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STANDARDS FOR PUBLIC HEALTH EDUCATION PROGRAMMES
IN REFUGEE CAMPS

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A. INTRODUCTION

1. Background

The Kampuchean refugees are from a country which is sparsely populated and where the majority of the people live in a rural environment. In their former environment it was possible to practise poor personal hygiene habits without too great a risk of disease and/or debilitation. However, the situation is now changed. Today, the refugees are living in an abnormal situation. The refugee camps are not only crowded beyond the normal densities of even urban slum areas, the public health and sanitation systems that are required by the situation offset only marginal environmental protection and safety. Thus, the hygiene habits that were permissible in their normal situation are not acceptable to the present one. In order to prevent the spread of disease and debilitating infections, a sense of personal responsibility for hygiene, cleanliness and sanitation congruent to the necessities of life in a refugee camp must be instilled in each family. For this reason, each camp must develop a Public Health Education Programme.

2. Concept

Public Health Education is the process of creating an awareness of the special requirements for personal health and cleanliness and ways in which individuals can accomplish these objectives and contribute to the reduction of risks of disease in their daily family routines. The Education Programme must present information on a regular and timely basis about topics such as personal cleanliness, food preparation, proper disposal of garbage, sanitation habits, child care, preventive health, vector control and screening diseases. PHE is not a substitute for good site services such as sanitation, garbage collection, etc. yet neither can disease be effectively controlled without participation by the refugees.

To be effective, the information must be presented to almost every family in the camp. To accomplish this, a variety of presentation methods must be used: home visits, public meetings, visual reminders (such as posters) and others. A set of camp public health rules must be developed and presented to the refugees as part of the programme and self-enforcement of the rules by the families should be the clear goal of the programme.

3. Target Group

While the goal of PHE programme is to inform all adults in the camp, the primary emphasis of the programme is presenting the information to women. In the Khmer culture it is the woman who must be responsible for sanitation and hygiene related activities in family life. She is responsible for storage of food, preparation of the meals and disposal of the wastes; she takes care of the children and cleans up after them; she is responsible for cleaning the shelter and washing the clothes. Thus, the woman becomes the principal control factor in public health.

As a second priority, children will also need public health information. With proper education the hygiene habits of the young can be modified at an early age and proper sanitation can become a way of life.

4. Objectives

The objectives of the Public Health Education Programme are:

- a) To train selected groups of Khmers to become qualified and competent Community Health Workers who will in turn carry out the functions of the Public Health Education Programme to the general population.
- b) To develop community-based programmes where the services of the Community Health Workers will be used effectively.
- c) To encourage total participation, involvement and eventual management of the programme by the Khmers.

5. Goals

The goals of the Public Health Education Programme are:

- a) To present informal courses on various public health topics on an individual basis to 75% of the adult women now residing in each group.
- b) To present an orientation on public health rules to all new arrivals over the age of 10 in the camp within 48 hours of their arrival.
- c) To present public health information on a routine basis to all school classes in each camp.

B. GUIDELINES

1. UNHCR Policy Statement

The Public Health Education Programme will be developed as a means for improving the basic quality of life, health and general welfare of the Khmer people. The programme will stress preventive control measures for a sanitary and disease-free environment, which is directly related to the quality of health. So often this fact is not fully understood and the result is a high incidence of disease caused by an unsanitary environment.

The Public Health Education Programme should communicate the preventive methods, routines and procedures for maintaining a healthy and disease-free camp environment.

It is UNHCR policy that emphasis is placed on involvement from the Thais in helping in Khmers to develop and manage the programme.

2. Topics

The Public Health Education Programme should be divided into activities, home visits to women, orientation of new arrivals, school presentations and public meetings.

a) Home visits to women should present information on the following subjects:

1. Sanitation
2. Proper disposal of cooking and meal wastes
3. Personal cleanliness and hygiene
4. Proper storage of food
5. Cleanliness in food preparation
6. Child care and childhood diseases
7. Breast feeding vs use of bottles
8. Fly control
9. Environment related diseases
10. Cleaning the house and site
11. Nutrition
12. Pregnancy

b) Orientation of new arrivals should include the following:

1. Camp rules
2. Sanitation instructions
3. Garbage disposal
4. Instructions relating to water

c) The Public Health Education Programme for schools should include the following topics:

1. Camp rules
2. Sanitation
3. Garbage disposal
4. Nutrition
5. Personal cleanliness and hygiene
6. General health

d) Public meetings on Public Health Education may cover any subject.

3. Priorities

These general priorities in the presentation of information are expressed in the order of the topics listed above. Priorities should be adjusted, however, to help control specific public health threats as they occur.

4. Method of Presentation

It is the policy of the UNHCR to encourage the Public Health Education Programme to utilise an imaginative range of presentation techniques to present the information. Home visits should use visual aids and leaflets describing the major points of the presentation and should be left with each family at the end of the visit. Public meetings and school courses should use audio-visual materials to the greatest extent possible. Plays, mime and musical presentations are encouraged.

5. Training Programme

A training programme should be utilised as a joint effort by UNHCR and various voluntary agencies operating in the camps to train selected Khmers as community-based public health workers. A Public Health Education Officer appointed by UNHCR or a programme director designated by a voluntary agency should develop and implement the programme in general accordance with these guidelines.

These classifications of workers should be selected from each section, women as extensionists or home visitors, men or women as instructors for schools and public meetings, and men as orientors for new arrivals. Persons chosen from a section should, if practical, work in that section.

Training classes should begin as soon as a group of 25 people have been chosen. The training course should include sessions on information about the public health topics, methods of teaching, methods of extension work, and proper use of visual aids and leaflets. Training should cover topics slowly and thoroughly.

Once the training is complete, each worker should begin according to his assigned routine. For the first few days one of the agency or UNHCR staff should accompany the worker to check on their presentation and make suggestions on how their techniques could be improved.

One period of each week should be set aside for recurrent training and introduction of new topics. Once a syllabus for training has been put into service, new workers can enter training at each of these sessions (but after an orientation course).

6. Extension Work

The home visitors programme is the top priority of the Public Health Education Programme. As such, emphasis should be given to training the workers in observation of health hazards, basic nutrition and medical surveillance, and on proper follow-up recording procedures. The home visitors should also receive orientations on the various site services, how they are organised, and who is in charge so that they can answer questions from the public should they arise.

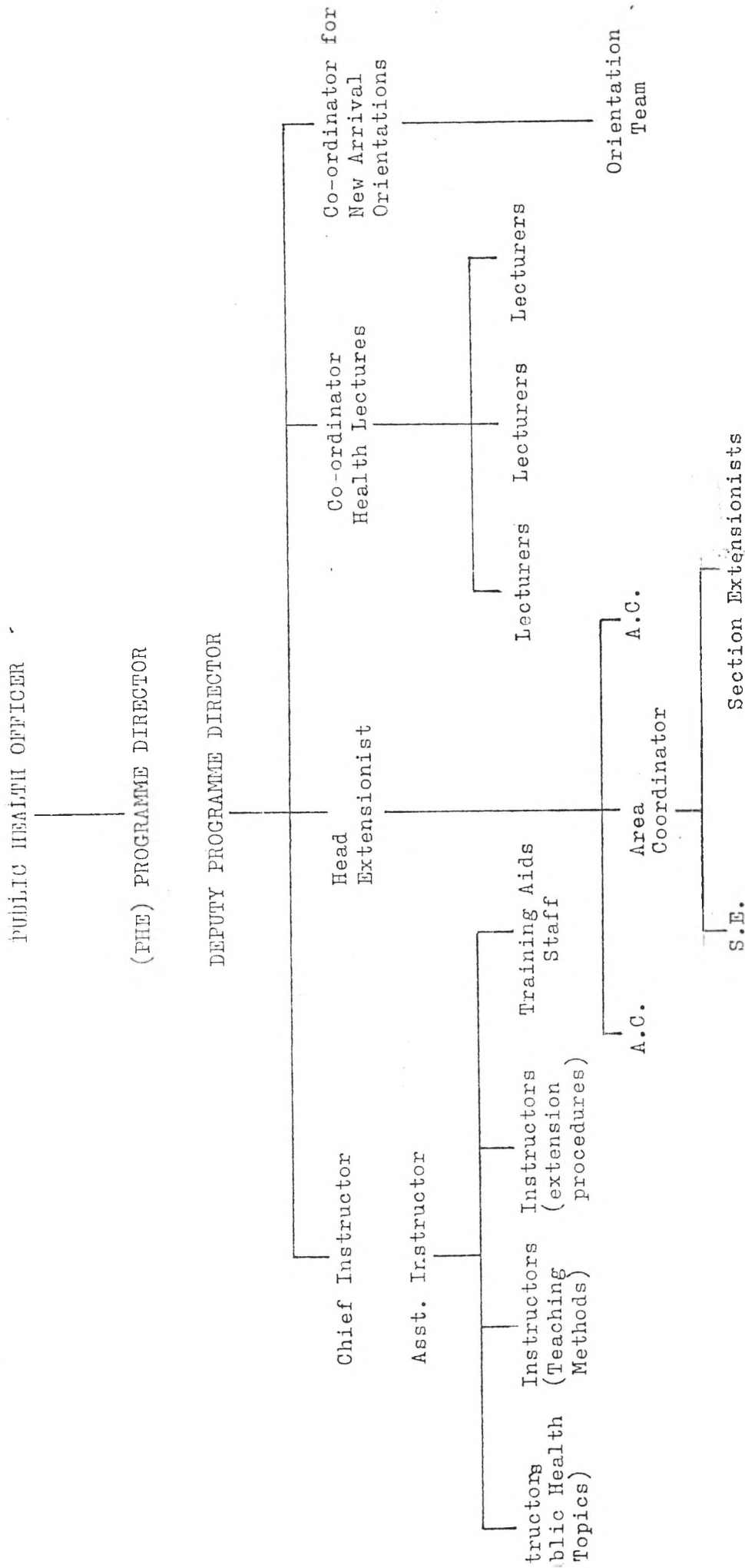
Experience from prior refugee situations indicates that initially, home visitors should work in pairs. This has three advantages; the workers cover topics more thoroughly and reinforce each other, the record keeping and surveillance are more accurate, and security for the women is better. After several complete tours of the assigned areas have been completed, the team can be divided if necessary.

C. ORGANISATION

The person responsible for initiating the Public Health Education Programme in each camp is the Public Health Officer. The Public Health Officer may either appoint a programme director to organise the programme or can contract a volag or Thai government agency to develop and conduct this programme. If the latter course is chosen, the Public Health Officer will assist the operating partner with purchasing and other functions necessary to successfully implement the programme.

A suggested organisation for a Public Health Education Programme is shown on the following page.

SUGGESTED ORGANISATION FOR
PUBLIC HEALTH EDUCATION PROGRAMME (PHE)



D. ROUTINES

Routines should be developed according to the needs of each camp and its special problems. As a minimum, a plan for the routine, sequential visiting of each household and school in a section should be developed and assignments in each section noted on a map of the camp so that monitoring of progress can be checked.

The Public Health Education Programme Director shall prepare a report on the progress of the programme and present it to the Public Health Officer. The Public Health Officer and the Programme Director will then jointly present an oral summation of the report to the Camp Administrator and Camp Construction Officer. Copies of the written report will be forwarded to the UNHCR Education Officer, the UNHCR Public Health Co-ordinator, and the UNHCR Chief Engineer and the Planning and Evaluation Team.

E. JOB SPECIFICATIONS

1. Title or Position: Public Health Education Programme Director

A. Supervisor: Public Health Officer, Camp Administrator

B. Subordinates: Persons in the Public Health Education Programme

C. Duties:

- To approve and co-ordinate activities in the Public Health Education Programme
- To prepare reports of Public Health Education activity to the Camp Administrator and Public Health Officer
- To attend public health related meetings

D. Responsibilities:

- To ensure that the programme receives proper funding
- To manage the programme's budget
- To maintain contact with all aspects of public health in the camp

E. Co-ordinates Work with:

- Volags, Sanitation Officer, Medical Co-ordinator, Education Officer, Nutrition Officer, any office that is connected public health

F. Maintains Communications with:

Personal contact with the above and Thai Public Health

G. Maintains Communications by:

Personal contact

2. Title or Position: Deputy Public Health Education Programme
Director

A. Duties: Assistant to the Public Health
Education Programme Director

3. Title or Position: Chief Instructor

A. Supervisor: Public Health Education Programme Director

B. Subordinates: Assistant instructor, training instructors and training aids staff

C. Duties:

- To co-ordinate lecture topics and lecturers
- To recruit lecturers for the programme
- To supervise the staff for training aids

D. Responsibilities:

- To ensure that topics are covered thoroughly by lecturers
- To ensure that the lecturers are competent
- To assist in developing lecture material

E. Co-ordinates Work with:

Head Extensionist, Co-ordinator of Health Lectures, Co-ordinator for New Arrival Orientations

4. Title or Position: Head Extensionist

A. Supervisor: Public Health Education Programme Director

B. Subordinates: Area Co-ordinators, section extensionists

C. Duties:

- To co-ordinate the public health extension programme
- To organise and implement an effective home visit programme

D. Responsibilities:

- To ensure that the extension programme is effectively carried out

E. Co-ordinates Work with:

Chief Instructor, Co-ordinator of Health Lectures, Co-ordinator for New Arrival Orientations

5. Title or Position: Co-ordinator of Health Lectures

A. Supervisor: Public Health Education Programme Director

B. Subordinates: lecturers

C. Duties:

- To co-ordinate public health education lectures for the various training programmes
- To recruit persons with experience in lecture topics and help them to develop lecture material

D. Responsibilities:

- To ensure that the lecturers information is accurate and delivered clearly and effectively

E. Co-ordinate Work with:

Chief Instructor, Head Extensionist, Co-ordinator for New Arrival Orientation

6. Title or Position: Co-ordinator for New Arrival Orientation

A. Supervisor: Public Health Education Programme Director

B. Subordinates: Orientation teams

C. Duties:

- To supervise the orientation teams

D. Responsibilities:

- To ensure that public health orientation is given to all newly arriving refugees

E. Co-ordinates Work with:

Chief Instructor, Head Extensionist, Co-ordinator of Health Lectures