block for men and women (block A), a secondary in-patient block (block B - see figure 2) and a smaller out-patient block near the entrance to the hospital. Additional wash facilities are provided within the wards. The hospital has also been equipped with an incinerator.

Details of the preliminary design are given in Annexe 1. A full set of working drawings were provided in the 1st Progress Report (February 1992); basic drawings are provided in Annexe 1.



*Water tower housing 30m<sup>3</sup> pure water holding tank*



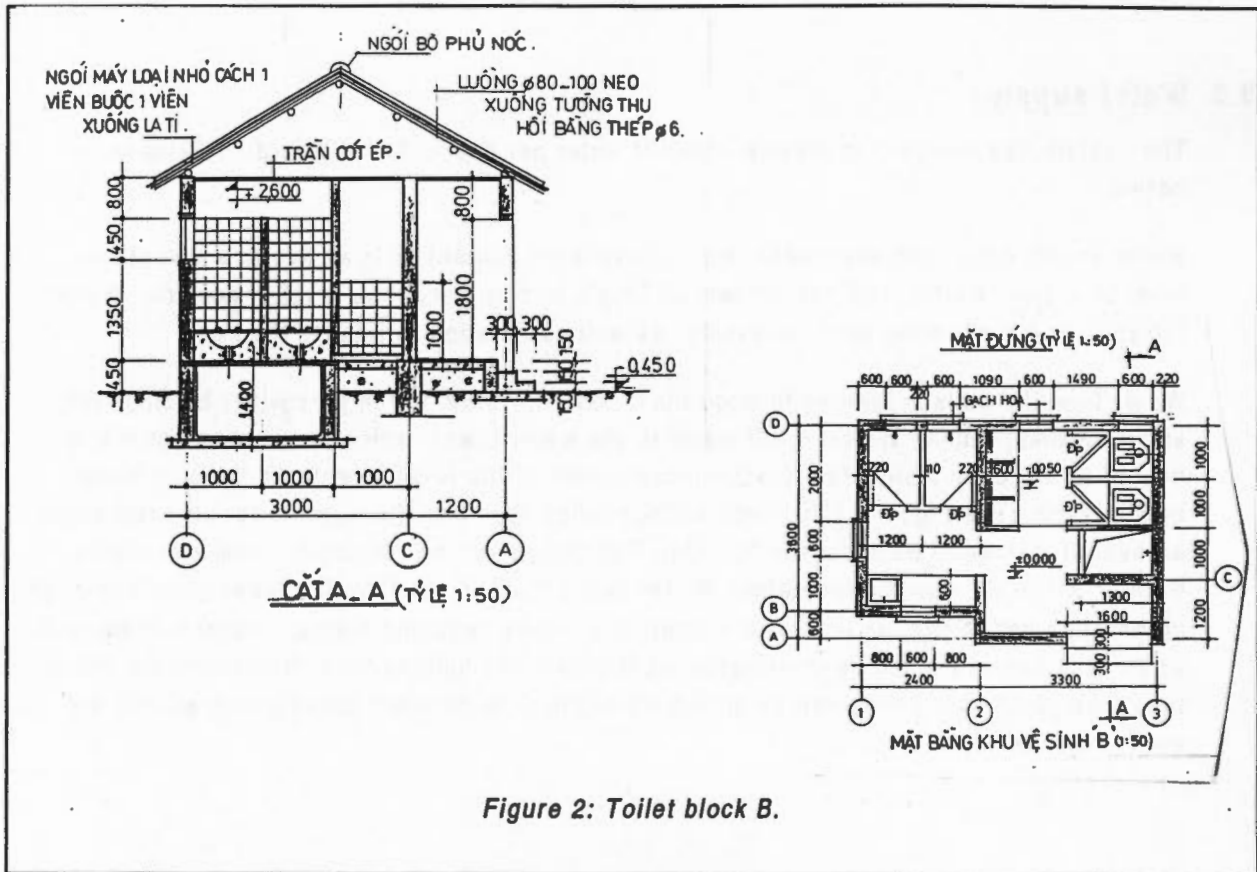


Figure 2: Toilet block B.

### 3.6. Materials and techniques

The facilities are built with the most commonly used materials in the region - fired clay bricks, reinforced concrete, metal pipes and concrete pipes. The new washroom/toilet blocks have pitched timber frame roofs covered by locally produced fired clay roof tiles tied down by wires to prevent being blown off during typhoons. The roofs also have external ribs on the gable ends and along the ridge to prevent wind damage.

The overall building system is the most familiar to local building contractors.

### 3.7. Management, execution, results and costs

The programme has been organised by and been under the overall supervision of DW/GRET.

Through them, a technical study was commissioned from the Design Centre No 1. of the Institute of Housing and Public Building in Hanoi (Department headed by Mr Van), who subsequently designed the system and produced the contract documents.

Mr. Long of the IHPBD was commissioned by DW/GRET to undertake the site supervision and quality control.

The contract for the execution of the works was awarded to the No.1. Construction Company of Thanh Hoa, for a period from April to August 1992.

The quality of the work carried out by the No.1. Construction Company has been only slightly better than mediocre, and delays were incurred because of poor workmanship which required some demolition and reconstruction. Notably the water tower needed re-alignment. Finishes in the toilet blocks also required considerable improvement.

**3.8. Costs**

The system design cost 1,000 US\$

The overall cost of the building works came to 307,000,000 Dongs/ 24,600 US\$(at a rate of roughly 12,500 Dongs/\$ at the time of signature in January 1992).

**3.9. Outputs to assist operation**

A Vietnamese manual for the operation and maintenance of the water supply and sanitation has been provided to the hospital. Maintenance is simple, but must be done on a regular basis, with particular attention to regular cleaning of the water filters. The hospital staff are in charge of daily cleaning.



## **4. Seminar on Village Water and Sanitation and on Typhoon Resistant Construction**

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### **4.1. Dates and overall aim**

A three day seminar was organised in the hospital from the 27th to the 30th April 1993 by DW/GRET with the intention of linking the practical action to improve sanitation in the Hospital to the broader issue of improving conditions in the surrounding villages. Since funds and time were limited, the programme focused on helping the participants to analyse specific and concrete situations, to produce a synthesis of the problems and to put forward suggestions for potential future action. Whilst the linkage of typhoons to water and sanitation was not plain to all the participants, in practice the repair of damage caused by almost annual typhoons consumes the scarce resources which could otherwise be channelled towards better health and sanitation and other development activities.

### **4.2. Objectives**

The objectives of the seminar were as follow:

- illustrate the idea that better health for everybody needs a better quality of environment (water, shelter, sanitation);
- develop the capacity of local community workers and technicians to help villagers improve their environment with viable suggestions;
- develop the awareness of local people for reinforcing housing and public buildings to prevent the effects of typhoons - a theme that followed on from work undertaken two years previously;
- propose solutions well adapted to the local situation in technical, economical and social terms;
- further examine the potential of different communication methods for use in rural areas.

### **4.3. Participants**

Forty two participants came from:

- the Province - the department of Health and Construction;
- the District - the local authorities; technicians from the Construction, Health and Education services; representatives of the mass organisations (Women's group; Youth Group; Peasant farmers group);
- the Commune - health workers;
- field staff from Oxfam.

The participants represented a good cross-section of local social workers, with sound knowledge of the conditions of local families, but little in the way of method for approaching finding solutions to their problems. A list of participants is provided in Annexe 2, as well as the programme.



#### 4.4. Working method for actions in the seminar

The programme started with an initial review of the context and the prevalent problems of the area in the form of presentations by DW/GRET, IBD (Hué) and UNICEF (photo 1). It then focused for the majority of its time on practical enquiries in the neighbouring villages of Quang Lien and Quang Xuong (photo 2), including the analysis of family plots, the review of existing solutions for water and waste treatment (photo 3) and for typhoon resistance, the analysis of



*Photo 2: Introductory seminar presentations - overall context and prevalent problems*



*Photo 3: Practical seminar work - enquiries in the villages; here, analysis of family plots.*



family potential to develop. Work was undertaken in small groups, followed by a general presentation of results.

A second phase then required the participants to work on proposing specific ideas for improving conditions based on one standard and typical household and its plot. Each group of four participants prepared a presentation to cover the following:

- an evaluation of the problems;



*Photo 4: Filtering water drawn from a shallow well through a porous clay pot. A simple but fairly efficient practice.*

- a definition of the practical solutions which could be proposed;
- an appraisal of the methods which could be used to motivate the household to undertake the proposed improvements.

The producers of three short-listed proposals were then asked to review their ideas with households in the villages, and through the process of presenting their own ideas to the population they arrived at a clearer insight of some the difficulties of suggesting change and improvements, and at the same time were able to review their ideas against those of the householders.

The village enquiries helped focus attention on the household compound inter-relationships between water supply, storage, filtration and disposal, and the same for excreta disposal and fertilisation. The introduction of excreta in fish ponds as fertiliser poses one particular problem when this is very close to the water source for the family. Certain improvements could be achieved through a better placing of facilities - water collection, filtration, and storage elements, latrines and waste disposal elements - within the compound, and not all these improvements require finance. At the same time the enquiries helped to single out those improvements which could only be achieved through expenditure, whether at household level or collectively.



The discussions also drew out various ideas about how families and the community could be encouraged to take up unfamiliar ideas, including using the influence of senior members of the community and of each family to exert influence, and including making use of more conventional media such as local loudspeaker announcements. The usefulness of these approaches was compared to the impact of the two puppet plays on water supply and on typhoon damage prevention, which (see below) were performed at Quang Xuong Hospital, Quang Xuong District centre, and at Quang Lien village. Innovation in the way information can be disseminated can itself play an important role in encouraging people to react and to act.

#### 4.5. Immediate conclusions at the close of the seminar

An immediate evaluation at the end of the workshop suggested the following conclusions:

- frustration initially felt by some of the participants when not provided with "ready-made" solutions from the seminar organisers;
- frustration replaced by a clearer recognition that many of the solutions already exist in the locality, that they need to be adapted to each specific context, and to the financial capacity of each family; some of the 'solutions' that are most often proposed are neither accessible by poor families nor sustainable by the community; some, such as improved latrines, do not take sufficient account of local practices, such as using human excreta for immediate fertilisation, a practice which is slow to change;
- educating the population about problems and potential ways to solve them is a priority, and especially as this is a long process;
- improving conditions requires developing a more dynamic programme amongst the community and district service institutions, and notably those for health. Programmes do require financial support, but they will not achieve results with this alone - more fundamental is the need for local institutional motivation to act with and on behalf of the population;
- communication methods for disseminating ideas and motivating the population to use them need to make maximum use of media and examples which are readily understood within the local context - and to this end the puppet plays were considered a powerful tool.



## **5. Using traditional puppetry to communicate contemporary ideas for improving living conditions**

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### **5.1 Communication media and impact**

The importance of communication in the introduction of ideas and in the mobilisation of target groups has been a constant theme in the operation of three UNCHS projects operated by DW/GRET in Vietnam - VIE/85/019 on typhoon damage prevention; VIE/89/035 on the rehabilitation in Thanh Hoa Province, and VIE/86/020 on technology transfer. Earlier programmes the Thua Thien Hué, Quang Binh and Quang Tri explored and developed the possibilities of using the existing mobile popular video shows that tour in the communes, as an opportunity to show short video 'trailers' on the importance of taking preventive action against typhoons. More traditional ideas such as the use of poetry, posters and games have also been developed.

Although each has had some degree of impact on the target population, and in the case of the video shows the message on typhoons was seen by several thousand people, it is reasonable to conclude that the effect of the message transferred in these ways was relatively short term. The 'event' was not significant enough to remain in the minds of the viewers (or listeners) and thus would be quite quickly forgotten.

This conclusion has lead DW/GRET to examine other available and traditional methods of popular communication with a view to finding ways that would not only communicate a development message efficiently, but which would also potentially remain in the minds of the viewers as an 'event', and thus potentially have a more lasting impact.

### **5.2. Traditional puppetry used for development messages**

One such potential was the use of traditional Vietnamese puppetry, including the unique Vietnamese water puppetry. Whilst the majority of Vietnamese puppet shows have dealt with the customs, spiritual and material life, and popular or classic drama, in the 20th century puppetry had already been used for education and for promoting literacy.

In 1991 DW/GRET proposed to the Central House of Puppetry (CHP) in Hanoi the idea that they should write and produce two 'development' related plays, which could be performed in the rural areas in relationship with more practical programmes of assistance.

The aim at this stage was to assess the potential for this form of communication in the context of rural Vietnam. DW/GRET suggested two themes - one on the importance of taking preventive action to strengthen one's home against typhoon damage; the other on the benefits of water purification. DW/GRET provide the basic scenario for each play. (See Annexe 3.) The puppet company chose the puppetry technique which they felt would best suit the programmes, wrote the plays and the music, and made the puppets and the sets.

### 5.3 The 2 plays - content and technique

Because water puppetry makes use of well known and traditional characters whose role it would be difficult to change, the CHP chose instead to use stick operated puppets, which also meant that performances could be carried out on dry land. The two plays - "The defeat of the storm genie" (Typhoon resistance), and "Cut with the yellow scum" (Water purification) each lasted about 20 minutes, and for each performance they are preceded by a of series short sketches of classic puppetry (see Annexe 3, programme), serving as an introduction to the programme. In both the main plays, the environment shown on stage was one well known to the villages and thus easy to associate with. The water purity issue was woven into a story about village life using humour, drama, love, and vivid puppet representations of the "evil" bacteria found in the water (photo 5). The theme of typhoon resistance was conveyed through the use of puppets in the form of farm animals and a larger than life typhoon demon.



Photos 5 and 6: Performance of puppet play on the theme of water purification

### 5.4 Shows and audience reaction

The seminar in Quang Xuong district hospital and the field survey activities in Quang Lien village provided one of the opportunities to field test the plays.<sup>1</sup> In Thanh Hoa, two performances were made in the open air and one in the district community hall. About 1000 people attended the performances in Quang Lien Village and in the district hall, and about 500 at the hospital. In Quang Lien village the performance took place during the school lunch-break, and every tree around the show was filled with children. Bicycles were bound together to form impromptu platforms on which children and adults climbed. From the rapt faces of the audience and the fact that the audience increased throughout the duration of the plays, despite the midday heat, the performances were clearly enjoyed (photo 6). It was suggested by the health worker participants that a greater participation would have been possible if the plays had been held at towards the end of the day when conditions would be somewhat cooler, and this in effect was the case in Ha Nam Ninh.

<sup>1</sup> Additional performances took place in Hanoi and in Ha Nam Province.



## 5.5 Post-performance evaluation

In Quang Lien the Phase I activities of the Thanh Hoa rehabilitation programme included the reconstruction of the primary school, with a number of very visible damage prevention features incorporated into the building; and yet in comparing the effect of the school buildings with the effect of the puppet show, questions put subsequently to pupils in the school indicated that they were more aware of what to do from the ideas in the play than they were from the school building in which they were being educated. This underlines that a stronger linkage between the physical example and the media should be made.

For the participants in the seminar, the puppet plays, as well as discussions about media for communication, resulted in a shift in attitude away from using loudspeakers and propaganda. The suggestions of participants by the end of the short seminar produced a much wider and more innovative range of ideas. The independent monitoring and evaluation report (see Annexe 4, and section 5 of that report) undertaken by Ms My and Ms Allen during the workshop period suggested that there had been a significant move amongst the participants away from viewing communication as (a) propaganda, defining a message and transmitting it, (b) motivation, meaning receiving the message and understanding it, and (c) mobilisation and obedience, meaning action and changed behaviour - towards a more dynamic view of communication as transmitting and listening (an exchange in two directions), and understanding, leading to a process of changing patterns of behaviour that could continue. The puppet show was perceived as not only being a way to make people think about a problem and the action that might be taken, but also, and as importantly, as a way to open up a debate between community workers and the people about what can be done, and about what is stopping people acting. In the case of quality improvement people basically knew about the problem but did not rate it high on their list of priorities compared above all to the urgency of production; in the case of typhoons people had felt that there was little that they could do without an improved economic situation or financial help, but they also showed that they were largely unaware of the number of simple steps that they could viably take to make their home stronger. Thus in the latter case, whilst it is certain that poverty is a major break on improving typhoon resistance, education and awareness raising about what can be done for little extra cost has a very important role to play - and it has been on the latter point that both the VIE/85/019 Binh Tri Thien Zone demonstration programme about typhoon resistant construction, and the VIE/89/035 Thanh Hoa Rehabilitation programme, have focused.

## 5.6. Current limitations

In organisational terms, whilst the puppet show gives every indication of having considerable impact potential, the actual performance process involved too many people and too much equipment. The Central House of Puppetry do tour in the provinces, but it would be too expensive to put on regular shows of this sort (20 performers and supporting team, one bus, generators etc.). Thus whilst the media has potential, it needs to be rendered much more simple in terms of support, numbers of people and mobility. Meanwhile one should be aware that simplification in the direction of using videos of plays for the same message would reduce the 'memorable event' effect of a live show.



## 6. Overall conclusion

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The practical objectives of the Thanh Hoa rehabilitation programme have been achieved satisfactorily. The Hospital is now equipped with a clean water supply system with washing and latrine outlets , and there is a hygienic waste and excreta disposal system.

The seminar that accompanied the programme has served to highlight that whilst certain improvements to conditions in rural Vietnam require special expertise and capital, there nevertheless remains a considerable amount that can and should be done with few resources other than those realistically available in the area.

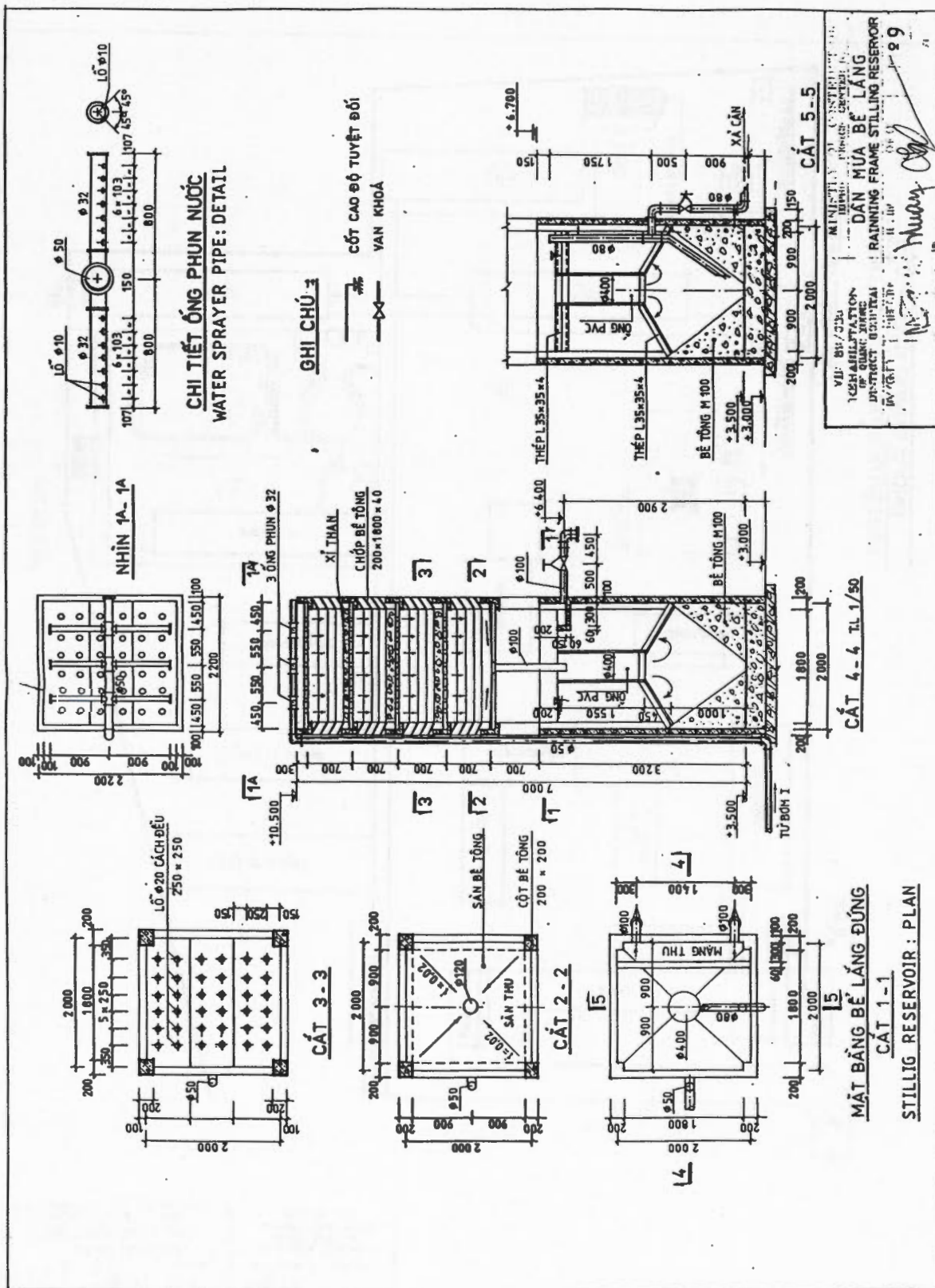
Motivating the public and showing them ways in which problems can be overcome requires above all dedication and dynamism amongst the community support services, and it requires an ongoing exchange of ideas, typically possible through organisations such as the local Women's organisation.

Sustainable improvement to water and sanitation or to typhoon resistance is a long process given the scarcity of resources available. Tangible results cannot be achieved in weeks or months, even though examples can be produced. Improvements to a specific aspect of the home environment must also to be developed within the broadest context of the household operation and its needs, and the socio-cultural and production habits of the family and the community.

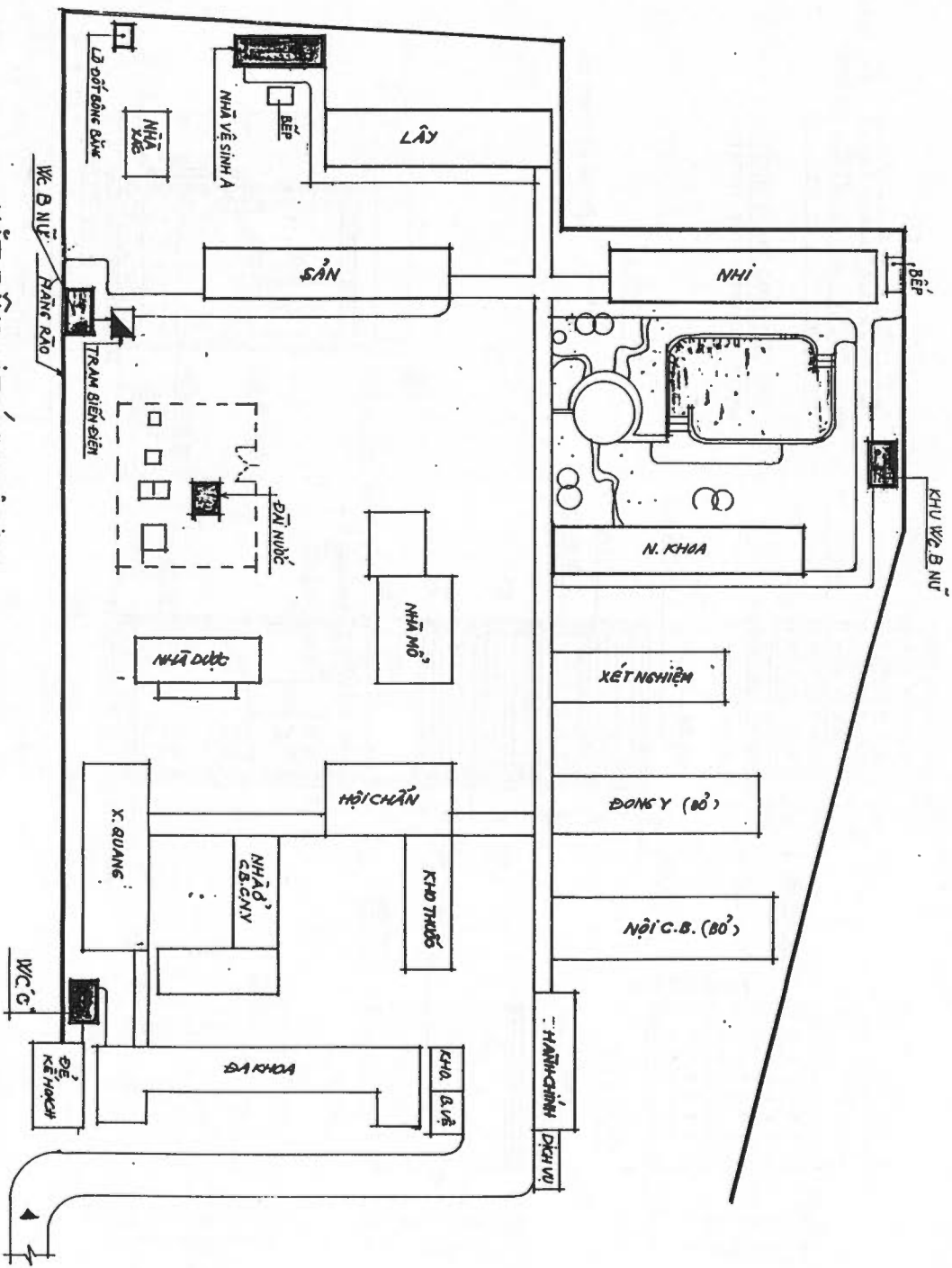




# Annex 1. Quang Xuong Hospital - water and sanitation system



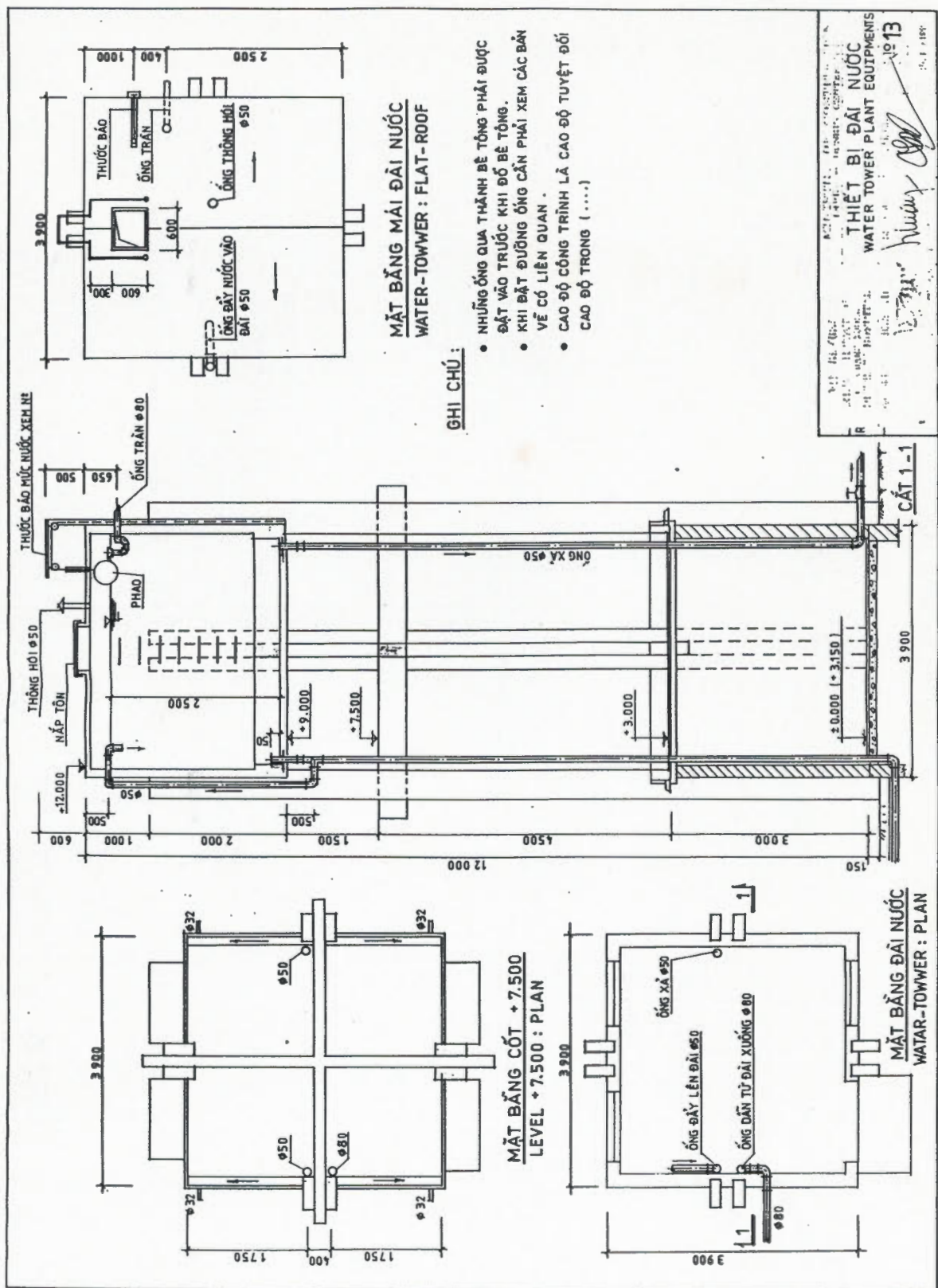
MẶT BẰNG VỊ TRÍ KHU VỆ SINH  
BỆNH VIỆN QUANG XƯƠNG



VIE/89/035  
REHABILITATION  
OF QUANG XƯƠNG  
DISTRICT HOSPITAL  
DATE: 11/11/89

MINISTRY OF CONSTRUCTION  
GENERAL PLAN  
MẶT BẰNG TỔNG THỂ  
General plan.  
DATE: 11/11/89  
K1'01









## Annex 2. Seminar programme and participants

### Workshop on village water supply and sanitation

#### *Quang Xuong District / Thanh Hoa Province*

April 1992

#### 1. Background

In 1989, Thanh Hoa province was hit by typhoon Irving. The Australian Government and UNDRO/UNDP combined to provide a budget for rebuilding Quang Xuong Hospital and a nearby primary school (in Quang Linh commune), and for organizing a technicians' and builders' training workshop for demonstrating storm resistant construction.

In 1991, the Australian government has provided, through UNDP, an additional budget for the provision of a water and sanitation system in the Quang Xuong Hospital.

Because the programme concerns improving the water supply and sanitation in the hospital, and since a high proportion of diseases stem from poor water quality and poor sanitation in the villages where the patients come from, a short workshop will be organized for local authorities, health workers, mass organization, aimed at spreading knowledge about methods for improving water quality and sanitation in rural areas. As the programme was decided after typhoon Irving, a refresher course on storm resistant construction will be included.

The workshop is organized by Development Workshop and GRET, two french NGO's.

A special show, by the Central Puppet Theater from Hanoi, will be presented at this occasion.

#### 2. Objectives

- \* Illustrate idea that a better health for everybody needs a better quality of environment (water, sanitation)
- \* Propose solutions well adapted to the local situation, technically, economically and socially;
- \* Develop the capacity of local technicians to help villagers to improve their environment;
- \* Develop the awareness of local people of reinforcing housing and public buildings to prevent effects of typhoons.

#### 3. Expected results

- \* Detailed method of environment situation survey in the District
- \* Inventory of potentials solutions for better water quality and sanitation
- \* Technicians/local authorities trained

#### 4. Participants

- \* From the Province (2)
  - Department of Construction and Health
- \* From the District (14)
  - Local authorities
  - Technicians from Construction, Health, Education services
  - Mass organizations (Women, Youth, Farmers)
- \* From the Communes (20)
  - Health workers

#### 5. Dates and location

27 to 30th April 1992

Quang Xuong Hospital, Quang Linh Village

## 6. Animators

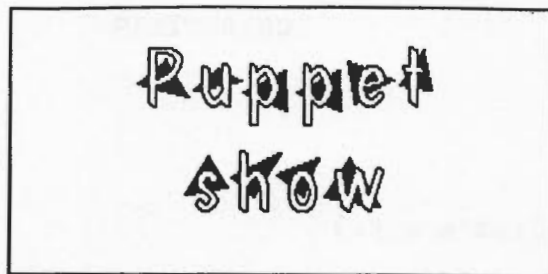
- Development Workshop and GRET
- UNICEF
- Hue Institute for Housing and Building

## 7. Detailed programme

Monday 27th april (Quang Xuong) :		General information
13.30	:Opening ceremony	District,QX Hospital,DW/GRET
14.30	:Health and environment	UNICEF
	- Situation in Thanh Hoa province	
	- Sanitation and water quality problems	
16.00	:Principles of typhoon resistant construction	DW/GRET
18.00	:Welcome party	
19.00	:Puppet show (Quang Xuong People's Committee)	
Tuesday 28th april (Quang Linh) :		Field work
8.30	:Organization of 5 groups	DW/GRET
	* water quality in the area (2)	
	* sanitation	
	* health care and communication	
	* typhoon resistant building	
9.00	:Surveys in the village	
12.30	:Puppet show (Quang Linh Primary school)	
14.00	:Reports and synthesis of surveys	DW/GRET, UNICEF
15.00	:Competition (8 groups) on household environment improvement	
	- Analyze problems for a typical plot	
	- Define adapted solutions	
	- Describe how to mobilize family to adopt the solutions	
Wednesday 29th april (Quang Xuong) :		Technical proposals
8.30	:Working groups for the competition	
10.00	:Presentation of results of each group and general discussion	
	Synthesis of the proposals	DW/GRET
12.30	:Puppet show (Quang Xuong Hospital)	
14.00	:10 key principles of typhoon resistant construction	Hue IBD
14.30	:Field work :	
	* Analysis of hospital buildings related to typhoon resistance	
	* Test of the results of the competition with families in the village	
16.00	:Synthesis of field work	DW/GRET
Thursday 30th april (Quang Xuong) :		Action plan
8.30	:Result of competition and awards	DW/GRET
9.00	:Synthesis of workshop	DW/GRET
10.00	:Closing ceremony	DW/GRET, Hospital, District



## Annex 3. Two puppet plays on water purification and preventing typhoon damage



Development  
Workshop

GRET

### "Cut with the yellow scum"

( a play on water purification )

and

### "The defeat of the Storm Genie"

( a play on typhoon resistant building )

Written, directed and performed by : The Central House of Puppetry, Hanoi

Based on ideas by : Guillaume Chantry and John Norton

Produced and financed by : Development Workshop, France and GRET, France

With the kind support of :

- \* UNDP, Hanoi
- \* The Australian Embassy, Hanoi
- \* UNCHS-Habitat, Nairobi

Hanoi, Vietnam, January 1992

*These plays have been prepared for presentation in villages, aimed at raising awareness of what to do about problems they face. The plays are to be performed in the context of development programmes in rural areas, where more practical assistance supports the message given by the puppets.*

#### Programme

1. Dance with the masks
2. Cham dance
3. Unicorn dance
4. Swan lake
5. Wrestling

#### Short plays

1. Cut with the yellow scum  
Playwright : Dam Thanh  
Director : Tuan Khanh  
Painter : Anh Nga  
Musician : Thanh Hai

2. The defeat of the Storm Genie  
Playwright : Hai Luu  
Director : Van My  
Painter : Duy Bien  
Musician : Huynh Loan

## "Cut with the yellow scum"

### CHARACTERS

1. Yellow Scum
2. Mr Kiet
3. Mrs Lo (Mr Kiet's wife)
4. Miss Si ( Daughter of Mr and Mrs Kiet)
5. Miss Dao ( Si's friend)
6. Mr Tam ( medical worker)
7. Teu (Village youth)

### SCENE I

Mr Kiet: Ouch! That pain in my stomach. (Groaning) Ah, that hurts me terribly.

Mrs Lo: Calm down, dear.

Mr Kiet: Would you please, for heaven's sake, send for Mr Tam, the medical worker. I'm having a terrible stomach-ache.

Mrs Lo: Stop groaning, will you? I'm fretting. Look, I'm preparing offerings to Gods to relieve you of your bad luck.

Mr Kiet: If you want to give offerings, please do it quickly, otherwise I'm going to die.

Mrs Lo: Oh Gods and Saints, I humbly beg you to accept our small offerings of flowers and fruit. We're inhabitants of the poor land and water. We've got a run of mishaps: epidemics like sore-eyes, stomach-ache or stomach-upsets have spread throughout the village but no remedies have been found. So I pray to Heaven, Buddha, Gods and Saints for help. Would you kindly save us from these nasty diseases. Nam Mo Amita Buddha! ( Praying)



- 2 -

Mr Kiet: Ooh, Ooh...

Mrs Lo: Oh dear!

Mr Kiet: Ouch! Go to hell with you. You know that I'm suffering from pain, and you fall on me.

Mrs Lo: Oh dear! I'm panic-stricken.

Gerns: (Laughing haughtily) Ah ha, ha... ha... ha...

Miss Si: Mum, what's the cult for?

Mrs Lo: I pray God to relieve us from mishaps. May be our ancestor's graves have been struck, which gives your father stomach-ache and you sore-eyes.

Miss Si: Oh, that's not true. I've just met the medical worker at the village clinic. He said that if we wanted to get rid of these diseases we had to have a filter-bed.

Mrs Lo: Phew, I have no idea of what a filter-bed is.

Miss Si: And here are some medicines for Dad I've got from the clinic.

Mrs Lo: Really? Then come and give them to him now. Poor him, he's badly hurt.

Teu: Attention please!

Everybody, everyhouse.

Throughout the village

Let's notice

The village clinic

Launching a hygiene movement

Against epidemic diseases

Come now to the clinic

For medicines you need

For way of making

Your filter-bed

Come now! Come now!

- 3 -

## SCENE II

Miss Dae: Look, Si. Have you heard that? Do go and learn the way of wiping out the epidemic. Or it'll wear off your charm, and you'll be made little of.

Filter-bed: I'm a filter-bed, I'm a filter-bed.

I help people to have clear and clean water

Who loves me and cares for me

Will live a long and healthy life.

To make me, lay the tank with:

a sand bed at the bottom

then a layer of coal

another layer of sand

And a layer of gravel

And a layer of fine sand on top.

Mr Tam: Dear villagers, the district health care has given us an efficient weapon against the yellow scum, that is the filter-bed. Will people throughout the village join in the movement to make filter-beds.

Villagers: Hurrah! Hurrah!

Mrs Lo: Oh, dear! Oh dear! Anybody see my daughter Si any where?

Miss Si: What's the matter, Mum?

Mrs Lo: It's your father. I don't know why he didn't answer me and he's laying without movement. Come home. To hell with their movement here.

Miss Si: Oh Mum, what can I do for Dad now? And er... You see, Mr Tam is guiding the way of making a filter-bed.

Mrs Lo: For pity's sake, come home now. Why don't you take care of

- 4 -

your father, but only speaking of beds?

Teu: Mr Tam! You're fined.

Mr Tam: What?

Teu: First, you think lightly of the community.

Mr Tam: What did you say?

Teu: Second, you act against the village custom.

Mr Tam: How? What is the custom you're talking about?

Teu: Look, her father's seriously ill. And you're courting her here.  
How dare you!

Mr Tam: Oh no, Teu. I'm a medical worker, I've got to propogandise  
for a hygiene movement against epidemic diseases.

Teu: Ah, it's a poor excuse. Prevention is good but you have to give  
treatment to sick people as well. Will you go to see Mr Kien  
now?

### SCENE III

Mrs Lo: Helle Mr Tam.

Mr Tam: Helle Mrs Lo. Is Mr Kien better?

Mrs Lo: Oh, he's taken the medicines you gave but is still groaning.  
I'm dreadfully worried.

Mr Tam: Don't worry too much, Mrs Lo. I know what your husband's  
suffering from. It's the dirty water that gives him and many  
other people in the village sore-eyes and stomach-ache.

Mrs Lo: Really? I know nothing about it.

Teu: Helle Mrs Lo.

Mrs Lo: Helle Teu.

Teu: Is Mr Kien better?

Mrs Lo: Oh no, he isn't better. He's still lying up. Ah, I've got to



- 5 -

give him some pills now.

Teu: Hello Mr and Mrs Tam.

Miss Si: Oh, why did you say so ? We are not...

Teu: It's not too early to say so, I think.

Miss Si: Oh, you don't know, he's parted with me.

Teu: Only with your sore-eyes but with you.

Villagers: Let's come to Mr Kiet's to learn how to make the filter-bed. Hello Mrs Lo, Hello Mr Tam.

Mr Tam: I'm going to filter the water from this well now. Come and have a look, will you please.

Villagers: Oh, how clear it is. If only we had known it before, we wouldn't have had such dreadful epidemics.

Mrs Lo: Thank you Mr Tam. I must go and tell my husband about it.

Miss Si: Tam.

Mr Tam: Si. Oh, your eyes are bright now. Clean water is marvellous, you see.

Mr Kiet: What a relief! So I see prevention brings <sup>to</sup> health and happiness. Hello Mr Tam.

Mr Tam: Hello Mr Kiet. Is your pain over?

Mr Kiet: Mr Tam, we're very grateful to you and the village health care for the filter-bed. I'll go with you to prepogendise for it.

(To Mrs Lo) Will you, dear, go with us?

Mrs Lo: Yes, I'm going now.

Filter-bed's song: I'm a filter-bed, I'm a filter-bed ...

THE FINAL CURTAIN

## "The defeat of the Storm Genie"

### CHARACTERS

----

1. The Storm Genie : in black cloak ( person wearing mask )
2. Old Toad : Wearing beard and glasses ( stick puppet )
3. Young Cock ( - )
4. Clumsy Cock ( - )
5. White Rabbit ( - )
6. Ant Emperor ( - )
7. Swarm of ants ( - )

### ACT I

Empty space . A summer morning , the Storm Genie appears, roaring . The Storm Genie : I'm the Storm Genie , a terror for all . I bring

death to fields , trees and houses ( laughing cruelly ) .  
Now where are my children , where are my windstorms ?

Piercing screams .

Very well, ha...ha... Today , I only need winds of 7,8,9 and 10 grades . We'll go and see where protection is not good , and who think little of me, and you will ...

Yes, we'll destroy all, smash all (laughing haughtily).

Four head appear , blowing gusts and screaming . The horrible laughter of the Storm Genie and his children echo far and wide.

### ACT II

Ahill, with trees and flowers . The green rice - fields stretch away into the distance . On the hill are houses , the home of Old toad, Ant Emperor , cocks and White Rabbit . Young Cock flies out of his house and perches on the fence , crowing.

Young Cock : Cock - a - doodle - doo : Oh , decrepit Mr Old Toad !

Old Toad : ( Hopping out of his house , coughing ) What's up, Young Cock ?

Young Cock : Why don't you grind your teeth to ask your 'Uncle Heaven' to pour rain down ( laughing scornfully ) .

Old Toad : Oh, it's going to rain hard . No need to call Heaven . Ant Emperor crawls down a tree .

- 2 -

Ant Emperor : I think Mr Old Toad's right . I feel sickening all through .

Old Toad : Yes , that' s right : At this time of year we must watch out for the Storm Genie , I think .

Ant Emperor : Hurry up, my people . Bring food , clothes and medicines to higher places . Hurry up, a storm's coming .

'Yes' , says the swarm of ants .

The ants , one after another , carry their things up, working very hard . Old Toad is repairing his roof . Only Young cock is still crowing . White Rabbit scuttles out .

White Rabbit : The sky is high and clear . Who says a storm is coming ? How silly . Hello Mr Young Cock .

Young Cock : Hello Mrs White Rabbit . You see, there are a lot of silly people on this hill . My house stands nailed to the ground . I don't have to worry , I'm going to have a good time .

White Rabbit : You're right . And my house is as solid as a brick . Even storms of grade 12 will only cry at it . (Laughing heartily ) . Well , you know , Clumsy Cock wants to challenge you to a fight . Let me call him out for you to smash .

Young Cock : Dare - devil : Well, bring him here . I'll give him a good kick .

White Rabbit : Hey , Mr Clumsy Cock :

Clumsy Cock steps out, answering in an affected voice .

Clumsy Cock : Don't be too wordy . I'll give you a slap .

Young Cock : Ah ha, why don't you greet your honourable teacher . Watch out for my blows .

Two cocks are fighting fiercely, while White Rabbit is beating the drum and shouting .

White Rabbit : Hooray ! That's a good hit . Bravo ! Wonderful double kick .

Old Toad : Oh dear . A storm's coming and you're fighting . Why don't you take care of your shelters .

The fight stops for a while ,

Young Cock : Well, silly Old Toad . Let us worry about our own business .



- 3 -

They go on fighting , taking no notice or Old Toad's words .

Old Toad : Be careful , people . A storm's coming .

### ACT III

The Storm Genie appears

The Storm Genie : Ah ha... ( Laughing spiterully ).  
Look . They're so bubbling over wigh spirits . Well . This is for your kicks . This is for your kicks . This is for your blows .

The impetuous winds buffet the two cocks dizzily .

The Storm Genie : Where is my 7 - grade wind , and where is my 8 - grade wind ?

7 - and 8 - grade winds : Here we are !

The Storm Genie : Where is my 9 - grade wind and where is my 10 - grade wind ?

9 - and 10 - grade winds : Here we are !

The Storm Genie : Blow off their , break up pillars and rafters , and bring down walls .

9 - and 10 - grade winds : Yes we'll do that right away.

They glower and puff out cheeks ready to blow . Trees are falling down , the roofs of coaks' and white Rabbit's houses are blowing off and pillars are tottering . The hurricane is destroying the hill in the haughty laughters of the Storm Genie and his children . Only the houses of Old Toad and the ants are intact .

### ACT IV

CALM

Old Toad : ( Beating drums ) Hey , the storm's gone . Anybody affected ?

White Rabbit : ( Crying ) Mr Old Toad , my house has been destroyed by the storm . My children and I have no dwelling now . ( Crying loudly ) .

Old Toad : It's because you didn't watch out for storms . If only you had taken good care of your house like me ...  
( Looking around ) anybody else affected ?

Young Cock : ( Groaning ) Yes , me . Look , Mr Old Toad . My house has collapsed . I've got no place to live now .

- 4 -

Clumsy Cock : And me , I've got sprained legs and a crooked neck . Good Heavens ! So miserable I am . Dear Mr Old Toad , have you got any medicines to ease my pain ? ( Bursting out crying ) .

Old Toad : I told you not to fight . See what you've got : bleeding head , sprained legs and a crooked neck . Poor things . Now come over here, I'll give you some saliva to relieve your pain . ( Rubbing the two cocks with his saliva ). Do you feel better ?

Two cocks : ( Shouting with relief ) Oh , wonderful Mr Old Toad . Your saliva is fantastic . Thank you very much .

Ant Emperor : ( Scurrying out ) Oh , White Rabbit . Oh, cocks . What's the matter with you ? we took good care of our houses, so the storm couldn't do anything to harm ours .

Old Toad : That's good . That's very good .

White Rabbit : Oh, Ant Emperor, look . How miserable we are ( crying ).

We'll have to be on the road day and night ( crying humil-  
atingly ) .

Ant Emperor : You shouldn't think so lightly of storms . Let me see if I can do anything to help you .

Old Toad : I think , now we should unite and help each other . Do you all agree ?

All : Yes , yes .

Old Toad : Well , let's start rebuilding and restoring these collapsed houses now .

All : ( Shouting for joy ) Yes , we all agree with you . Let's start now otherwise it'll be too late because another storm's coming .

All : Set out for work , singing merrily . As soon as the houses have been restored to good condition , it suddenly gets dark .

Old Toad : Another storm and hurricane is coming . Let's get in .

## ACT V

## THE STORM GENIE APPEARS

The Storm Genie : Ah ha , they're all scurrying . This time ; I'll destroy everything . ( Winds are blowing hard, but the houses

- 5 -

still hold fast ) . Hum , they've just restored their houses . Phew, I'm getting tired of blowing, but the houses haven't fallen down . Phew . Where is my 11-grade hurricane and where is my 12-grade hurricane ?

Two heads of wind : Yes , here we are .

The Storm Genie : Muster all your strength to destroy this hill for me .

Two heads of wind are trying hard to blow . All the houses remain in good condition . The two heads of wind fall prone with exhaustion .

The Storm Genie : Why so ? Why drooping dead like this ?

Two heads of wind : We're exhausted . We can't blow any more . This is a bitter defeat .

The Storm Genie : I'm also weary . Well, we'll win the day another time . Let's withdraw .

The Storm Genie and his children disappear . Calm returns . all the animals run out of their houses looking merry . Flowers are blooming .

Old Toad : ( Beating a drum roll ) Well, as you see, the storms and hurricanes have been defeated . Our houses are strong and reliable Let's make merry to celebrate our victory .

All sing and dance cheerfully : United against calamity .

Storms will have to give in  
All families are happy  
Life is as good as ever  
la la la ...

25 July 1991

at the Temple of Literature

Đàm Thành .





## **Annex 4: Seminar report and evaluation**

### **Water supply and sanitation**

### **Preventing typhoon damage in buildings**

Seminar held in Thanh Hoa, Vietnam,

April 1992

### **Report and evaluation**

**Deborah Allen**

Report prepared at the request of Development Workshop/GRET

Table 1: Workshop participants according to age and occupation.

AGE:	20 - 29	30 - 39	40 - 49	50 +	TOTAL
<b>OCCUPATION:</b>					
<b>HEALTH SECTOR:</b>					
Doctor	-	1	4	1	6
Assistant Doctor	-	-	1	5	6
Nurse	-	-	-	1	1
Healthworker	1	5	4	-	10
Administrator	-	1	-	-	1
<b>COMMUNE OFFICIALS:</b>					
Chairman	-	-	1	1	2
Secretary	-	-	1	-	1
State Management	-	-	-	1	1
<b>MASS ORGANIZATIONS:</b>					
Women's Brigade	-	1	1	-	2
Father's Front	-	-	-	1	1
Youth & Teenage Brigade	-	1	-	-	1
<b>OTHERS:</b>					
Engineers	-	1	1	-	2
Teacher	-	-	-	1	1
<b>AGE GROUP TOTALS:</b>	<b>1</b>	<b>10</b>	<b>14</b>	<b>12</b>	<b>37</b>



## 1 The Workshop

The context, statistics and examples for this report are drawn from a questionnaire (see Appendix A) that was used in conjunction with a workshop organized by Development Workshop/GRET in Thanh Hoa Province, Vietnam in April 1992.

Thanh Hoa is a resource-poor province where typhoons compound already harsh economic conditions. Two villages, Quang Linh and Quang Xuong, were the focus for the workshop participants' investigations. Despite considerable evidence of private housebuilding, both actual and imminent, the level of poverty was obvious. The quality of shelter and water supply were clear indicators of economic disparity between households, while material possessions such as a radio or bicycle indicated a household's material priorities. For most households there were annual food shortages although rice cultivation was the main source of income and the VAC cycle of subsistence (fruit garden, fishpond, livestock) was widespread.

The workshop was organized as an integral element of Development Workshop/GRET's two rural development pilot schemes of typhoon resistant construction and improved water supply. The issues of health, environment, sanitation and communication, expanded the focus of the workshop. Communication techniques used during the short 3 day workshop ranged from instruction, video, reference documents, groupwork, fieldwork surveys, pictures, interviews and the questionnaire. The emphasis of the workshop was to take a holistic approach to the issues and generate discussion and ideas that could realistically be put into practice. As a "process", a workshop can demonstrate a variety of communication dynamics: different structures of groupwork; active participation and exchange of ideas; motivation skills.

In addition to the workshop, and as an example of creative communication, a traditional puppet theatre company performed two specially commissioned plays focusing on the development themes of water quality and typhoon damage prevention.

The three day workshop was structured to provide brief introductions to the central issues followed by concentrated participation in small working groups and to include periods of reflection. The final stage enabled each group to apply the skills and information in a "model" of a hypothetical problem which mirrored the realistic circumstances of the nearby villagers. The final phase was organized as a competition with prizes for the best three groups' solutions.

The majority of the workshop participants (see Table 1) were involved in the health sector. However they were all, in one way or another, involved in "mobilizing" that is seeing that propaganda campaigns are carried out.

### 1.1 Introducing the Issues (see Appendix B)

- \* Health and Environment
- \* Water Quality
- \* Sanitation
- \* Typhoon Resistant Construction

It is all too easy to compartmentalize development issues. Everyone is preoccupied with their own specialization. Problems are inevitably addressed from the perspective of one's specialization. Priorities tend to reflect the specialization of the evaluator.

The workshop commenced with four introductory talks on the topics listed above. Each talk touched upon the issue of communication.

As a result of these four talks and in response to the questionnaire at the end of Day 1, workshop participants listed the most pressing problems they experienced in their area:

<b>PROBLEM:</b>	<b>No. of times mentioned:</b>
Sanitation and environment	30
Rural water quality	27
Typhoon damage	25
Primary healthcare	10
Health education	5
Integrated healthcare	4
Family planning	4
Population	2
Prevention of epidemics	2
Co-operation between administration offices	2
Management	1
Educational organization	1
Mother and baby issues	1
First aid	1
Fulfilling instructions	1
Ensuring farmers observe the law	1
Helping each other	1

## 1.2 Group Work and Survey Skills

The purpose of dividing the workshop into small working groups is to encourage full participation from each member whose expertise and experience contributes to the whole. Different perspectives and experiences have value and encourage a broadening of the discussion.

In the first phase of the workshop, each group was led by one of the workshop animators or visiting experts. Their purpose was to guide the groups towards establishing a set of objectives according to their specializations. From these discussions the framework was set up for the subsequent fieldwork of a village survey and interviews with village householders. A brief report on each specialist group's survey provided the feedback by informing the workshop of the conditions and problems they encountered.

The Communications group experienced some difficulty with its definitions. The terms used in this report to describe the process of communication have been transmitting; receiving (as in listening); understanding; taking action; changing patterns of behaviour. However the terms familiar to the Vietnamese workshop participants were propaganda (message, transmitting), motivation (receiving and understanding), mobilization and obedience (action and changed behaviour). After some discussion on the definition and practice of propaganda and mobilization, the group established their framework for the survey and interviews:

- \* Assess the conditions of 2 or 3 individual households.
- \* What propaganda campaigns are the households familiar with?
- \* How have they responded to the campaigns?
- \* What are the priorities of the households?

The Communications group also explained how existing propaganda campaigns were implemented. Local bureaucracies receive instructions from higher authorities and requests from lower leadership committees (representating the mass organizations such as women's brigades, father's front etc.). Their task of prioritizing problems is highly influenced by available funds, technological resources, and solutions in "packages" that may have general applicability but lack flexibility to reach out to specific and diverse groups.

The second phase was re-grouping the participants so that each new group consisted of a matrix of "specialists". That is each member of the group was contributing their expertise (acquired from the earlier specialized groups). This non-hierarchical structure generates a holistic approach to the debate. Each "specialist" becomes aware of the wider impact of their ideas and takes equal responsibility in the decision-making and solutions.

### 1.3 Setting the Objectives

Objectives must be clear, unambiguous and attainable. They are the starting point of a process as well as the goal.

In a workshop situation, a free-ranging discussion is initiated to raise all the important and related factors to the problem under discussion. This activity or brainstorming is intended to generate a long list of words, terms or ideas from which a shortlist of the most crucial ones can be extracted. The shortlist can then be formulated into a clear set of objectives.

The objectives of the Thanh Hoa workshop were to:

- Illustrate the idea that a better health for everybody needs a better quality of environment;
- Propose solutions well adapted to the local situation, technically, economically and socially;
- Develop the capacity of local technicians to help villagers to improve their environment;
- Develop the awareness of local people of reinforcing housing and public buildings to prevent the effects of typhoons.

A competition was organized for the workshop groups to measure their achievement of the objectives in a hypothetical scenario of realistic problems.

*Method:* Analyse the likely problems of a typical family with familiar house type, with given layout for the latrine, water supply, crops and livestock.

*Propose:* Realistic solutions for each problem identified.

*Explain:* How to motivate the family to adopt the solutions.

## 2 Planning a Strategy

The main elements of this stage are:

- \* Identifying the people, skills and resources available.
- \* Identifying the targeted individuals or audience.
- \* What is the expected outcome?
- \* Testing the strategy against the expected outcome.
- \* Incorporating an improvement cycle

Consider who is intended to benefit from the project, either immediately or in the future.



Be creative about strategies and direct them to different targets - age groups, genders, occupations, decision-makers. Mass organizations are already dividing Vietnamese society along these lines.

Use different media to represent the information in several different ways so the repetition does not become monotonous.

Monitor strategies against goals for achievement and improvement.

## **2.1 Assess the situation**

Is technology the only practical solution to a problem? How does a pilot scheme relate to familiar issues? What are local needs, skills, resources, systems and patterns of behaviour? Who will be responsible for the pilot scheme as an ongoing matter?

Modern technology usually requires trained operators, skilled maintenance, access to spare parts and very often a reliable source of energy. The cost and maintenance of complex technology is likely to prohibit its replicability at household level. Nevertheless there are clear cases when the single technological fix is appropriate.

Upgrading existing systems or use of resources with technology is often undermined by attitudes that devalue "old fashioned" or traditional ways. Each condition needs to be carefully and flexibly assessed. Where "improvements" are likely to disrupt or divert traditional patterns and resources in a household or region, inertia may be the biggest obstacle. The resultant wide gulf between aspirations and realistic solutions can be bridged with an effective process of communication.

## **2.2 Communication as an integral part of the strategy**

Establishing an understanding, commitment and the motivation to achieve the long term objectives of a development project needs a communications strategy that takes an holistic and multi-layered approach. Through education, the message to children will differ from the the transfer of information to adults. Priorities in the household may differ according to gender and age. Entertainment can successfully transmit a serious message, as the Hanoi Puppet Theatre Company demonstrated. Repetition, particularly when received in a variety of ways and over time, is an important factor in internalizing information for lasting change.

The experiences of the Hue workshop to develop typhoon resistant construction techniques was recounted by Mr Mon of the Hue Institute of Housing and Building.

He emphasised the need to keep proposals simple. The workshop of 35 builders were involved in all stages of developing the construction techniques. They discussed their ideas and theory in the mornings and put them into practice in the afternoons as the construction was underway. A document of 10 construction principles was developed.

The communication campaign was also fully discussed and designed by the workshop participants. They prepared posters and leaflets with the 10 points described in drawings and rhymes, organized competitions of poetry and songwriting, used playing cards and youth processions to repeat their information, commissioned a video and a short play. The local brigades became fully involved with the campaign as the typhoon season began and were encouraged to survey houses afterwards to assess the damage or its prevention as a result of the 10 construction principles.

The first buildings provided the builders with the experience of developing simple and adaptable techniques with local materials. They provided the community with examples of buildings that could withstand damage from typhoons. Householders could see that if they prevented their houses being destroyed periodically, they would benefit in the long term.

The workshop at Hue demonstrated a process that expanded the builders' scope of endeavour rather than narrowing it. The workshop of mobilizers and professionals at Quang Xuong had the same underlying purpose of working through problems creatively. They developed rapid survey and assessment techniques and a hypothetical model tested out their ideas. Innovative solutions were being tested in risk-minimizing contexts of a workshop, a hypothetical situation, a pilot scheme.

### **3 Review the Process**

Allow opportunity for reflection. It is usual for problems to continue being turned over in the mind even when the body sleeps. For all its apparent lack of activity, this part of the process can be very productive.

The questionnaire at the workshop asked the participants to critically appraise the key elements of the Day 2's activities (see below). This provided feedback for the workshop animators, and was intended to draw a clearer picture of the workshop's process for the participants who expect to become animators of workshops themselves.

From the questionnaire (Day 1) the expectations the participants had of the workshop fell into five categories:

- \* to gain skills in identifying problems and experience a process of solving them.
- \* an opportunity to share experiences
- \* to improve propaganda skills
- \* to attract foreign financial aid.
- \* towards a better society.

By the end of Day 2 there was some considerable disillusionment amongst the participants who felt that the workshop offered them nothing new. They wanted realistic skills not hypothetical exercises, and that outside agencies should be offering financial help. Work on the competition had also reached a low point of enthusiasm and the participants were impatient to present their solutions.

However by the following morning, Day 3, there was renewed momentum with new ideas to improve the competition entries. What had seemed like intractable problems the day before had become a challenge to the groups.

### **4 Review the Strategy and Improvement Planning**

The workshop's step-by-step approach promoted involvement and experience for all the participants with minimum risk. Instead of receiving information in all-purpose reference manuals, the workshop participants were encouraged to take more responsibility as mobilizers. Some envisaged preparing reference material themselves to suit the specific conditions of the

issues they were concerned with. Instead of relying heavily upon direct instruction and loudspeaker repetition, communication skills were being seen in a new light.

Table 2. Communication techniques:

The questionnaire revealed a shift in perceptions of communication techniques between Day 1 and Day 4 of the workshop:

	Day 1 (%)	Day 4 (%)
Loudspeaker	66	48
Propaganda campaigns	36	-
Direct instruction	27	-
Posters	24	66
Workshop/symposium	24	18
Video/film	21	33
Poem/song/playwriting	18	39
Books/instruction documents	12	24
Short term training	9	36
Mass organizations activities	3	45
Household centred discussions	-	12
Radio	-	54
Puppet shows	-	69
Exhibitions	-	6
Surveys	-	3
Processions	-	3
Pilot schemes	-	3

These statistics are backed up by the shift in attitude also noticeable in the comments between Day 2 and Day 3 when the questionnaire asked, "What problems have you experienced with today's programme?"

#### Day 2 reponses

\* There was a lack of clarity or repetition from the group animators which meant that instructions were not fully understood. Furthermore there was a lack of time for the activities of the workshop to be carried out properly.

\* The hypothetical exercise was felt to be of limited use while economic problems remained the fundamental factor preventing development.

\* A few participants wanted a more pedagogic approach with clear instruction and materials to study. The group-centred approach was interpreted as a lack of preparation by the animators.

#### Day 3 response,

\* A pilot scheme would provide the example, experience and test case for improvement programmes, bearing in mind that many improvements have or create new problems.

\* Technical and reference material was needed to assist decision-making, and technical support from international agencies should assist in the early stages of a project. It would be



useful to make a reference document of the solutions and motivation techniques on the workshop.

\* Wideranging communication strategies including posters, books and documents were needed for mobilizing campaigns. Simple information strengthens propaganda, but improved skills from experience in convincing householders would prevent backsliding from lack of support.

\* Economic assistance was needed either as initial funding or long term provision for improvement programmes. The state or foreign agencies should provide material incentives, or at least the building materials to assist poor households to improve their living standards.

## 5 Measuring achievement against objectives

The competition provided the opportunity to measure the achievement of the workshop against the objectives.

Each entry demonstrated a general understanding of the causes of water contamination and their proposals included rearranging and improving existing facilities (well, latrine, livestock area etc).

Three proposals were short-listed. The finalists were each allocated a household (similar to the hypothetical household) in Quang Xuong where they were to gain practical experience of convincing the family to adopt their solutions. This may have been one of the few times that the mobilizers will have been putting forward their own ideas or solutions rather than carrying out instructions.

Reporting back to the workshop, the three groups' firsthand experiences formed the feedback for potential improvement planning.

This closing stage of the workshop was a starting point for a momentum towards a continuing transfer of information. Measuring the successful transfer of information is not a simple process and needs to be carried out over a long time period. Tangible evidence of changed attitudes or actions may be missing netherless a momentum that is continuing a process of change may be apparent though less obvious.

### 5.1 Statistics

Statistics can provide a snapshot of a very concrete situation. They cannot penetrate the realms of understanding, aspirations, intentions which evolve over a potentially long period before actual change is evident. Moreover statistics do not guarantee that the evidence of change is proof of a successful project. A series of snapshots over time can construct a picture of statistically measurable changes that have taken place.

A pilot scheme to build a new type of latrine for every household in a village was considered a success when the statistics showed that all the construction requirements had been fulfilled. But the follow-up survey revealed that most families were not using the new latrines. They had become blocked and unusable not only from inadequate information on use and maintenance, but also from constructing an inappropriate technology for a region with a high water table. These obstacles compounded by considerable inertia to change sanitation habits, had not been understood from the original statistical information on the project.

## 5.2 Subjective evaluation

In one sense this task will be harder because it is less quantifiable or precise, on the other hand there is a point at which an intuitive assessment of change must be taken into account. If the final outcome is to evaluate whether there has been a change in behaviour patterns as a result of the project, then the early signs to look for might be:

- \* what is the level of commitment to the project?
- \* what evidence is there that the project is a high priority on the household's economic resources?
- \* what level of involvement does the individual or community have with the project?
- \* have there been any voluntary or allocated responsibilities associated with the project?

This list is certainly not complete nor indeed appropriate for every situation. Discussions to establish a general guide beforehand would be helpful. Equally importantly this is not a one-off exercise as changed behaviour evolves slowly and consequently the exercises needs to be repeated.

## 5.3 Replication or ongoing communication

As much as the evaluation of change needs to be repeated, so does the message itself. The Hue workshop had a consistent low profile communication taking place with the posters, leaflets and playing cards in continuous circulation. A more forceful campaign was organized with competitions and processions involving the whole community, and often strategically timed before the typhoon season. Other special events such as the video and play needed to be carefully programmed so that the message remained fresh and entertaining.

The puppet show which accompanied the Workshop in Quang Xuong and Quang Linh demonstrated the value of using entertainment as a vehicle for serious information. This is certainly not a new idea and many stories in folklore and myth, have an underlying message or moral woven into the fabric of the tale. In the two specially commissioned plays, the Hanoi Puppet Theatre company introduced the themes and characters wellknown to villagers. The water purity issue was woven into a story about village life using humour, drama and vivid puppet representations of the bacteria found in water. The theme of typhoon resistant construction techniques was conveyed by puppets of farm animals and a larger than life typhoon demon.

The second of three performances took place in the field next to the Quang Linh School during the lunch break. Every nearby tree held one or two children. Bicycles were bound together to form platforms for spectators. The open forum meant that there were almost as many watching from behind the makeshift stage as in front. Success could not be measured from the applause but from the rapt faces and the fact that the audience remained, indeed increased, to the end of the performance despite the midday heat. The timing was criticized by the healthworkers on the workshop.

The point of such entertaining events is as much in the activity that it generates, the pleasure that it gives and the images that are retained in the memory relating to the serious message. The children of Quang Linh had never seen a puppet show in their village, yet they were attending school where the buildings had been used as the pilot scheme for typhoon resistant construction techniques. Its not hard to guess which will have made the most impact upon them. The sources of water pollution may not have been spelled out in the puppet show but



the connection will have been made that a water filter is good for your health (and true love and future happiness according to the story!)

## **Conclusion**

Communication is a flexible skill, it comes in many forms and is difficult to measure. While there is no advantage in setting out a rigid formula to follow, communication skills need more recognition and attention. The priority for communication aspects to be integrated from the early stages of a development project rather than "tacked onto" the end, is likely to have longterm benefits, as a cost-effective, ongoing transfer of information and ownership to the client/public.

The workshop process appears to offer a loose framework for stimulating ideas in a short but intense period of activity. The participants need to maintain the momentum when they return to their familiar tasks and problems. A commitment to several workshops over a long period of time could be one way of reproducing the stimulus, providing continuous support and for the process to become familiar. Continuity between workshops and work could be explored in a final activity of the workshop. Participants might sketch out a task to which the recent skills and experiences of the workshop could be applied. The danger is that without some ongoing support, the opportunity to put stimulating experience and ideas into practice will fade when faced with familiar problems and inertia.

Workshops are a valid means of introducing and supporting the notion of communication in development. The wider scope of activity is infinitely variable once the dynamic is in motion.



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