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WHY WASH?



Part One

Training Manual for Community Facilitators in Behaviour
Change Communication in the Water, Sanitation and Hygiene
Promotion

Developed for the Ghana WASH project
May 2011



WINROCK
INTERNATIONAL

Putting Ideas to Work

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DISCLAIMER

The author's views expressed in this manual do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Section One

Introduction to the Trainers Manual



SECTION 1: INTRODUCTION

Improved hygiene and sanitation is important to ensure and promote good health. Good health is important in developing the capability of people to become productive members of society. Improved practices on hygiene and sanitation will not only reduce health-risks but will also result in “opportunity cost gained” both for the family and the society. Globally, the concern on improving hygiene and sanitation – especially hand washing before eating and after using toilet and sanitary disposal of faeces – is viewed as an effort in reducing health risks and thereby reduce morbidity and mortality.

Approaching hygiene and sanitation at the individual, household and the community levels requires investment in creating awareness by developing their interest in WASH, guiding them to make healthy decisions, and supporting them in their actions to adopt safe WASH practices. While influencing behaviour takes longer time, it is in the long run more effective since it will influence scaling-up and sustainability.

The challenge to Behaviour Change Agents and Community Facilitators is how to influence the individual, household and the community to adopt the desirable hygienic practices as well as the sanitary disposal of faeces. The decision to adopt such desirable practices can be influenced by many factors, for example, priorities of the families to use scarce resources, beliefs and cultural practices, availability of options, access to needed resources, affordability of options, etc. Likewise, the decision to buy and invest in any goods and services is largely influenced by the perceived benefits to be gained in adopting a specific practice.

1.1 Parts of the Manual

The manual is made up of two parts. The first part, *Training Manual for Community Facilitators in Behaviour Change Communication in the WASH sector*, provides detailed content and additional information on topics discussed during the training sessions. Copies may be photocopied as handouts or reference materials for the participants. Part two, *Modules for Training Community Facilitators in Behaviour Change Communication in the WASH sector*, is a session guide which is expected to be used by the facilitators of the training. It has been designed to correspond to the sections in the first part. It is recommended that trainers intending to use the manual spend some time prior to the training reviewing the two manuals to understand how they are linked.

1.2 Users of this Manual

This manual has been developed principally to be used as a training tool for training Community Facilitators who has responsibilities for facilitating change at the community level with respect adoption of good hygienic behaviour. It provides for these implementers a step-by-step process aimed at facilitating community development towards influencing behaviour that will guide the community into action along hygiene and sanitation concerns.

1.3 How to Use the Manual

The manual is a simple to use guide for initiating and implementing community level development process with respect to water, sanitation and hygiene promotion. Experienced Community Facilitators at the community level may require, if any, little orientation on the use of manuals. However, for facilitators who do not have experience in hygiene promotion and behaviour change processes and activities, it is important to organize a training program on how to use the manual for them. **This is because no matter how adequate and good the contents of this manual is, it**

is the ability of the end user, in this case, the Community facilitator to use that would make the difference at the community level.

1.4 Structure of the Manual

The Manual is structured into nine sections as follows:

Section one provides an introduction to the manual and its uses by both Behaviour Change Agents and Community Facilitators.

Section two is devoted to community participation and mobilization including community processes. This provides the basis for initiating any development process at the community level. The focus of this section is to enable the users to understand the basics of community participation and mobilization with respect to definitions of concepts, levels of participation, and importance of participation.

Section three focuses on establishing community profiles. This is basically databank on project communities. It provides guidance on collection and analysis of information and the use of information for decision-making processes. Methods of collecting and analyzing data are included in this section.

The contents of **section four** is devoted to guidelines for establishing and developing Water and Sanitation Committee (WATSAN Committee) and Water Management Teams (Water Boards) to manage, operate, maintain and sustain community level water supply and sanitation infrastructure and to undertake hygiene promotion and behaviour change activities at the community level.

Section five is on leadership development for advocacy towards resource mobilization for hygiene promotion and behaviour change activities. The role of the Community Facilitator as a leader is also outlined in this section

Section six is devoted to hygiene promotion and behaviour change activities. It provides information with respect to the meaning and differences of concepts of hygiene promotion, hygiene education, and health education. The manual also provides information in understanding the behaviour of the individual, household and community. The manual provides information on the importance of hygiene promotion in water supply, sanitation and hygiene promotion activities at the community level. It also provides guidelines on how to develop behaviour change activities and how to deliver hygiene promotion activities at the community level using participatory hygiene promotion materials.

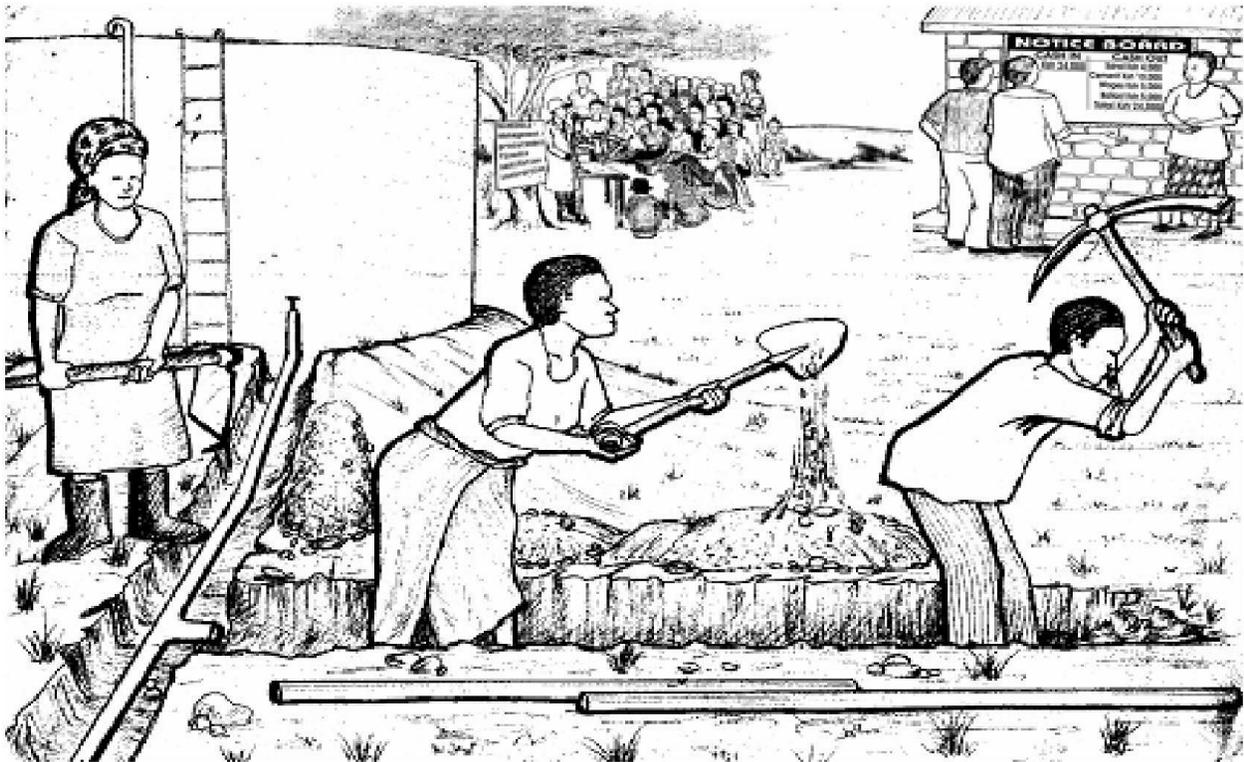
Section seven is allocated to supporting School Health Education Programs (SHEP) in Schools since children spend most of their time in school and this is an important place to incorporate education on proper hygiene and safe adoption of WASH practices.

Section eight discusses Community Led Total Sanitation and School Led Total Sanitation (CLTS/SLTS) as a means of changing behaviour and creating demand for improved toilet facilities.

Section nine covers Social Marketing of Sanitation services and technologies. It is founded on commercial marketing principles and processes.

Section Two

Community Participation, Mobilization and Community Entry Processes



Community participation

SECTION 2: COMMUNITY PARTICIPATION, MOBILIZATION AND ENTRY PROCESSES

This section of the manual discusses community participation and mobilization processes. It also provides an outline on how the Community Facilitator can enter a community and engage the community in different types of meetings.

2.1 What is a Community?

Community is used to refer to people who can be identified as sharing common characteristics such as culture, resources, interest, and experience the same problems and have a feeling that they belong together¹.

Despite common characteristics generally recognized within a community, there are still sub-groups, each with specific interests and goals. Community Facilitators should be sensitive to such groups even though it might be difficult to satisfy the needs of all sub-groups within a community.

2.2 What is Participation?

Participation refers to people taking part in something. In development work, people use participation to refer to involvement, ownership, and thinking and working together for mutual benefit².

As a Facilitator, you should be aware that:

- Participation not only involves people contributing labour, equipment or money to a project but also promotes the active involvement of all members of a community in project planning and decision making processes.
- Participation encourages people to be responsible for the short and long term processes and outcomes of a project.
- Encouraging participation can boost people's confidence; yet achieving true community participation within a short time frame can prove to be a challenge.

2.3 What is Community Participation?

Community members, leaders, and/or groups take part in activities which benefit them. This may involve the contribution of ideas, resources, time and labour. The goal of participation is to enable people to take part in decisions which affect them, to learn from themselves, and ultimately to empower them through the transfer of skills, abilities, and knowledge³.

As a Community Facilitator, one should be aware of the following principles⁴ when involving people in hygiene promotion and behaviour change activities:

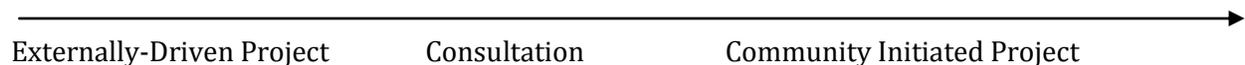
- a. **Involvement:** Participation is about people being involved. Who is involved in the current discussion? Who is not? Who is influencing a particular program? Who is being excluded? How can those individuals excluded become more involved? Facilitators of participation constantly look for ways to increase, renew or maintain people's involvement.
- b. **Building on what currently exists:** It helps to start by understanding what assets people have. These assets could be knowledge, physical capabilities, useful connections or

reputation. Underlying this is the principle of respect for the people, for their assets and for the way they perceive things.

- c. **Each situation is unique:** The particular situation of one community may differ from that of another community although similarities can exist. One must therefore be cautious in using standard procedures for all the communities in which one is working.
- d. **Attitude:** One's attitude and approach towards the people is important because it affects how one relates to people. A positive attitude and approach encourages people's commitment and participation in meetings and community activities.
- e. **Use every opportunity to learn:** As a Facilitator, one must analyze each activity and determine how effective the facilitation was. What enabled participation? What prevented it? What should be done differently? What new insight did one gain? The skill of action learning is of immense value to promoting continuous learning.
- f. **Observe, observe, and observe:** There are many components to observe when people participate. Only by observing a particular situation can one respond appropriately. How well are people listening? What do their expressions tell you? What is their body language saying? Are there some people being left out? Land, animals, and infrastructure also need to be observed.
- g. **Be bold; try out new ways of doing things:** While following the principle of on-going learning, one also needs to try innovative methods. In this way, one can foster greater participation and improve one's understanding of participation. One must also be prepared to fail and to learn from one's mistakes.
- h. **People remember best what they hear, see, do and talk about:** Memory and participation are closely linked. One is likely to remember something better if one has been involved. This involvement can be in the form of hearing, seeing, doing or talking about something; or a combination of them. When you design an event, do include activities that foster a variety of involvement - hearing, seeing, doing and talking. This is likely to contribute significantly to promoting effective participation.
- i. **Keep energy levels up:** Energy promotes participation and participation promotes energy. They go hand in hand. Someone whose energy level is high is far more likely to participate actively than someone whose energy level is low. This is closely linked to the principle that people remember best what they hear, see, do and talk about.
- j. **Gender/Diversity/Inclusion:** Participation is about enhancing equality and equity among men and women, boys and girls, the poor and the well-off. Therefore, participation is more effective when they include the gender and wealth component.
- k. **Communication/Dialogue:** Communication and dialogue form an essential part of participation. People have different perspectives, issues, needs and aspirations that require articulation, negotiation and dialogue, giving and taking, creating solutions and benefits that draw on the strengths of each person.

2.4 Levels of Participation⁵

As a Facilitator, it is important for you to understand that there are different levels of participation. This ranges from a situation where projects are decided and implemented on behalf of the community to where the community initiates the project itself and may seek support from other organizations. Below are some of the levels. Moving from left to right along the spectrum shows an increase in the participation of beneficiaries. The extreme left is where projects are brought from outside the community without major involvement from the community members. The extreme right indicates the development process was initiated and implemented by the community and that the community is in the “driver’s seat.” The midpoint indicates that consultation may involve the community members in discussing the project but that the actual project idea may come from “outside.”



As a Facilitator, which of the project levels do you think community members are most likely to take good care of?

Effective Community Participation

Effective community participation is considered to be critical to the success of any community development process. It refers to the processes by which people involve themselves in analyzing local situations, identifying problems, formulating activities to solve the problems, mobilizing both local and external resources to implement solutions to the problems. It also includes the people monitoring and evaluating the projects in order to assess the benefits extended to the community at large, and specific target groups during certain periods.

2.5 What is Community Mobilization?

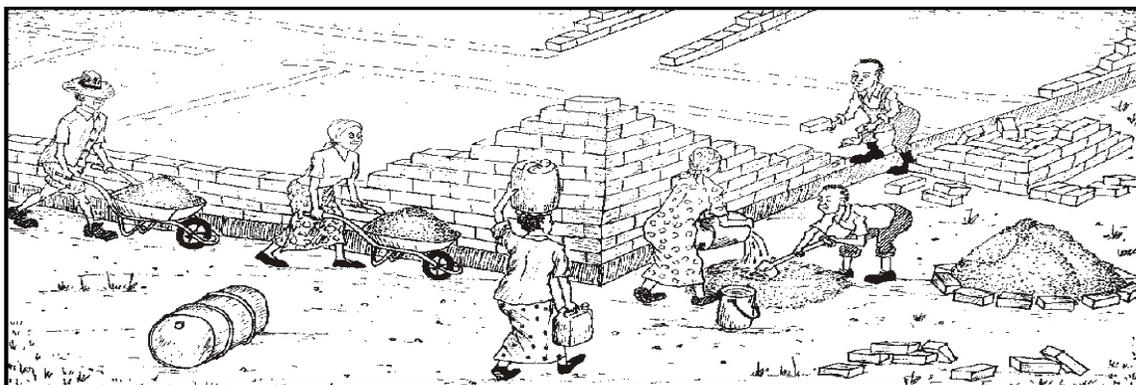
As a Community Facilitator working in communities, one must develop strategies with community leaders to encourage all community members to work together on water and sanitation projects, hygiene promotion, and behaviour change activities. This is known as **Community Mobilization**⁶.

As a Facilitator your role is to support community leaders in the mobilization process rather than providing the mobilization directly.

Why is mobilizing Communities for Water, Sanitation and Hygiene Promotion Project important?

- ▶ It brings together community members, leaders and institutions at various levels to work together to identify and solve problems relating to water, sanitation and hygiene related issues.
- ▶ It helps communities address their water and sanitation problems, identify the causes of these problems and research options for change.
- ▶ It identifies social groups and maps existing formal structures or networks.
- ▶ It builds confidence - when communities start to believe in themselves, they become inspired to take action.

The Community Facilitator catalyzes this process by providing new information where needed and establishing forums for discussion. This may result in establishing support groups, user-friendly services or forums for on-going discussion about water and sanitation-related diseases. The community may, over time, establish a range of activities it feels are needed to increase the community's ability to prevent water and sanitation-related diseases or how to mitigate their impacts.



Development is about people and people are catalysts for development

2.6 Community Entry Process⁷

This is a first step in the development process at the community level. When a community has been selected to benefit from the Ghana-WASH Project, the Community Facilitator liaises with the community to begin the mobilization and the awareness raising processes. The steps below outline the community entry processes and how to engage the community in meetings. Upon receiving information on the selection of a specific community, the Community Facilitator will:

- ▶ Make an initial visit to the community and introduce him/herself to the leaders and inform them about his/her reasons for being in the community.
- ▶ Request a time/day for community meetings to discuss the details of the project and the roles and responsibilities of communities, the District Assembly, and the Ghana-WASH project.

Meetings at the Community Level

Stage 1: Meeting with Community Leaders

For Community Facilitators who do not live in the community, the usual approach is to formally contact the “leaders” of the community first. There are two types of leaders: Formal and Informal.

⊙ Formal and Informal Leaders

Aside from meeting with the formal administrative leaders of the community, one should meet with other recognized leaders of the community such as religious leaders, traditional practitioners,

traditional birth attendants, teachers, etc. These people are commonly called **Opinion Leaders**. Good contacts with these key individuals may facilitate work in the community. It is advisable that you avoid discussing problems and solutions to water, sanitation and hygiene promotion activities.

Even though leaders generally know a lot about their community and its inhabitants, they may not know all there is to know about the existing problems. Moreover, they have vested interest that could make their views and ideas differ from those of the other members of the community.

Stage 2: **Introductory Meetings**

The main objective of the introductory meetings (one or two) with leaders is to establish a partnership with the community and to enable further contact with the leaders and other community members.

Points to remember for an initial meeting with leaders

Dos

- Introduce yourself and your organization
- Have all leaders introduce themselves
- Inform them of your mission and emphasize that you have not come to impose changes, but to learn and assist the community in carrying out its own improvements
- Ask the leaders about general problems and needs in the community and ask them what solutions are already applied
- Ask them if they have suggestions for improvement of the situation which have been discussed
- Try to find how much they know about the causes of these problems
- Ask them to introduce you to the school, co-operatives, and organizations such as women groups and welfare societies
- Ask them to show you around the community one day and to introduce you to community members

Do Not

- Use the initial meeting to discuss solutions to problems
- Tell the leaders that practices in their community are wrong
- Make promises that you may not be able to keep
- Consider a list of burdens and needs brought forward by the leaders as final
- Make decisions yet about options for improvements

Stage 3: **Walks in the Community to Observe the Situation**

Several physical visits to a community are necessary to assess the situation, to get a concrete grasp of the problems, burdens and health risks, and to allow people get to know the Community Facilitator. These visits should be undertaken with a community member.

Informal talks with the people met during such community visits may provide useful information. The views of all community members are important. This is especially true when it comes to community women, who are usually responsible for matters regarding water and child care. **Key informants** such as teachers and informal leaders can provide additional information regarding the community's social and economic status.

Points to remember for the walks in the community

Do

- Pay special attention in your observations to the occurrence of any burdens, health risks, and other problems
- Visit the water source(s) whatever the distance may be
- Follow the common water transport routes from the source(s) to the homes
- Visit few houses
- Be honest and open about the purpose of your visit
- Talk with people you meet outside and in their homes
- Talk with the people about their perceived burdens and needs
- Ask whether different problems occur during different times of the year
- Try to find out how much people know about the causes of the problems in water and sanitation
- Find links between water, sanitation and disease.

Do Not

- Try to get an impression of the whole community, but don't force leaders to show you the poorer or bad sections of the community if they do not want to. This can wait until later when the contacts have become less formal and trust has been established.
- Insist on having a look at latrines and places where people defecate if people are reluctant or shy. It may be wise to postpone this until trust has been established with the community.
- Tell people that their practices are wrong, even if you think they are
- Try to see more than problems and negative aspects. Don't overlook correct, intentional and innovative practices that can be a basis for further improvements.
- Write notes when talking with people; listen carefully and write your findings later.
- Make people any promises you may not be able to keep.

Stage 4: Community Meetings

The approach used in this manual is based on continuous dialogue between the community and the Community Facilitator regarding the burdens, the health risks and the needs for the improvement of water and sanitation. Community meetings are one of the ways of promoting dialogue. However, at such meetings, people who might be able to provide useful information may be too shy or afraid to speak out. In many cultures, women are not used to or expected to play prominent roles in meetings; they do however play a major role in matters regarding water, sanitation, health and child care. Visits to the community, home visits and discussions with women's groups may provide better insight into the situation than will general meetings.

➤ **How to go about public meetings and the purpose of community meetings**

General public community meetings can be appropriate for several reasons:

- ❖ A public community meeting can be held to introduce the Community Facilitator and his/her organization. Such a meeting is necessary and informs the community members of the presence of the Facilitator and the purpose of his/her visit or stay in the community.
- ❖ A meeting can also be held to discuss the result of a community survey and to get the community's consensus on the conclusions of a survey on community water, sanitation and hygiene problems.
- ❖ When planning the community meeting:
 - Ensure that all or most of the people can attend. This refers to all the different people in the community – ethnic groups, religious groups, as well as the more affluent and the poorer. Special efforts may be needed to inform the women about the meeting and to encourage them to attend.
 - During the meeting, everyone must have the opportunity to speak. The Facilitator must especially ensure that weaker members of the community have a chance to take part in the discussion and should encourage them to voice their views.
 - Due to cultural traditions, women often have problems with speaking in public when men are present. Women can be assisted in voicing their views by introducing short breaks for group discussion among the sexes. Also, they can be asked to choose one or several spokeswomen to speak on their behalf at the meeting.
 - In some areas, cultural traditions prevent women and men from freely attending public meetings together. Women may feel more comfortable discussing the issues amongst themselves first. If necessary, separate meetings with women and men can be held. Also, informal contact with groups of women can be arranged in places where women gather for work or leisure or at their homes.
 - The date and time for meeting should be planned well. Do not, for example, plan meetings during harvesting days or when the women have to prepare meals at home or during market days. Community members can provide advice on when it is appropriate to arrange the meetings.
 - The venue for the meeting and the seating arrangements also need require careful attention. The place should not inhibit certain groups of people from coming. For example, the meeting place should not be a place where normally only men gather. Seating should be comfortable and should be arranged in such a way that everyone may hear or be heard.

➤ **Topics for a community meeting**

The Community Facilitator, together with the community, should set the agenda for the meeting beforehand. Peoples' opinions should be sought on a variety of issues that will be discussed at a particular meeting. This may include the results of the investigations and the options for the improvement of a community water and sanitation situation. The meeting agenda could also be on the selection of Water and Sanitation Committee members.

Points to Remember for a Community Meeting

Do

- Get agreement on the purpose and the content with the community members;
- Announce the meeting and its purpose well in advance, so that the whole community knows about it;
- Ensure that the place and the time of the meeting are suitable for men and women to attend;
- Encourage all community members to speak up in discussions during meeting;
- Come to general consensus on the meeting issues;
- Make the meeting extra attractive by using participatory materials like sorting cards, discussion posters and story with a gap.

Do Not

- Dominate the meeting or strongly disagree with points raised by the participants;
- Do not rush the meeting to a conclusion

➤ Working with community groups

Should a community have a committee (WATSAN Committee, Water Management Teams/Water Boards, Hygiene Promotion Team, etc.), the Community Facilitator will have to meet, plan and discuss the roles of the Committee group as well as their accomplishments. General community issues may be discussed at the first meeting but discussions on problem solving should be saved for a later meeting.

There may be other formal and informal groups and individuals that could play specific roles in the process of improving health, water supply and sanitation situations. They may be of great help in the early stages of the identification of problems, risks and needs. Many of them may also be of assistance, in the implementation, the financing and the maintenance of the facilities, as well as in the introduction and carrying out of new practices.

As a Community Facilitator, you should be careful of setting another committee when there is an existing committee which can perform the functions of the new committee. This may lead to conflict among the committees.

You should prepare to train the community groups/committees to enable them perform the roles expected of them.

Ideas to assist the Community Facilitator in having successful meetings:

- Tackle and focus on one topic at a time. Discuss the topic, make a decision and agree on who will be responsible before moving onto the next topic.
- Follow the agenda. Do not waste time talking about things that are not on the agenda.
- Keep order during the meeting.
- Do not allow only a few people to monopolize the conversation.
- Keep to time. Do not let discussions drag on for a long time.

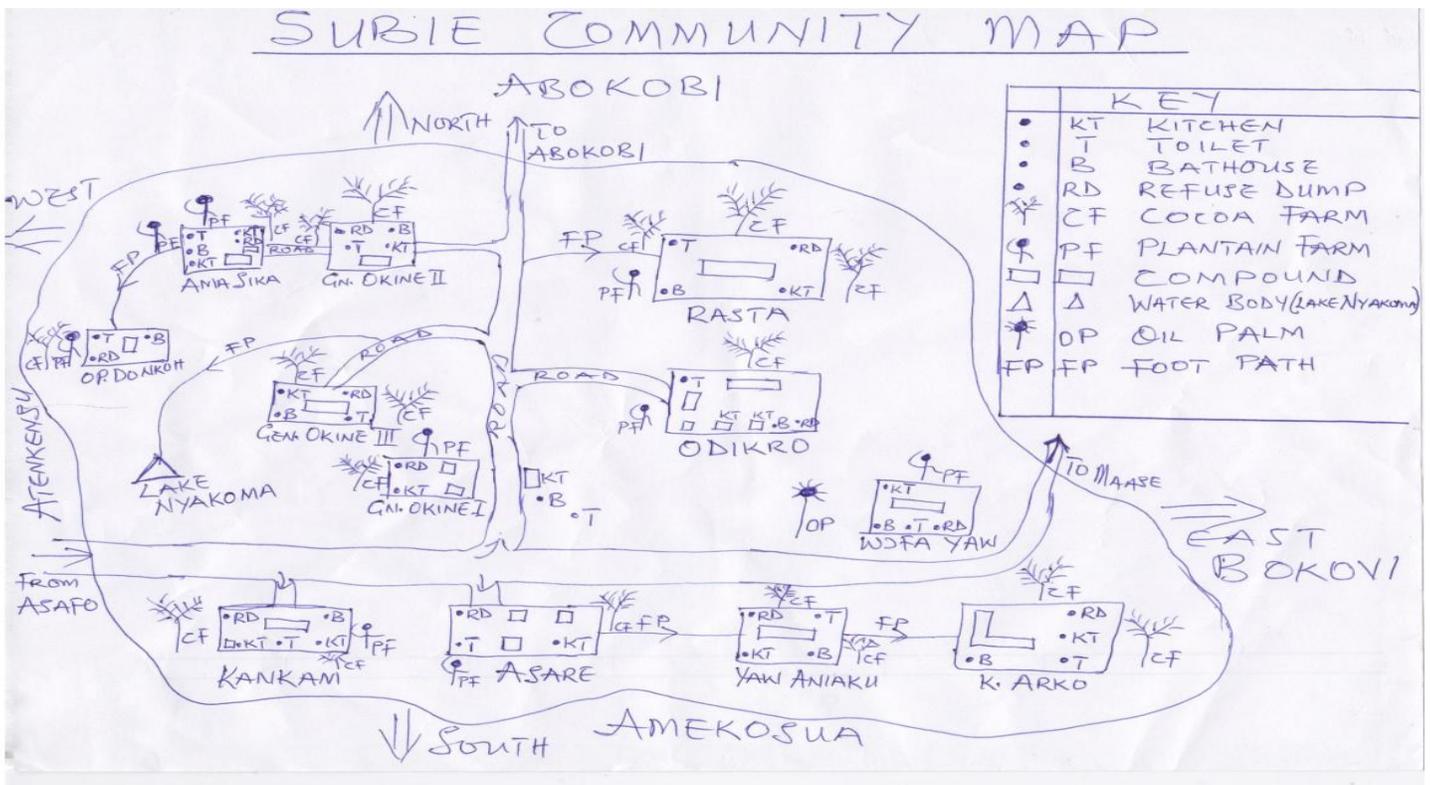
Below is a list of possible contributions from the various groups and people in a community that a Facilitator may find beneficial. The exact roles may be determined by the people and the Community Facilitator working together.

Community Groups and their possible contribution to WASH activities

- | | | |
|---|------------------------------------|---|
| ❖ | Women's Club/Groups | Personal experience with burdens and health risks
Perceived needs for improvements
Judging feasibility of improvement options
Co-operation in implementation and maintenance
Communication to other women, men and children
Labour and other material resources
Organizing women's group for work
Operation and management of facilities |
| ❖ | School Teachers | Education on health, hygiene and new practices to children and grown-ups |
| ❖ | Traditional Birth Attendants | Communicating health, hygiene and new practices |
| ❖ | Youth Club and School Children | Clean-up campaigns
Assistance in the implementation and maintenance
Indirect communication on health |
| ❖ | Pupils of Technical School | Assistance in the implementation and maintenance
Fabrication of spare parts |
| ❖ | Theatre Group/Community Performers | Performances in the framework of the process of change and improvement |
| ❖ | Local Storytelling | Communicating health messages through story telling |

Section Three

Establishing Community Profile and Information Collection and Analysis



SECTION 3: ESTABLISHING COMMUNITY PROFILES AND INFORMATION COLLECTION AND ANALYSIS

3.0 Introduction

Informational data is important to any water supply, sanitation and hygiene promotion project. The type of data, how it is collected, analyzed and used to inform project design is also essential to the success of the project. In this section, the Manual outlines how to establish a profile of a community, specifies the information needed for the community profile, and specifies how the information is collected. Collection and analysis of information and data is one of the responsibilities of the Community Facilitators. This has to be done in conjunction with the Community members.

3.1 What is a Community Profile?

A Community Profile is information about a community which has been collected, analyzed, compiled and used to facilitate the design and the implementation of water supply, sanitation and hygiene promotion activities.

After the information and data is collected and analyzed, it is the responsibility of the Community Facilitator to open a file for each community and keep the information on file. The files must be kept safely. New information about the community is used to keep the file up to date.

3.2 How does one establish a Community Profile?

When establishing a community profile, the Community Facilitator should:

1. Create a file for each community with the name and date.
2. Collect and collate information about the community and put them on the file. Project reports and action plans on the community should also be kept on the file.
3. Any time new information is provided by the community, the Facilitator should update the file.
4. A copy of the file with the information should be given to the community for their records keeping. It is their information.

3.3 What information goes into to the Community Profile?

Initial information for the community profile is obtained from the baseline data/report. As the Facilitator works with the community, new information may be acquired. The file is updated with this information. Generally, information may be required in the following areas:

- Social, Economic and Cultural situations in the community
- Education
- Water Supply and Sanitation
- Behaviour/Practices with respect to water and sanitation and factors which influence these behaviours

3.4 Information Collection Processes

a. Where does one collect this information?

The information for the community profile comes from within the community. However, some of the information may be obtained from the District Assembly, Health Centres and Education Service.

The Community Facilitator and the community should develop a strategy to collect this information.

Details on how this information to be collected is provided in **appendix 1**.

b. How does one collect this information?

There are three main ways of collecting the information at the community level. These are:

- ✎ the use of questionnaires
- ✎ participatory tools, and
- ✎ a combination of both participatory tools and questionnaires.

➤ ***Use of questionnaires***

This involves the design of questionnaires with questions relating to issues water, sanitation, hygiene promotion, social and cultural including beliefs and norms, education etc. An interviewer takes the questionnaire and solicits responses from the community members to the questions on the sheet. At the end of the exercise, the responses are analyzed by the interviewer and the results are used for program design. The outcome is mainly expressed in visual charts/graphs and in percentages.

➤ ***Use of participatory tools***

This involves the use of different types of participatory tools and techniques for collecting information. One of such tools is the Participatory Learning and Action (PLA).

With these tools, the Community Facilitator works with the community to collect the information as listed in the table in **appendix 1**, analyzes the information, identifies the problems and offers solutions to fill those needs, and develops and implements a plan of action.

The information is analyzed as part of the process of data collection. This is usually in the form of graphics/pictures. The information is also reported on gender lines since most of the activities are done on gender basis or on other lines of groupings. The information from this process is mainly qualitative. Some of the tools are:

- Community Mappings
- Transect Walk
- Triangulation
- Focus Group Discussion (FGD)
- Ranking
- Matrix Scoring
- Trend Analysis
- Time Lines
- Daily Activity Chart
- Seasonal Calendars

Details on how these Participatory Learning and Action¹ tools are used are provided in **appendix 2**.

➤ **Combination of both questionnaires and participatory approach (Qualitative and Quantitative Approaches)**

This involves the combination of both approaches outlined above. The result will be a combination of both qualitative and quantitative (figures, statistics) approaches, which provide excellent information for the community profile.

c. Who collects the information?

It is important to enable communities to collect and analyze their information and to keep copies of this information. This is possible through the use of a team approach involving members of the community and the Facilitator. The team has to draw up a plan on how the information will be collected and how the community will be involved. There may be a need to organize an orientation for the committee members on the team on how to facilitate using participatory tools.

Section Four

Formation of Water and Sanitation (WATSAN) Committees and Water Management Teams (Water Boards)



SECTION 4: FORMATION OF WATER AND SANITATION (WATSAN) COMMITTEES AND WATER BOARDS (WATER MANAGEMENT TEAMS)

4.0 Introduction

In community water supply, sanitation, and hygiene promotion projects, it is difficult to leave the management of the project in the hands of the community alone. The Community Facilitator must support the community by supporting the implementation of a system to ensure that the project is completed and is managed effectively. This section discusses Water and Sanitation Committee and Water Management Teams (Water Boards – for Small Town Systems), how they are formed, and the roles and responsibilities of the Committee/Team members.

4.1 What is a committee?

A committee is a small group of people elected or selected by the community to represent the whole community and make decisions for and on behalf of the community.

When a committee is formed to make decisions and to facilitate the implementation and management of water, sanitation and hygiene promotion activities on behalf of the community, the committee is known as the Water and Sanitation committee, or WATSAN committee.

4.2 Who make up the membership of the committee?

- ❖ The number of committee members should be determined by the activities the committee will undertake and should have the approval of the community members. The committee members should not be more than 10 people.
- ❖ For water and sanitation activities, there should be more women than men on the committee. This will give women the opportunity to take an active role in matters that concern them on a daily basis.

The Community Facilitator must strive to work with the community to include female representation on the committee.

Different groups of people in the community should be represented on the committee. This may include:

- Traditional authority representative
- Youth
- Elderly
- Physically challenged persons
- Women
- Community legal committees like unit committee
- Respected opinion leaders

It is important for the committee members to understand that they first represent the larger community's interest with respect to water and sanitation issues. All other interests are secondary to this.

The Community Facilitator should note that he/she is simply facilitating the process and that the final choice of the committee members rests with the community. The Facilitator should ensure that representation on the committee is fair and not from a sole faction of the community, as this may discourage other groups from participating in water and sanitation activities.

4.3. What are the functions of a WATSAN Committee?¹

In a community meeting, the Community Facilitator must ask the community to list the activities they would like to see the WATSAN committee performing. This list should be thoroughly discussed and agreed upon by the entire community, including the committee members. The role of the WATSAN Committee may be as follows:

1. Sensitize communities on basic hygiene practices so that maximum benefits are obtained from the water supply and toilet facilities.
2. Mobilize communities for activities related to implementing water supply, sanitation and hygiene promotion activities.
3. Lead the community in planning, implementing and monitoring of water supply, sanitation and hygiene promotion activities.
4. Lead the community to raise resources for the operation and the maintenance of water supply and toilet facilities.
5. Operation and maintenance of the water supply points.
6. Facilitate the construction of toilets at households and lead hygiene promotion activities in the community.
7. Keep proper records of all activities (including financial records) of the committee/community.
8. Act as a liaison between the community and other development agents – NGOs/ District Assembly on issues pertaining to WASH.
9. Meet regularly to work on WASH issues (a weekly meeting is recommended at the initial stages of the project. Subsequently, meetings can be scheduled on a monthly basis).

4.4 **What are the roles and responsibilities of members on WATSAN committee?2**

It is important to remind the committee members that each individual has a role and that their roles are interdependent. They must also remember that they are to work as a team to get the job done. The Community Facilitator should discuss the various positions and roles of each of committee member with the community. The positions may include the Chairperson, the Vice Chairperson, the Secretary, the Organizing Secretary, and the Treasurer.

Position/Designation	Responsibilities
Chairperson	<ul style="list-style-type: none"> • Provides leadership to the committee in all matters relating WASH. • Ensures that meetings are held at an agreed-upon time and ensures the participation of all members of the committee. • Assists in drawing up the agenda, controlling discussions and ensuring that all committee members understand and perform their roles effectively. • Makes regular visits to inspect the condition of WASH facilities in the community and ensures that the community is kept informed of all activities taking place. • Makes regular contact with community leaders on operations of the committee and support needed from the community. • Leads the fundraising activities of the committee. • Ensures that sub-groups such as the hygiene and environmental sanitation groups perform their functions. • Presides over all committee meetings. • Represents the committee at all forums/meetings on WASH and acts as a focal person with external agencies. • Ensures that the committee has a bank account for their activities. • Ensures that the committee develops procedures/processes for its meetings.
Vice Chairperson	<ul style="list-style-type: none"> • The Vice Chairperson assumes the duties of the Chairman in his/her absence.
Secretary	<ul style="list-style-type: none"> • The Secretary should be a literate person who keeps a brief record of what is discussed and what is agreed upon at meetings. • Assists the Chairperson in making necessary arrangements for meetings such as arranging date, time, venue, and agenda. • Responsible for writing all letters that relate to the committee's activities. • Writes minutes of all meetings and advises the Chairperson on the procedure of the meetings. • Keeps all records of the committee and ensures that all records including minutes are up-to-date. • Ensures that records are available when needed.
Treasurer/Financial Secretary	<ul style="list-style-type: none"> • The Treasurer is a reputable person who is the keeper of money and goods. Receives and keep records of all monies raised and how and when they are spent. • Consults the chairperson when making any payments. • Keeps all records – account books, receipts and invoices sand

	<p>provides them upon request.</p> <ul style="list-style-type: none"> • Ensures that all monies received are properly recorded and deposited at bank. • Informs fellow committee members and financial officers of the committee on the resources available for operation and the maintenance of WASH facilities. • Helps the Chairperson in fund mobilization for WASH activities.
Sub-Committees	<ul style="list-style-type: none"> • The committee may decide to form other sub-committees to perform specific functions. An example could be a sub-committee that is involved in Hygiene Promotion and Environmental Sanitation to ensure the adoption and practice of good hygiene behaviour at the individual, household and community levels, ensuring no open defecation point and ensuring that water point sites are well kept, WASH facilities are well operated and maintained through regular and preventive maintenance schedules.
Other Members in the Committee	<ul style="list-style-type: none"> • Other members in the Committee may provide support to the Executive and help ensure that the committee completes its tasks. All committee members work towards the achievement of one goal.

The Community may decide to add or remove some of the responsibilities outlined in the table above. They may also decide to create other positions, such as dividing the positions of financial secretary and treasurer into two separate functions. This occurs in communities where there is no access to bank services so that the financial secretary receives and records the money and the treasurer keeps the money.

The Community Facilitator must assist the community members to understand the roles and responsibilities of positions on the committee. This has to be done before people are elected/selected for the various positions in order to give them a clear understanding of the responsibilities associated with each role.

4.5 **How are members to the WATSAN Committee elected/selected?**

Ask the Community members to list and discuss the personal characteristics of persons they would like to see on the Committee. This may include the following:

- Hardworking
- Respectful
- Prepared to work anytime when there is work to be done

The Facilitator should inform the community that members of the committee are performing a voluntary service to the community and are therefore unpaid.

Ask community members to discuss and decide how they would like to select people to serve on the committee. When people have agreed to the process, ask them to begin the selection process. Look for signs indicating peoples' disapproval of the people selected. Facilitate discussions on why each person should be selected for the committee. Encourage the selection of women to the committee because of the role they play in WASH issues at the community level.

Reasons why women are not usually involved in projects at the community level³

❖ Socio-cultural factors

Due to their upbringing and due to certain socio-cultural factors, many men in communities find it difficult to include women as their partners in the decision-making process, as women traditionally simply listen but do not participate in discussion. Some women in communities have come to accept that the discussion and decision-making processes are the domain of men. As a result, they are not willing to attend meetings, or speak out during the meetings, even if the issue directly affects them and particularly when their husbands are present.

❖ Meeting times/workload

Meetings are usually held at times that are not convenient for women, when women are cooking for their families or are going to the farm. Given the chance to participate in new activities, most women are not willing to participate because they view it additional work.

❖ Meeting setup

Women usually sit at the back of the room during the meetings and are given few opportunities to talk. When women challenge the status quo in meetings, they are often branded and are not taken seriously.

4.6 Orientation for committee members and development of action plans

- ❖ After forming the committee, it is important that the Community Facilitator implement an orientation on committee member roles and responsibilities, information on the project and how it will be implemented, and how the action plan will be developed.
- ❖ Assist the committee in developing an action plan to guide them in their work. The plans use these points – WHAT, WHO, HOW, WHEN, WHERE, RESOURCES REQUIRED AND HOW THEY WILL BE MOBILIZED, HOW TO MONITOR PROGRESS.

Action Plan (Sample format)

Activities	Who will do them?	How will it be done?	When will activities start and end?	Where will the activity place?	Resources needed and where will the resources be obtained?	How will progress be monitored?

An example of a completed action plan is attached as **appendix 3**.

The next stage in the process is for the committee to discuss its plans with the entire community. Implementation can proceed thereafter.

The Committee Members will require a series of on-going training/capacity building processes to enable them to perform their functions effectively. Some of the subject areas are:

- ❖ **How to prepare for meeting including agenda setting**
- ❖ **How to write minutes and keep records**
- ❖ **How to make financial recordings and render accounts to the community**
- ❖ **Conflict Resolutions**
- ❖ **Team Building**
- ❖ **Decision-making processes**
- ❖ **Hygiene promotion**
- ❖ **Communication skills**
- ❖ **Leadership skills**

Depending on the needs of committee members, there may be the need to add additional subject areas. Consequently, a needs assessment may have to be conducted to provide information on the specific needs of each committee member.

4.7 **Funds Management**

A major challenge to projects in the management of water and sanitation sector at the community level is the effective management of funds and other resources.

As a Community Facilitator, it is your responsibility to help the community and the WATSAN Committee set up a system for fundraising, to receive funds, and for accounting of the funds obtained from the community and outside the community.

In order for the WATSAN committee to be able to account for funds received and spent, the following steps should be taken:

- The community agrees how much each person will pay. Additionally, deadlines are set for the receipt of payment from each community member or family.
- The community decides when the WATSAN committee shall render an accounting of funds received and spent (i.e., at end of every 3 months at a community meeting)
- The financial secretary receives the money from people and documents the amount paid by each person. The person signs/thumbprints the accounting ledger.
- The money is collected and deposited into the community's bank account. In communities where there is no bank, the money will be paid to the treasurer who will receive and record the money in the accounting ledger.
- If the community requires funds for project activities, the WATSAN committee members must sign the cheques and collect the money from the bank. The items are then purchased by committee members. Receipts should be obtained for all transactions which should also be recorded in an accounting ledger.
- The WATSAN committee and leaders convene at a community meeting to report on the funds received and the funds spent, clearly indicating how much each member provided.

In communities where people fetch and pay at the water source, the following steps may be taken:

- The community agrees on the amount each person must pay for a bucket of water.
- The water vendor sits at the water source to collect the money paid when the water is dispensed.
- At the end of each day, the vendor records the money received in his/her book and the money is given to the financial secretary who also records it in his/her book. The money is then paid into the WATSAN Committee's bank account or is given to the treasurer for safe keeping.

It is important that the community have accounting ledgers to record the funds received and spent. The ledger should be kept in a safe location.

Sample of accounting ledgers are provided in **appendix 4a and b**.

It is important to ensure that every item the committee plans to buy is authorized for purchase beforehand by the community leaders.

4.8 Water Management Teams (Water Boards)

Water Boards (or Water Management Teams) are another type of committee formed to manage relatively large water supply facilities in small towns and communities with populations ranging from 500 to 2,000 people that do not have access to water supplied by the Ghana Water Company Limited.

This water supply system is usually referred to as the Small Town Water Supply System and is managed and operated on behalf of the communities by the water management teams (Water Boards). The system is operated by mechanized boreholes with high water yielding capacity. The water is pumped into an overhead tank and is then distributed by gravity or by another pump through main pipelines and stand pipes to homes and institutions. Some systems can supply water to more than one town.

The Water Management Team, or, Water Board, is formed through discussions amongst the Community Water Supply Agency, the District Assembly, and towns benefiting from the system. Depending on the number and sizes of the town(s), the membership may range from 7-15 individuals representing different groups and interests from the different towns or different parts of a town.

4.9 Functions of the Water Boards

The main functions of the Water Boards consist of:

1. Setting the water tariffs for approval by the District Assembly
2. Collecting the tariffs from water users
3. Operating and maintaining the water facilities
4. Educating water users on issues affecting water use and the operation and management of the facility
5. Expansion of the water supply to other parts of the town where water is currently not available

4.10 Positions on the Water Boards

The main positions are:

- Chairperson
- Vice Chairperson
- Secretary
- Organizing Secretary
- Treasurer/Accounts Person

Unlike WATSAN Committees, Water Boards may not undertake hygiene and sanitation promotion activities. The main function of the Water Boards is to efficiently manage and operate the water systems to ensure users have access to a reliable and adequate (quality and quantity) supply of water.

Section Five

Community Leadership Development for Advocacy towards Resource Mobilization



SECTION 5: COMMUNITY LEADERSHIP DEVELOPMENT FOR ADVOCACY AND RESOURCE MOBILIZATION

5.0 Introduction

In most communities, leaders are the agents for the development of the community. All effort should be made to involve community leaders in the development and implementation of water, sanitation and hygiene promotion activities. This section discusses who can be considered a leader and the different types of leaders in project communities.

5.1 Who are community leaders?

Community leaders are individuals or a group of individuals who find themselves in a position to offer guidance. In community development work, and in working at the community level, different types of leaders emerge. These include formal and informal leaders. It is important for the Community Facilitator to identify and establish rapport with these leaders at the early stages of the project. This will greatly assist the community mobilization process.

5.2 Formal leaders

These are recognized administrative leaders that provide guidance and direction to the community. These include the traditional authorities whose type of leadership is through inherited roles. In most communities, they can influence the direction of any development process. Such leaders should be recognized in any effort at supporting his/her communities. This is usually involves:

- Paying courtesy calls to these leaders whenever you visit the community
- Updating these leaders on the progress of work, as they may not attend all community meetings
- Seeking leaders' support for project implementation

5.3 Informal Leaders

Aside from the formal leaders such as the chief, there other people such as religious leaders, traditional practitioners, traditional birth attendants, teachers, etc., that people recognize as informal leaders. They are commonly referred to as opinion leaders. Due to the respect they have earned from the community members, they are able to influence the behaviour of the community members. In some communities, they are even more influential than the traditional authorities.

5.4 What is expected of a good community leader?

A good leader helps the group or the community to understand issues that affect them by:

- Giving them a clear understanding of options and plans for moving forward
- Giving them the support and confidence to be active in issues which affect them
- Facilitating dialogue regarding successes and problems

5.5 Skills of a Good Leader¹

A Good Leader:

1. **Listens:** A good leader should listen carefully, considering both positive and negative aspects, difficulties, and tensions in any situation.

2. **Observes:** A good leader observes closely and obtains information about the situation through verbal and non-verbal clues.
3. **Empathizes:** A good leader should put him/herself in the place of the group and identify with the problems as seen through the eyes of the group.
4. **Helpful Questioning:** A good leader should provide sensitive questioning that enables the group members to:
 - Identify their weaknesses
 - Understand the causes of their problems
 - Think through the consequences of certain types of actions
5. **Encourages:** A good leader should build the group/community's confidence by affirming the positive aspects of the work done by showing appreciation for the time and commitment given, and by helping them vet out problems and alternative ways of doing things.
6. **Summarizes:** A good leader should summarize the information that he/she has obtained from the situations in different ways and be able to sort out the main problems and different solutions.
7. **Mutual learning:** A good leader should show willingness to help the group learn in a positive environment to foster good spirit.
8. **Flexibility:** Every program needs to be adapted to the special circumstances and needs of the people and place of the group. The leader needs to be flexible to encourage flexibility, creativity, and experimentation in the group. Creative leaders are much more effective than leaders who merely replicate what others have done.
9. **Timing:** A good leader needs to have a good sense of timing, to know when to encourage, when to ask questions, when to challenge, when to give suggestions and when to give support.
10. **Planning:** A good leader should be a good planner. He/she needs to be aware of how he/she uses his/her time. The leader should also be aware of his time commitment in all communal/group activities, distribution of materials and meetings.

A good leader also:

- ❖ Does not leave those guiding the activity to do as they like
- ❖ Does not bias the group, promoting his/her own personal preferences
- ❖ Always offers natural explanations, does not try to make them afraid or to belittle the obstacles they face
- ❖ Bases action upon the feelings and the abilities of those being guided
- ❖ Surrenders to those being guided, and the tasks which they are able to do.

5.6 **What are some of the challenges of a leader?**

Being a community leader or a leader working at the community level is not effortless. There are challenges as with any other job. There may be times when one may be tempted to stop work, but the ability to persevere and meet these challenges is what makes one a real leader. Below are some of the challenges:

⊙ **Criticism:**

In every community, there are people who will always be critical and will use every opportunity to do so. Do not to argue with these people and handle them with patience.

⊙ **Accusations:**

Leaders may be accused of wrongdoing. The people accusing you may be telling the truth or may be lying. They might not understand some actions you may have taken. Whatever the situation, it is important to listen to these people and promote dialogue and conversation, always ensuring a transparent process.

⊙ **Problem Solving:**

The general community may see you as a problem solver and may even bring their private problems for you to solve. While you may arm community members with the tools to make their own decisions, you should refrain from solving other people's problems for them.

5.7 The role of community facilitator in leadership development

As a Community Facilitator, one of your roles is to facilitate the capacity development of community leaders, especially those with potential for leadership positions. By developing the capacity of community leaders, one empowers them to work more effectively. This, in turn, reduces the Facilitator's work load. This could be achieved through the following methods:

- Identify people in the community who are self-starters who work with little supervision, and have the drive and passion for community work
- Connect such persons with existing committee/group leaders
- Invite them to all trainings/workshops aimed at building skills for community work
- Provide coaching and on-the-job support and encourage them to play lead roles in certain activities.

Community Facilitators as leaders

Another type of leadership is the Community Facilitator. As the lead agent facilitating a development process, community members look to you for guidance and direction in the activities they are implementing. They expect you to know everything about the project and therefore offer answers to all their problems. Encourage them to take lead in solving their own problems. In some instances, you may become a role model for young people in the community.

5.8 Leaders as advocates for resource mobilization

Communities require resources to implement WASH-related projects. These resources are money, materials (cement, people, hygiene promotion materials, vent pipes) and time. These resources must be mobilized for project implementation. One of the roles of the community leaders is to identify where these resources are located, mobilize them and use them for the WASH project. The Community Facilitator must assist the community leadership to achieve this objective.

Sources of resources

There are two major sources of resources for implementing projects such as Ghana WASH:

1. Internally generated
2. Externally generated

Internally generated resources

These are materials, money and time provided by the people in the community for the project.

Types of internally generated resources

- Levies by the community members (cash)
- Levies by the community members (in-kind, i.e., “kilo-kilo” – a deduction of one kilogram from farm produce, or for every bag of cocoa weighed)
- Materials – sand, stones, lumber, etc.
- Community special occasions for fund raising – harvests, festivals and funeral dues
- Labour
- Royalties from lands, forest and minerals (if mining and forest logging take place on community lands and forest)

Types of Externally Generated Resources

- Contributions from community members living in big towns/cities
- District Assembly and other governments departments and government projects
- Member of Parliament’s Common Fund for Development
- NGOs (both national and international)
- Private companies operating in the community area (i.e., social responsibility funds for community development project from mining and timber companies)

5.9 How does a community advocate and mobilize these resources for WASH activities?

The Community Facilitator supports the community and leadership to:

1. Identify and document projects they want to implement (through problem identification and analysis and planning process)
2. Prepare action plans with detailed activity costs
3. Identify the costs the community can finance through its own resources (internally generated)
4. Calculate the resources needed from outsiders to complete the project
5. Research and identify the specific individuals and organizations that can provide the needed resources and their location.

5.10 Who can support the community and its leaders in the resource mobilization process?

1. The community leaders should first appeal to community members (living in the community and outside) for support. When contacting those members living outside, the leaders should focus on contacting influential members and initiate discussions on the community’s development efforts and the support required. These influential members may be able to contact other networks for support.
2. The community leaders should contact the District Authorities through their local representative – the Assemblyman/woman- to discuss the support from the Assembly
3. Community leaders should meet their Members of Parliament and have discussions on their development needs. They may have to request their Member of Parliament to lead them to sources of funding outside the district.
4. Community leaders should visit private companies operating in the district and in the country for discussions on the community’s proposal and the need for resources to implement the projects proposed.

5. Finally, community leaders should present their case and have discussions with NGOs operating in the districts and in the country. In the case of WASH activities, the community should contact NGOs working in this sector.

Note

- The District has prime responsibility for the development of people and communities under its jurisdiction
- The District prepares a medium term development plan every three years. This plan is to facilitate the District's development and its preparation begins from the communities in the District
- Leaders must ask for their 'share' of development projects

Section Six

Hygiene Promotion and Behaviour Change



SECTION 6: HYGIENE PROMOTION AND BEHAVIOUR CHANGE

6.0 Introduction

This section will discuss issues of Hygiene Promotion and Behaviour Change processes at the community level. Hygiene Promotion/Behaviour change is one of the pillars of the Ghana WASH project and the focus of this manual. The others components are water supply and sanitation. In order to ensure maximum impact, all the three components must work together.

6.1 What is hygiene education?

There are certain diseases which result from a lack of personal hygiene. Practices such as washing hands before eating and after using the toilet help prevent illnesses and diseases.

Hygiene education helps community members adjust personal routines that affect their health, such as failure to bathe or wash hands before eating, as well as defecating in the open to more positive and healthy practices¹.

6.2 What is hygiene promotion?

Hygiene promotion is an approach to prevent water and faeces-related diseases through the adoption of safe hygiene practices².

- Hygiene promotion begins with and is built on what local people know, do, and want. It is a holistic approach that includes raising awareness on good hygiene behaviour, safe water and sanitation.
- Hygiene promotion encourages all the hygienic conditions and behaviours that can contribute towards good health.
- Hygiene promotion starts with systematic data collection to find out and understand what different groups of people know about hygiene, what they do about it, what they want and why this is so.

6.3 Is hygiene promotion the same as hygiene education?

No, it is not. Education usually refers to teaching people on what causes illness and what they must do or must not do. Such information is important when people themselves want to know how they can avoid contracting a particular disease. In hygiene promotion, however, the individuals and the communities themselves review their hygiene practices and develop ways of improving them.

➤ Why does hygiene promotion alone not always work?

Many hygiene promotion programs focus on increasing people's knowledge. It is assumed that when people are aware of how water and sanitation diseases are transmitted, they will drop unhygienic practices and adopt improved ones. However, this is often not the case. Increasing people's knowledge does not automatically lead them to change their behaviour. Continuous open defecation practices in project communities despite the availability of latrines and awareness raising are examples of how increased knowledge does not guarantee improved practices.

In order to develop effective interventions to promote hygiene behaviour change, Community Facilitators need to understand why people act in certain ways, and what people think and understand about hygiene.

6.4 What is hygiene behaviour?

Positive hygiene behaviours include a wide range of practices that promote health and prevent the catching and the spreading of water and sanitation-related diseases. Our health-related behaviour is influenced by our knowledge, beliefs, attitudes, norms and customs. Economic factors also play important roles³. Without the resources to construct and maintain regular water supply and sanitation facilities, it is difficult to attain levels of personal, domestic and environmental hygiene conducive to health. Resources relate not only to money, but also to the availability of land, time, materials, and technical and management skills for achieving improved facilities.

Steps for Behaviour Change

In order for individuals or groups to make a sustained change to their hygiene behaviour, they need to go through several steps:

- ❖ Recognizing or acknowledging that a particular behaviour (i.e. leaving children's faeces exposed in the living environment) is wrong, anti-social and unsatisfactory.
- ❖ Discovering an alternative, more suitable, behaviour (putting the faeces in a latrine) that is practical and accessible.
- ❖ Trying out the new behaviour and assessing the advantages (cleanliness, dignity, esteem, improved health) and disadvantages (extra effort, disruption to daily routine, distance to latrine).
- ❖ Discovering an overall positive benefit from adopting the new behaviour.
- ❖ Before making the actual change, understanding that different considerations (own beliefs and values, developed attitude, influence of others, enabling factors) play a role.

6.5 What factors help people change their hygiene behaviours?

As a Community Facilitator, you must understand the factors which will help people change their bad hygiene behaviour and practices. These factors will help you better design your hygiene promotion activities. The factors⁴ are:

- **Facilitation**, or guiding communities to a deeper understanding of issues, in order to make the adoption of good behaviours easier
- **Understanding** in one's own mode of thinking, that the change is better for one's family
- **Influence** and support from others, when a new practice is adopted
- **Autonomy**, or the means and control to carry out the practice

Details of the factors and the bases for helping people change their behaviour is attached in **appendix 5**.

A Community Facilitator needs to understand these factors before initiating behaviour change activities in project communities. Information from the baseline survey and the community profile are important sources for understanding the importance of these factors.

6.6 Water- and sanitation-related diseases, their causes, mode of transmission and prevention

For any Community Facilitator to work effectively in promoting the adoption of good hygienic practices, it is important that he/she not only understand diseases related to water and sanitation, their causes, their mode of transmission and their prevention methods but also have the ability to explain this in simple terms to project beneficiaries. There are five different types of Water- and Sanitation-related diseases^{5,6}:

- *Water-borne (Water Quality)*
- *Water-washed (Water Quantity)*
- *Water-contact*
- *Water-related insect vectors*
- *Sanitation-related (Faecal pollution)*

✓ **Water-borne (Water Quality)**

These are diseases that result from poor water quality and are transmitted by drinking contaminated water and/or worm-infested water. Some of the diseases are: cholera, typhoid, and diarrhoea.

Preventive methods include:

- Educating people not to locate toilets close to the water sources
- Educating people to use the toilet instead of open defecation
- Destroying the breeding grounds for flies/mosquitoes
- Protecting water sources and storage facilities

✓ **Water-washed (Water Quantity)**

These are diseases caused by inadequate water for bathing and other household hygiene uses. Transmission of these diseases is skin-to-skin through direct contact as a result of poor personal hygiene caused by an inadequate water supply. Examples are dysentery, scabies, and rashes.

Preventive methods include:

- Provision and use of adequate quality and reliable water supply for personal hygiene.
- Education on hand washing and good personal hygiene practices.

✓ **Water contact**

These are diseases that are acquired through direct contact with a body of water, such as streams or rivers. Examples are guinea worm and bilharzias.

Preventive methods include:

- Preventing and educating people, especially children, not to from swim in streams or rivers.

✓ **Water-related insect vectors**

Water bodies become the breeding grounds for this category of diseases. Examples of these diseases are: yellow fever, malaria and elephantiasis. The vectors – mosquitoes, tsetse fly and black flies feed on diseased organisms and then breed in or near the water sources. They then transmit them to humans that use these waters or live near these water sources.

Preventive methods include:

- Clearing bushes around streams/rivers
- Wearing clothes to cover most parts of the body (if practicable)
- Mosquito nets for sleeping areas

✓ **Sanitation-related (Faecal contamination)**

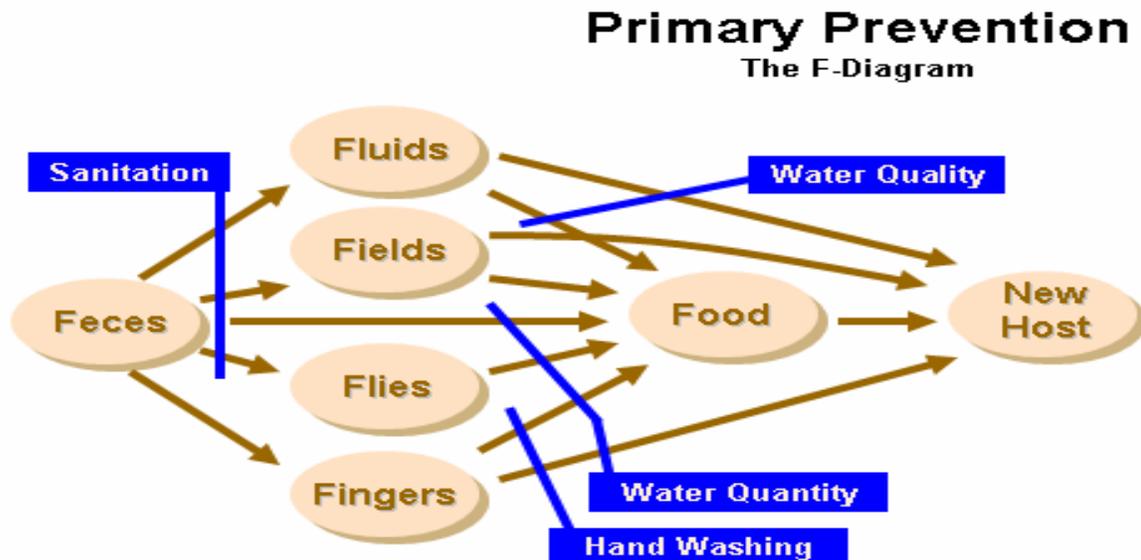
This category results from contact with faeces either through physical contact by hand, or through flies getting into contact with food and vegetables. It also results from the use of water which is contaminated by faeces. Some of the diseases are dysentery, diarrhoea and cholera.

Preventive methods include:

- Use of appropriate latrine facilities
- Washing hands before eating and after defecation
- Washing hands after cleaning the genital areas of children
- Keeping flies away from foods
- Provision of an adequate water supply for hygienic practices

Demonstration of ways of transmission of water and sanitation-related diseases with the F-Diagram (Roots of Faecal Transmission)

The F-Diagram⁷



Source: Wagner and Lanois, 1958

Explanation of the F-Diagram

The F-Diagram shows how faeces (and diseases caused by faeces) are carried through **fluids, fields**, and by **flies and fingers** to **food** and people. Each of the arrows represents a transmission route of the disease. In order to stop the transmission of faeces, the arrows must be blocked, which can be done in a number of ways. For instance, the faeces-fluids route can be disrupted by providing sanitation facilities and by changing peoples' behaviour regarding sanitation facilities. Similarly, the fingers-food route can be disrupted by practicing hand washing with soap/ash at the five critical times.

Fluids Usually refers to the water used for drinking or cooking. The host (a person) can either drink contaminated water directly or eat food that has been washed in contaminated water.

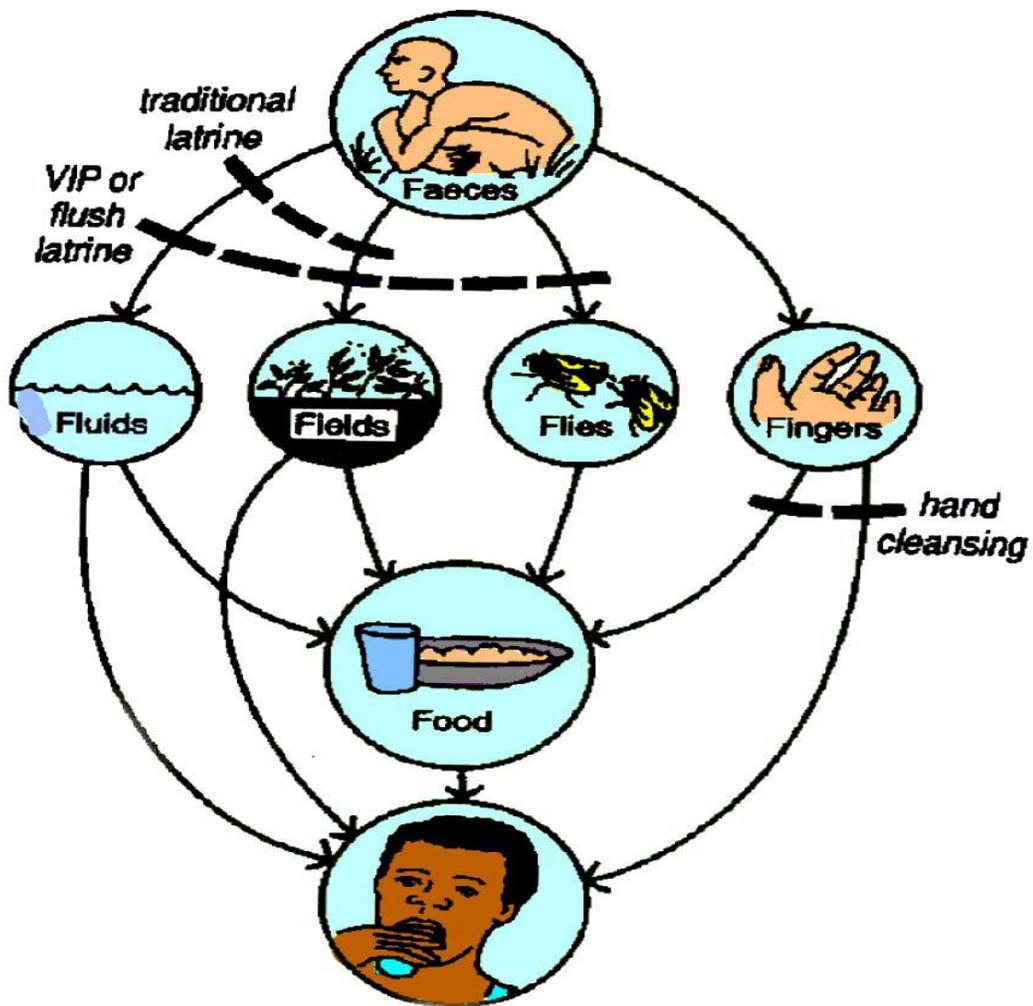
Fields People may defecate outdoors or use faecal material as agricultural fertilizer. Children often defecate in the yard around the house. When it rains, the faeces are transported into water bodies, where flies propagate. The faeces are then transported to the food by flies that have come into contact with the food and then to the human host who has eaten that food.

Food Food may be contaminated by flies and by micro-organisms present on the utensils which are used in the food preparation or in the cooking area through contaminated water or through contact with contaminated fingers.

Flies Flies land on faeces and transmit bacteria and viruses in faeces to food, water, utensils, the preparation area, or directly to the mouth of the child.

Fingers Fingers become contaminated by unhygienic cleansing practices and pass disease agents to the new host directly or by contaminating food and/or water.

It is important for the Community Facilitator to fully understand this disease transmission process because a community member may ask questions in any of these areas during the hygiene promotion sessions.



A pictorial view of the Faecal-Oral transmission route⁸

6.7 How does one design hygiene promotion and behaviour change activities for implementation at the community level?

With the background information on hygiene promotion, hygiene education, information about different types of diseases, the Community Facilitator can now design behaviour change activities for implementation at the community level. This involves 7 main steps:

- a. Identify “high risk” hygiene practices
- b. Identify what causes these “high risk” hygiene practices
- c. Separate high risk behaviours and the type of groups affected by the different high risk behaviours (segmentation)
- d. Select key behaviours you want to change through hygiene promotion/behaviour change activities
- e. Develop messages and materials for implementation
- f. Implement the hygiene promotion activities
- g. Monitor and evaluate the activities

Step 1 Identify high risk hygiene practices

From the community profile and baseline information, the Community Facilitator together with the community, will identify high risk hygiene practices by differentiating them according to the people in the community – mothers, children (both school and non-school), and men. From the baseline report conducted by Relief International⁹, some of the practices are:

- Open defecation (both adult and children)
- Inadequate hand washing practices
- Use of open pans to transport water and use of leaves as a ‘stabilizer’

Step 2 Identify the underlying causes of these high risk hygiene practices

Identify the factors which influence the practices of these high risk behaviours. From the survey, it was identified that some of the factors are attitudinal, inadequate knowledge, and lack of access to facilities (water supply and latrine facilities).

Step 3 Separate high risk behaviours and the type of groups affected by the different high risk behaviours (Segmentation)

After identifying the high risk practices and their influencing factors, the next step is to separate the population according to the different practices and risks. Your analysis should be based on information from each particular community, as each is different.

Step 4 Select key behaviours for hygiene promotion/behaviour change activities

The key behaviours the Ghana WASH project seeks to change are:

- Hand washing with soap or cleaning agent
- Safe disposal of faeces
- Safe handling and treatment of household drinking water
- Environmental cleanliness

In addition to the key behaviours above, the Community Facilitator should work with each community to identify specific behaviours existing in that particular community.

Step 5 Develop messages and materials

This involves preparing messages which relate to positive behaviour and which can help influence your target population to adopt good hygiene practices. The processes involved are:

- Gather and analyze information from the community level (refer to the Community Profile and Analysis process and work with communities and a graphic artist – ask the graphic artist to document observable behaviours through drawings/pictures).
- Identify high risk hygiene behaviours and groups of people practicing these behaviours.
- Identify the factors facilitating the practices of these behaviours.
- Based on the analysis of information, ask the graphic artist to turn the negative behaviours into positive pictures/graphics.
- Pre-test the materials by convening the target audience and have them discuss whether they feel the graphics reflect the situation in the community or not. Other topics they can address are the depictions in the graphics (peoples’ dress, house shapes, etc.)
- Let the graphic artist use the feedback to refine the graphics.
- Train people at the community level on how to use the materials.

To develop messages:

- Brainstorm on the messages the graphics will illustrate.
- Refine the messages and limit it to one message per graphic (the message should not in any way contradict the graphics).
- The messages should be in a language people understand.
- Pre-test the messages by convening people to discuss whether the message is suitable for the graphics and communicates the intentions of the graphics.
- Used the feedback to further refine the messages.

Ensuring high-quality materials

This checklist can help Community Facilitators gauge whether audiences will understand, accept, and respond to proposed messages and materials. Many answers to the checklist questions come from pretesting messages and materials with audiences.

Are messages accurate?

- Bring community members to review program messages to ensure they communicate the intentions of the graphics

Are messages and materials consistent?

- Messages in all materials and activities reinforce each other and follow the communication strategy.
- All campaign elements have the same graphic identity. Print materials using the same or compatible colours, types of illustrations, and typefaces. All materials should include the program’s logo or theme, if applicable.

Are messages clear?

- Messages should be simple and contain as few scientific and technical terms as possible.
- Messages explicitly state the action that audiences should take.
- Visual aids such as photographs reinforce messages to help the audience understand and remember the messages.

6.8 **Communicating hygiene promotion/behaviour change messages**

After developing the materials and the messages, the Community Facilitator will need to start the hygiene promotion activities by communicating the information from the materials and the messages to the target audience. A channel of communication is required for this activity.

What is a channel of communication?

It is a means by which information is sent from one person/group to another.

Types of channels

There are different types of channels for communicating messages to different audiences. Select the type which will engage your audience in discussion. The channels include:

- ✓ Mass media broadcasting (radio and television)
- ✓ Group channels (meetings, festivals, performances, natural meeting places)
- ✓ Individual discussions between the Community Facilitator and a mother, a father, a teacher and a school child
- ✓ Public address systems are available in most communities in Ghana

As the Community Facilitator has access to several communication channels, it is good to focus on those that support two-way rather than one-way communication. You are delivering hygiene improvement messages; remember that the core of behaviour change is a problem-solving process for both individuals and groups. Therefore channels that foster discussion and dialogue are most critical for success.

Factors to consider in selecting appropriate channels of communication

- ✓ Local resources for communication
- ✓ Type of information
- ✓ Reading skills and pictorial literacy (educational background of the population)
- ✓ Size of audience
- ✓ Cost using the medium
- ✓ The range of the medium (how far does the medium go)

Communicating Behaviour Change Checklist for the Community Facilitator

This checklist should be used to guide the processes of material and message development in the hygiene promotion session

WHAT information needs to be communicated?

WHY does this information need to be communicated?

- Why is the message important?
- How will people benefit if they change their behaviour?

HOW will the information be communicated?

- How can the message be most effectively communicated?
- Which materials/channels can be used to communicate the message?

HOW OFTEN does the message need to be communicated?

- How often should the message be repeated?
- What type of reinforcement can be given for positive actions and behaviour change?

WHEN should the information be communicated?

- Is the individual or group ready to initiate behaviour change?
- What time of day or year is best to communicate the message?

WHO will communicate the information and who will receive it?

- Who is the best person to communicate the message?
- Who is the most informed or knowledgeable on the topic?
- Who speaks the local language and understands the cultural expectations?
- Who should receive the message?
- Who has access to the groups that need to hear the message?

WHERE is the best location to communicate the message?

- Where the message should be communicated?
- What opportunities are there in the community to communicate health messages to large groups of people?

6.9 Delivering hygiene promotion/behaviour change activities at the community level

As a Community Facilitator, you will have to conduct hygiene promotion in your project communities. To ensure this happens, must hold meetings with different groups in the community. Frequent meetings should be held on:

- How people handle water at the water point, during transportation and in the home
- How to take care of latrines
- How to keep one's surroundings clean
- How to dispose of children's faeces
- Hand washing

6.10 The use of participatory materials for hygiene promotion sessions

Participatory hygiene materials in the form of graphics and pictures have been developed to support hygiene promotion and behaviour change activities in the communities. These materials

are expected to generate discussions on issues displayed in the graphics. The graphics are usually two types of graphics. The first graphic portrays poor or bad hygienic practices currently being practiced and the second graphic portrays the good hygienic practices that need to be adopted. The focus of the discussion is on the poor practices and their effects on people.

This is how the materials are expected to be used:

1. The facilitator starts by informing the audience the topic for the day's discussion and the message for the session. For example, "The topic for our day's meeting is *open defecation* and the message is "Stop open defecation to improve your family's health."
2. The facilitator displays the appropriate graphics which shows people defecating in the open. He/she then asks the audience what they see in the graphics. The responses should be related to the description of the graphics.
3. The next stage is to start a discussion on the practice with respect to its effects on the people as well as the diseases transmission process.
4. The facilitator then asks whether such practices exist in the community and what actions the community members would like to take.
5. The actions become the good practices people have to adopt. Discussion then focuses on how they would implement the action and evidence to show that they are practicing the good behaviour. Discussion should also focus on factors which prevent people from adopting the good practices and solution for them.
6. The session ends with a summary of issues discussed where the message is reiterated.

Examples of participatory materials are:

- ❖ Story with a Gap
- ❖ Flip Chart
- ❖ Flannel Cloth
- ❖ Three Pile Sorting Cards
- ❖ Posters

Important Information

Participatory hygiene promotion materials are not an end but a means to an end. The materials cannot generate the expected results unless the target participants discover and in agree on how to improve their health status. It takes the skills of the Community Facilitator to effectively facilitate this learning process.

6.11 Demonstration on the use of participatory hygiene promotion/behaviour change materials and messages

This section provides information on how to use some of the participatory materials and how to facilitate participatory sessions at the community level. The materials are graphical presentations of hygiene behaviour with accompanying messages. The materials are in two parts and a few of them are in three parts. The first part demonstrates bad practices currently existing in the communities as was reported in the baseline report. This provides the framework for discussion. The second graphic depicts good hygienic practices people should decide to adopt. **Appendix 6** provides information on some of the participatory hygiene materials which can be used for hygiene promotion and behaviour change activities in the project communities.

6.12 Guidelines for the use of graphics for hygiene promotion and behaviour change activities

As a Community Facilitator who is expected to lead hygiene promotion sessions in the community, you should be familiar with how hygiene materials are used during the meetings. You are also expected transfer this skill to the hygiene promotion focal group(s) or WATSAN committee members so that they can continue these sessions on their own. Below are different types of graphics with associated messages and guidelines for their use. Practicing the delivery of these materials before any meeting is recommended. The use of these materials also requires some flexibility.

How to handle cleanliness at well site

Clean water means good health: clean your water site regularly to prevent contamination.

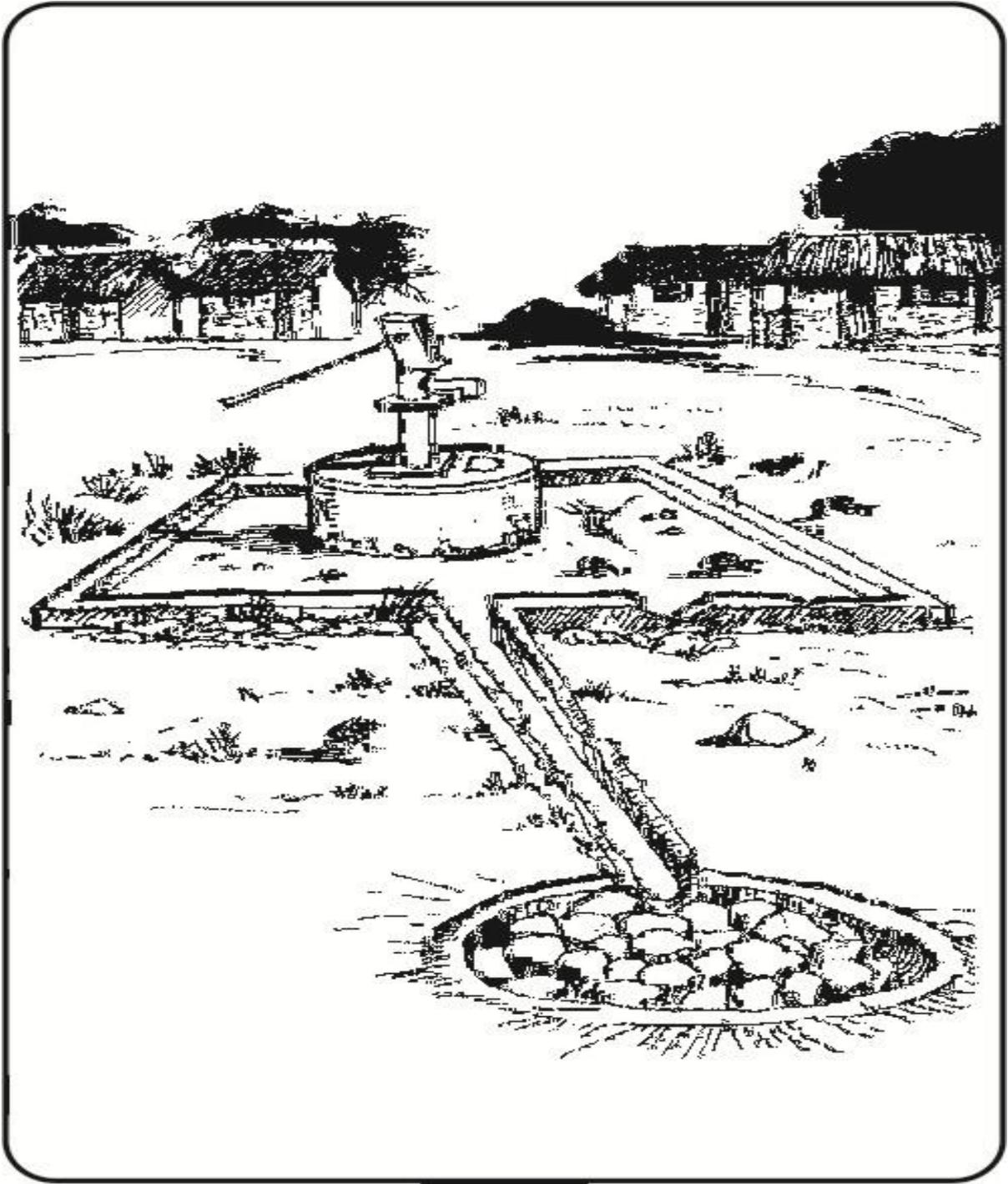
The most suitable groups are **women and children**

How to organize the meeting:

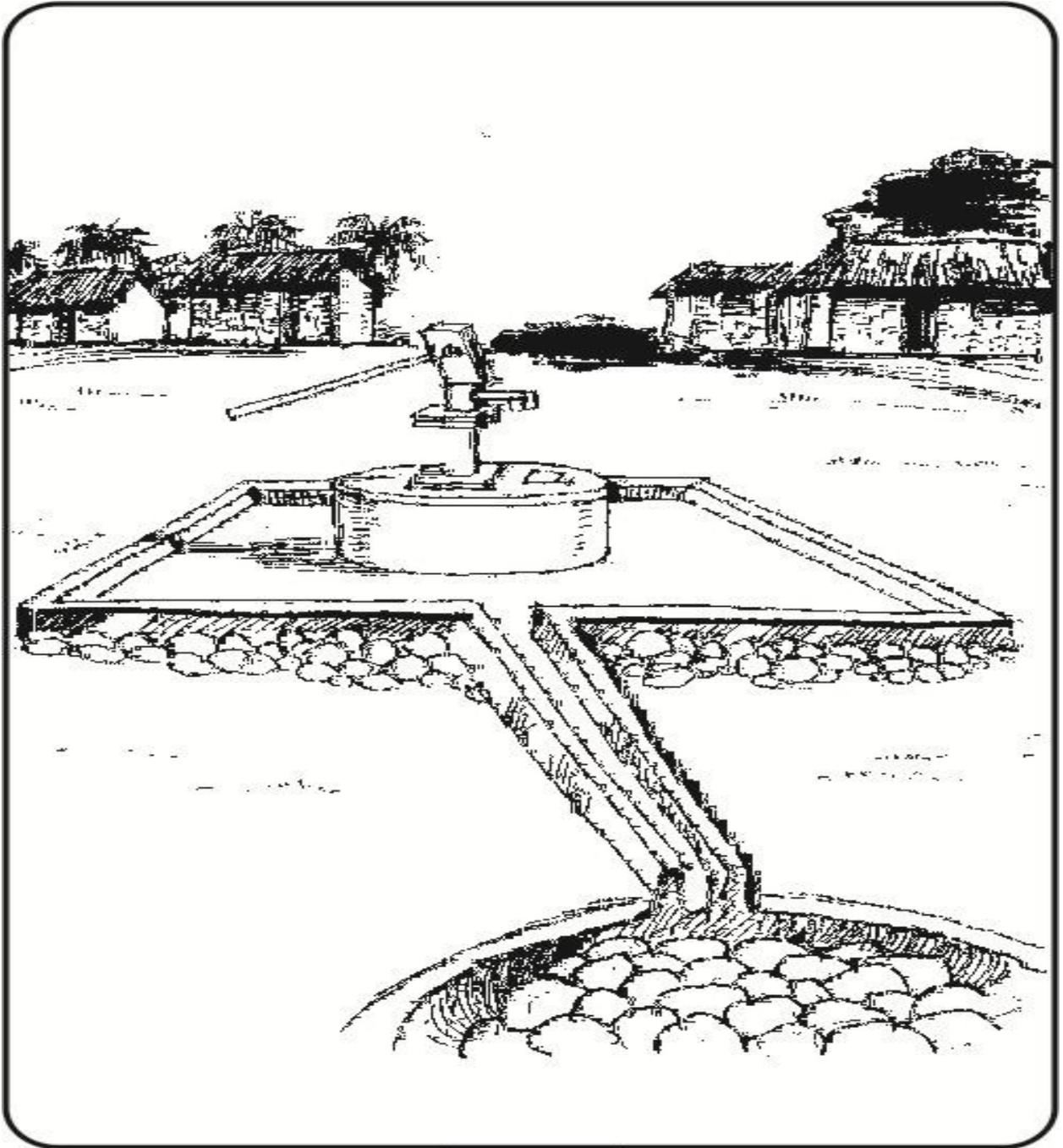
- ✓ Introduce the day's message and explain the purpose of the day's meeting.
- ✓ Introduce/display the graphic showing dirt around the water point.
- ✓ Ask the group to describe what they see in the graphics.
- ✓ Help the group discuss the message being carried by the graphics.
- ✓ Help the group discuss likely problems in such surroundings.
- ✓ Accompany them to their water source to observe the surroundings.
- ✓ Discuss what they find at the site in relation to the graphics – is it a good or bad practice and what are the effects of such surroundings?
- ✓ Discuss what should be good practices (then show the second graphic which depicts a clean environment).
- ✓ Ask the group to discuss how they would clean the well site and who will be responsible for this task. Also ask when and how regular the cleaning would take place.
- ✓ Ask them to discuss how they would involve other community members/groups in the cleaning exercises.

Conclusion:

Summarize or ask a volunteer to summarize the day's discussion. Stress the importance of cleaning the site of their water source to prevent contamination.



Adopted from ProNet, 1996¹⁰



2

Adopted from ProNet, 1996

How to handle water at the water point

Germs in water containers cause diseases. Wash your water containers before collecting water for good health.

The most suitable groups for this discussion are **women and children**

How to organize the meeting:

You can choose any of the activities below for each meeting:

- ✓ Introduce the meeting by first discussing the theme for the day's meeting.
- ✓ Help groups compose stories/songs about the ways in which people fetch water when they go to the water point.
- ✓ Discuss the advantages and disadvantages of the different practices and agree on the good practices to be adopted.
- ✓ Take the group to the water point to observe the way in which people are fetching water
- ✓ Discuss the reasons for washing the buckets/containers before fetching water.
- ✓ At the water point, have the members demonstrate how they wash their containers.
- ✓ Ask the group for feedback on how would they would help their colleagues who are not present, adopt the good practices.

Conclusion:

Summarize or ask a volunteer to summarize the day's discussion. Stress the importance of washing the containers before filling them up to avoid residual dirt which may in turn, affect the water quality.

How to transport water from the water point to the house

Water containers should be covered during transportation. Do not put leaves in the water when it is being transported home as it will introduce dirt/germs into the water.

The most suitable groups for this discussion are **women and children**.

How to organize the meeting:

- ✓ Have the group members act out a short play on water transportation from the water. Point to the house OR display the graphics so that everyone can see them.
- ✓ Let the group describe what they see in the graphics.
- ✓ Discuss whether such practices exist in their communities.
- ✓ Discuss the possible effects of the situation in the graphics.
- ✓ Discuss whether it is a good or bad practice.
- ✓ Discuss and agree on the good practices to be adopted and how they would like to adopt them.
- ✓ Discuss how would they would help their colleagues who were not present at the meeting adopt the good practices agreed on.

Conclusion

Ask a volunteer to summarize the key points of the discussion. Emphasize the need for the group to start implementing the good practices discussed.



3

Adopted from ProNet, 1996

How to handle water in the home

Clean water brings good health: Cover your water storage pots/containers

The most suitable groups for this discussion are **women and children**

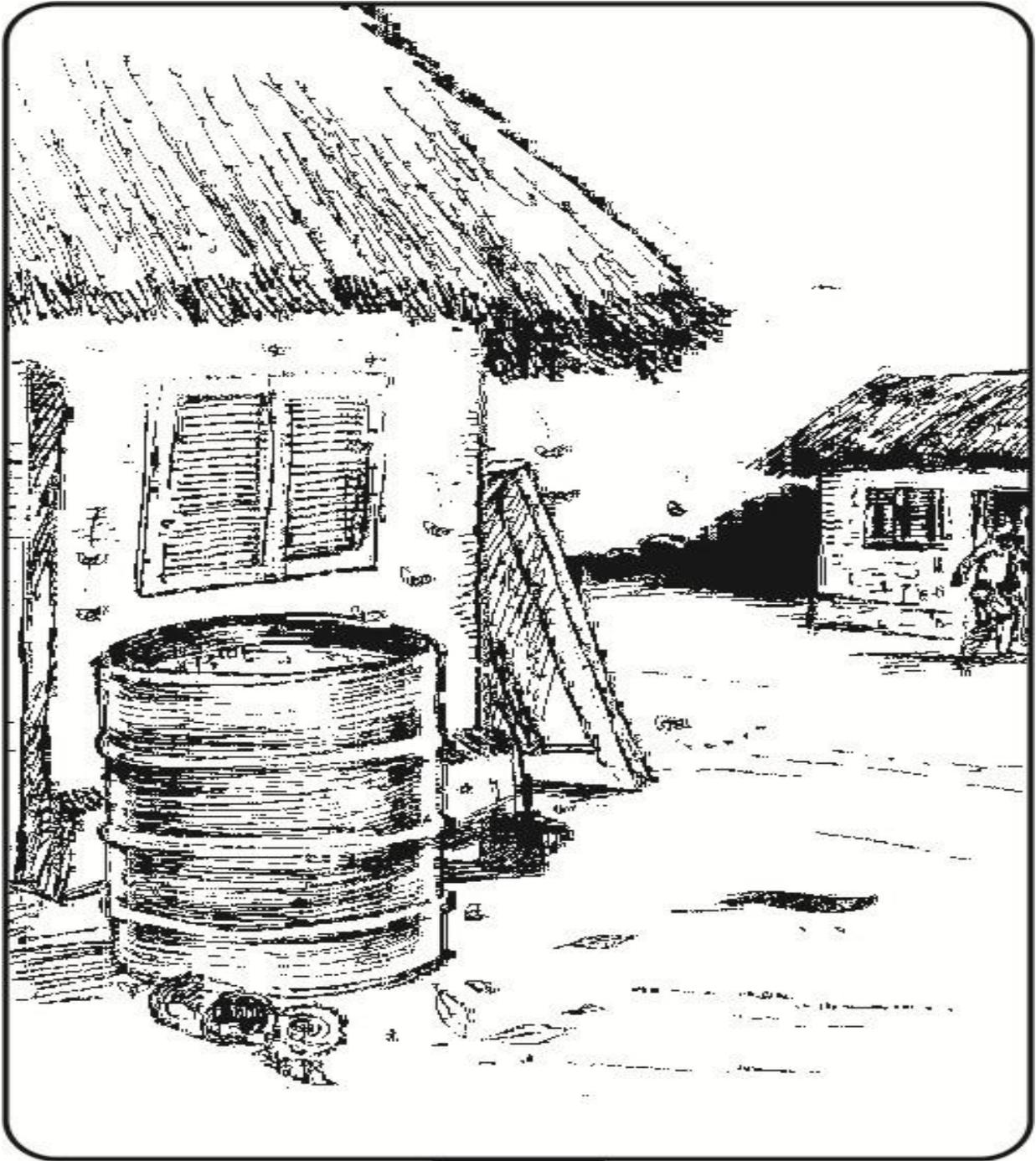
How to organize the meeting:

- ✓ Introduce the theme for discussion
- ✓ Show the graphics on how water is stored for both drinking and cooking.
- ✓ Let the group describe and discuss the graphics, the message it carries and their understanding of it.
- ✓ Let the group discuss what they see as wrong in the graphics.
- ✓ Let the group discuss the problems associated with the practices in the graphics.
- ✓ Take the group to a house (select a volunteer for house visits) and let members of the group show how water is stored in the home.
- ✓ Discuss the good and the bad practices.
- ✓ Have the group discuss how they would adopt the good practices.
- ✓ Let the group act a short play on how to keep the surroundings of the water pots clean.
- ✓ Show the graphics demonstrating good hygienic behaviour to the group.

Conclusion

Conclude with the following messages:

- ✓ Drinking water should be poured into the drinking container/pot as soon as it is brought from the water point.
- ✓ One cup should be used to remove water from the drinking container/pot and another cup should be used for drinking.
- ✓ Water pots/storage containers should have fitted lids.
- ✓ Drinking water surroundings should be kept clean.



7

Adopted from ProNet, 1996



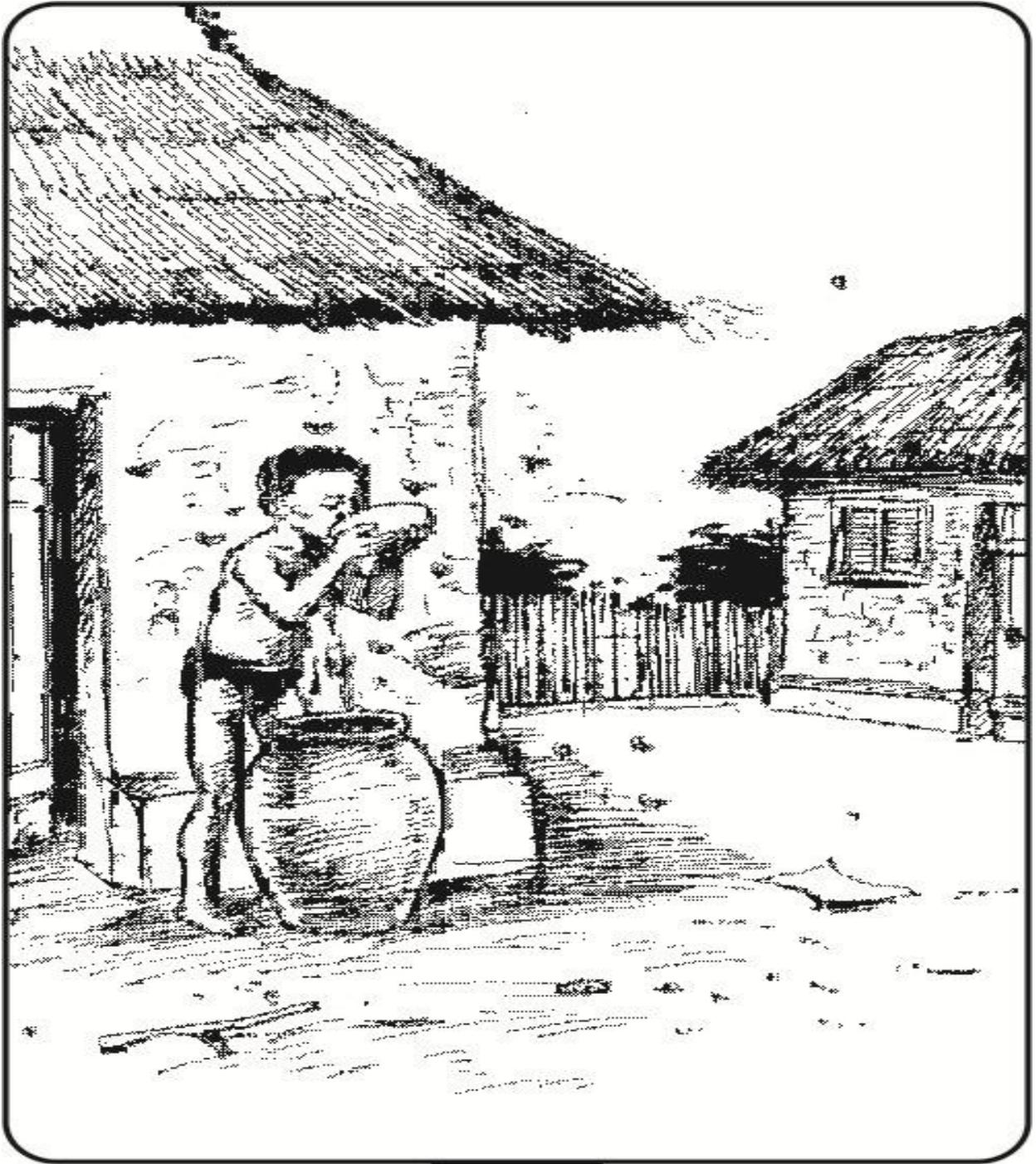
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Adopted from ProNet, 1996



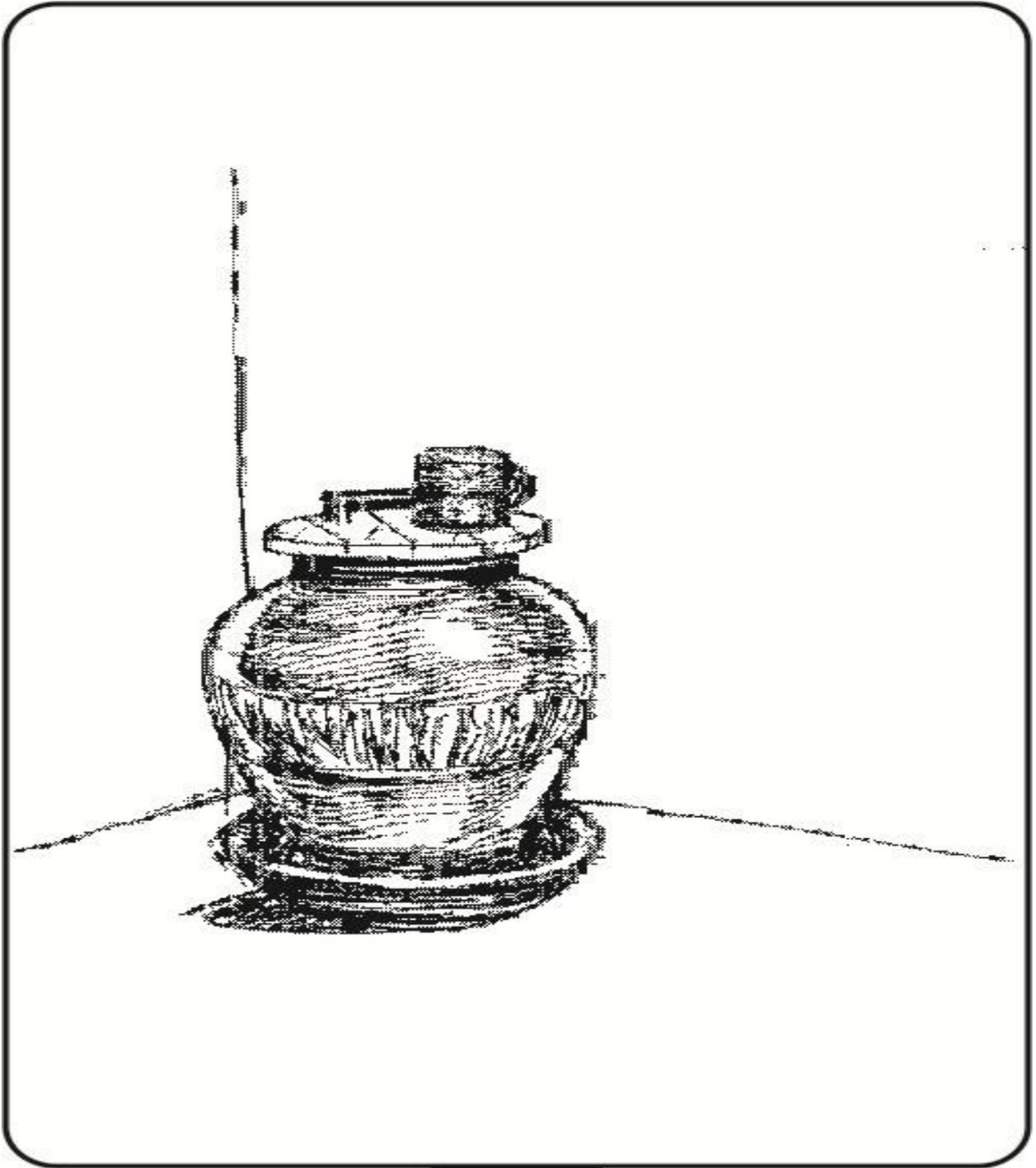
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Adopted from ProNet, 1996



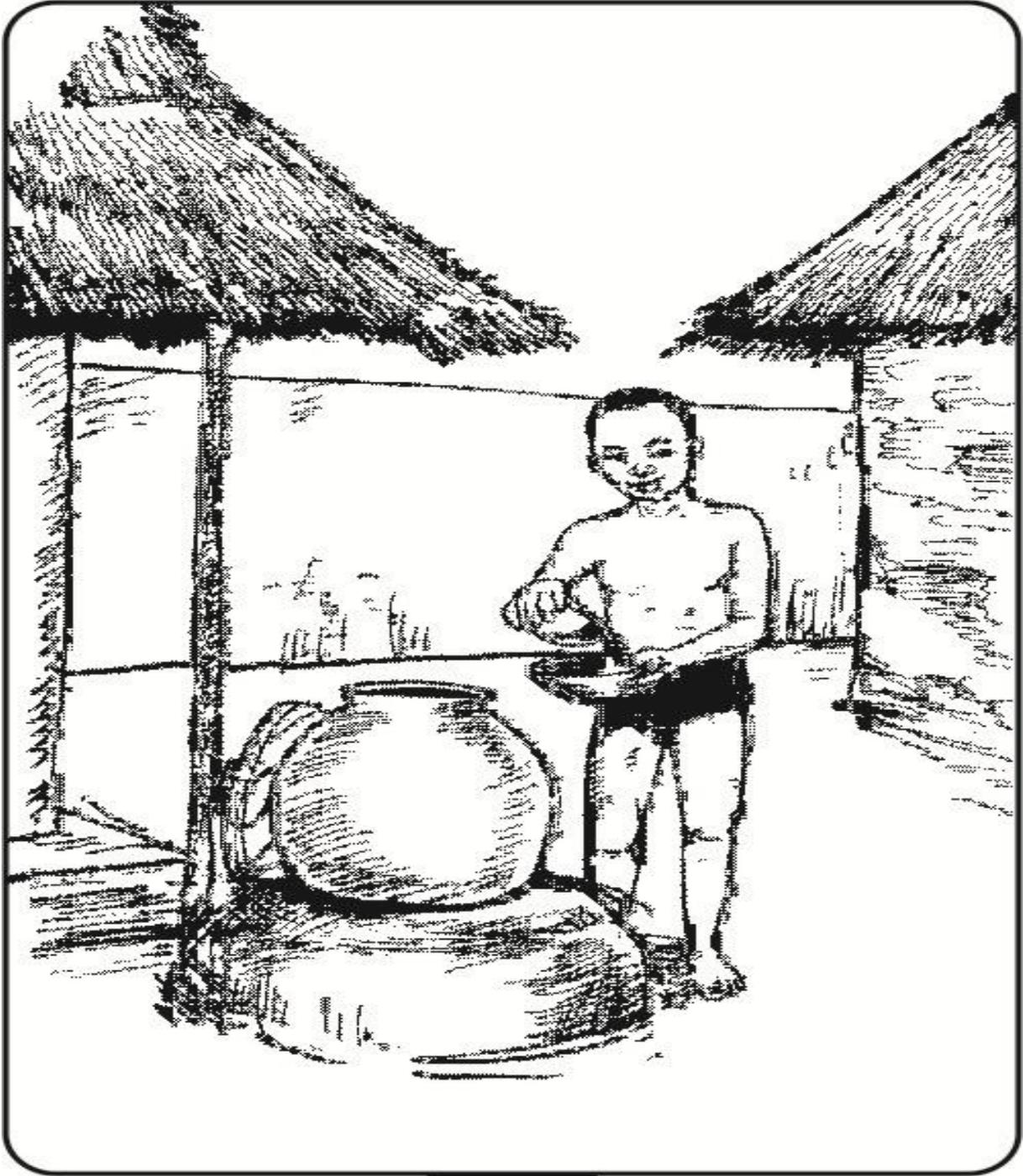
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Adopted from ProNet, 1996



8

Adopted from ProNet, 1996



10

Adopted from ProNet, 1996

How to dispose of child faeces

Bury children's faeces or put it in a toilet: Leaving child faeces in the open brings about disease/illness

How to organize the meeting:

- ✓ Introduce the day's session.
- ✓ Use graphics/role playing to assist the group in describing how children go to the toilet, how faeces are handled and how hand washing is performed.
- ✓ Ask the group what happens after the child has defecated in the open. Is it buried? Explain how flies/animals come into contact with the faeces and infect the homes and the food. Also explain how faeces are washed into streams.
- ✓ Ask the group who cleans the genitals of the child. If it is an adult, does the person wash his/her hands after the cleanup? If it is the child, does he/she wash his/her hands after cleaning up? (All these topics could be incorporated into the role playing).
- ✓ Ask the group to discuss the bad practices and the problems they would cause.
- ✓ Ask the group to discuss the good practices and agree upon how and when would they would start to practice them.

Conclusion

Ask a volunteer to summarize the day's discussion. Emphasize the important points and conclude with the message.



5

Adopted from ProNet, 1996



6

Adopted from ProNet, 1996

How to care for latrines

Keep your latrine clean: Cover the holes to prevent flies from bringing faeces onto your food

The most suitable groups for this discussion are **community members, school children and households**

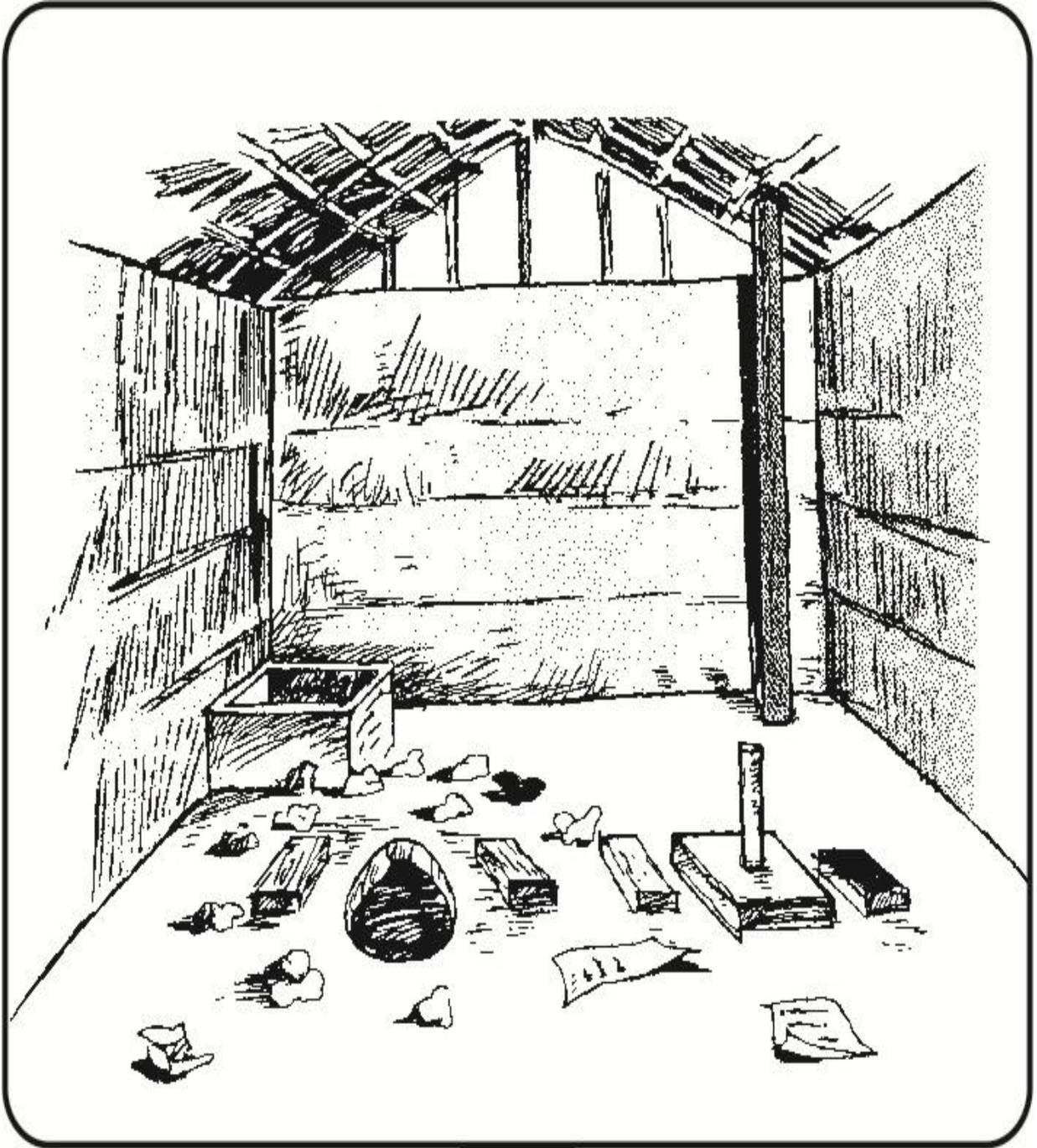
How to organize the meeting:

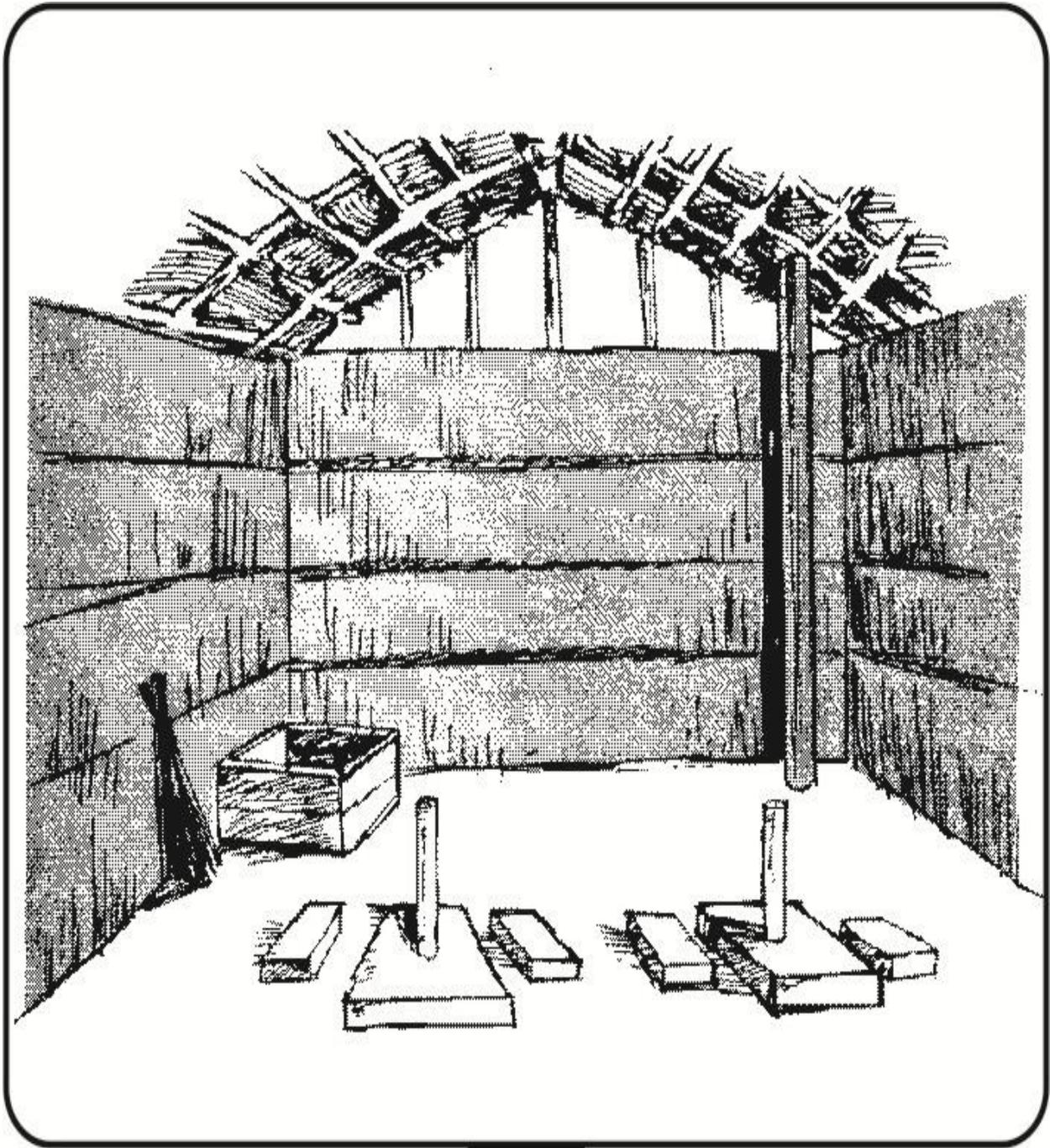
- ✓ Introduce the theme for discussion.
- ✓ Use graphics to initiate a discussion on the theme.
- ✓ Alternatively ask the group to perform a role play to discuss the good and bad practices that go with the use of latrines. Ask why they have to keep their latrines clean. Ask how do they deal with anal cleansing materials?
- ✓ Have the group discuss the positive things they want to see when they visit the latrine.
- ✓ Have the group go to the latrines in the community to check their sanitary conditions.
- ✓ Have the group come back to discuss what they expect of a clean latrine.
- ✓ Ask the group how they would adopt good practices from the discussion.
- ✓ Show the group the graphics on the clean latrine.

Conclusion

Emphasize the following as part of the message delivery:

- ✓ All used papers, corncobs and leaves should be dropped into the pit.
- ✓ Kerosene and other chemicals poured into pits kill the good worms that help to dry up the faeces.
- ✓ Use household latrines because they are cleaner and more comfortable.





How to Plan with Community Groups

In the planning for the proper use of latrines, follow these steps:

- Step 1 Begin the meeting with a song or a short play on unhygienic uses of latrines
- Step 2 Ask the group members to come out with a list of actions that can lead to the spread of diseases when latrines are not properly used
- Step 3 Have the group arrange these actions so that they can be solved one at a time
- Step 4 Use pictures or let the group act out a play to find out whether these actions are really happening in the community
- Step 5 Have the group pick the first action – for example, “We leave used papers and corncobs on the floor.”
 - ✓ Have the group discuss why used papers are left on the floor
 - ✓ Have the group come up with things they can do to encourage people to drop all used papers/corn cobs into the pit. For example, organize frequent home visits.
 - ✓ Have the group discuss amongst themselves who would want to volunteer for those activities
 - ✓ Have the group/volunteers decide on the days and the times when such events could take place.

How to keep our surroundings clean

Clean compounds promote good health. Do not leave the compound dirty, it will cause diseases/illnesses

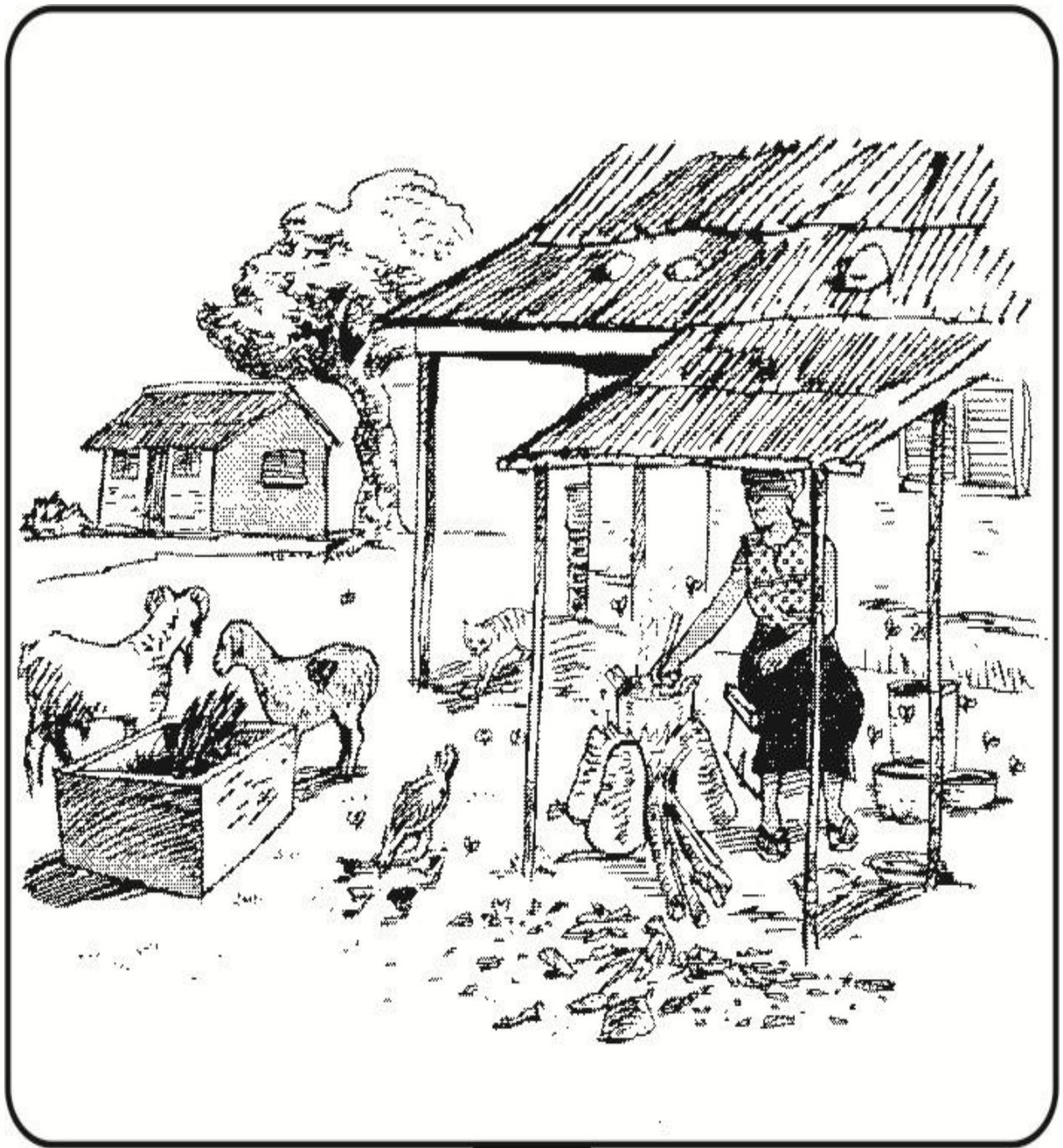
The most suitable target groups are **Mothers, Children, and Men**

How to organize the meeting:

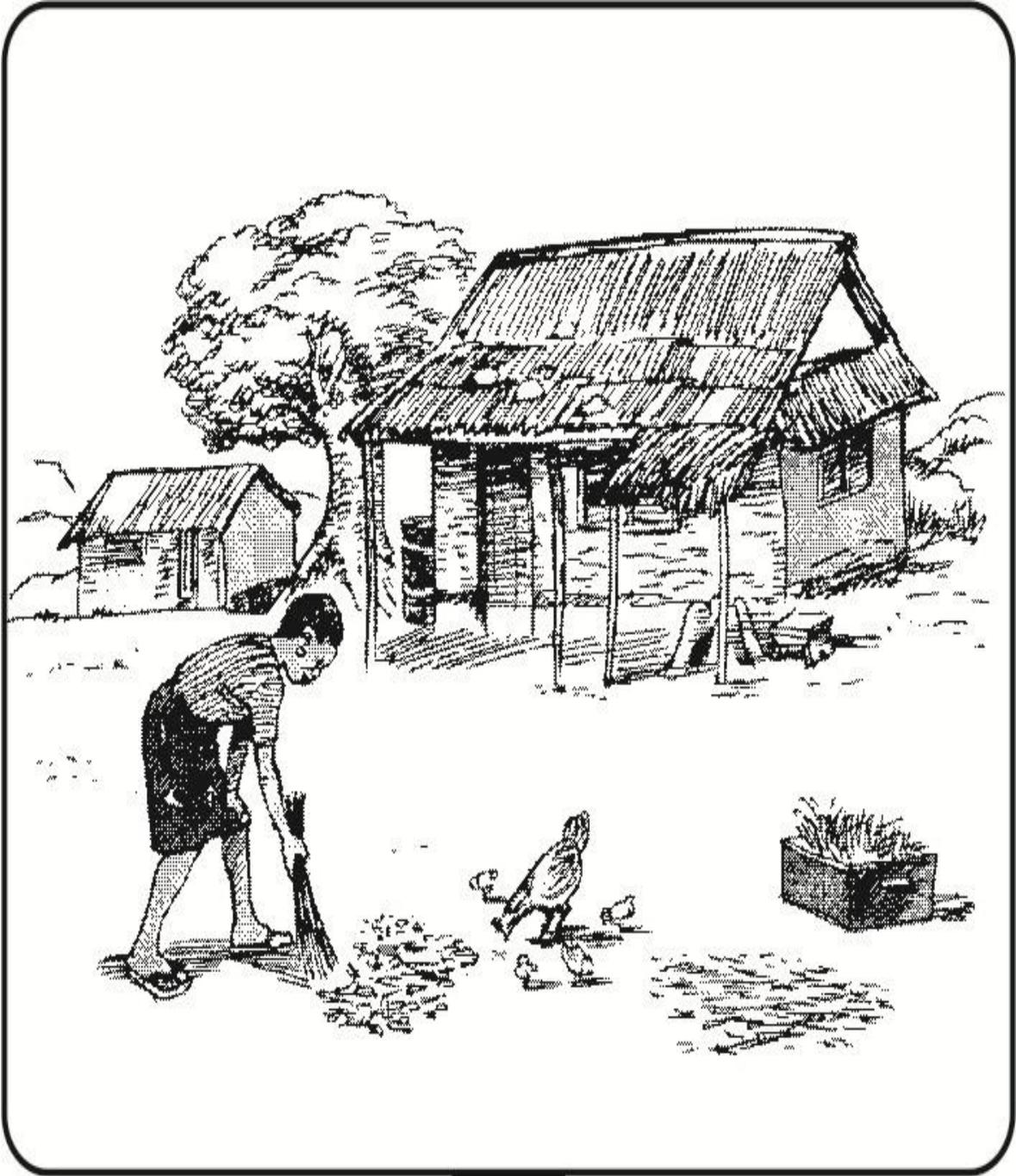
- ✓ Introduce the theme for the meeting.
- ✓ Display the graphics (Those with bad practices: a woman cooking in an unclean environment and children playing in an unclean environment).
- ✓ Ask the group to describe what they see in the graphics.
- ✓ Ask the group to discuss the bad practices identified in the graphics and how it can affect their health.
- ✓ Ask the group if such situations exist in their community/homes.
- ✓ Ask the group to discuss the good practices they would adopt to deal with problem in the graphics as well as how and when they would start adopting the good practices.
- ✓ Show the group the graphics with good practices.

Conclusion

Summarize the outcome of the discussion and emphasize the need to keep their compounds clean, to prevent the occurrence and spread of illnesses and diseases.

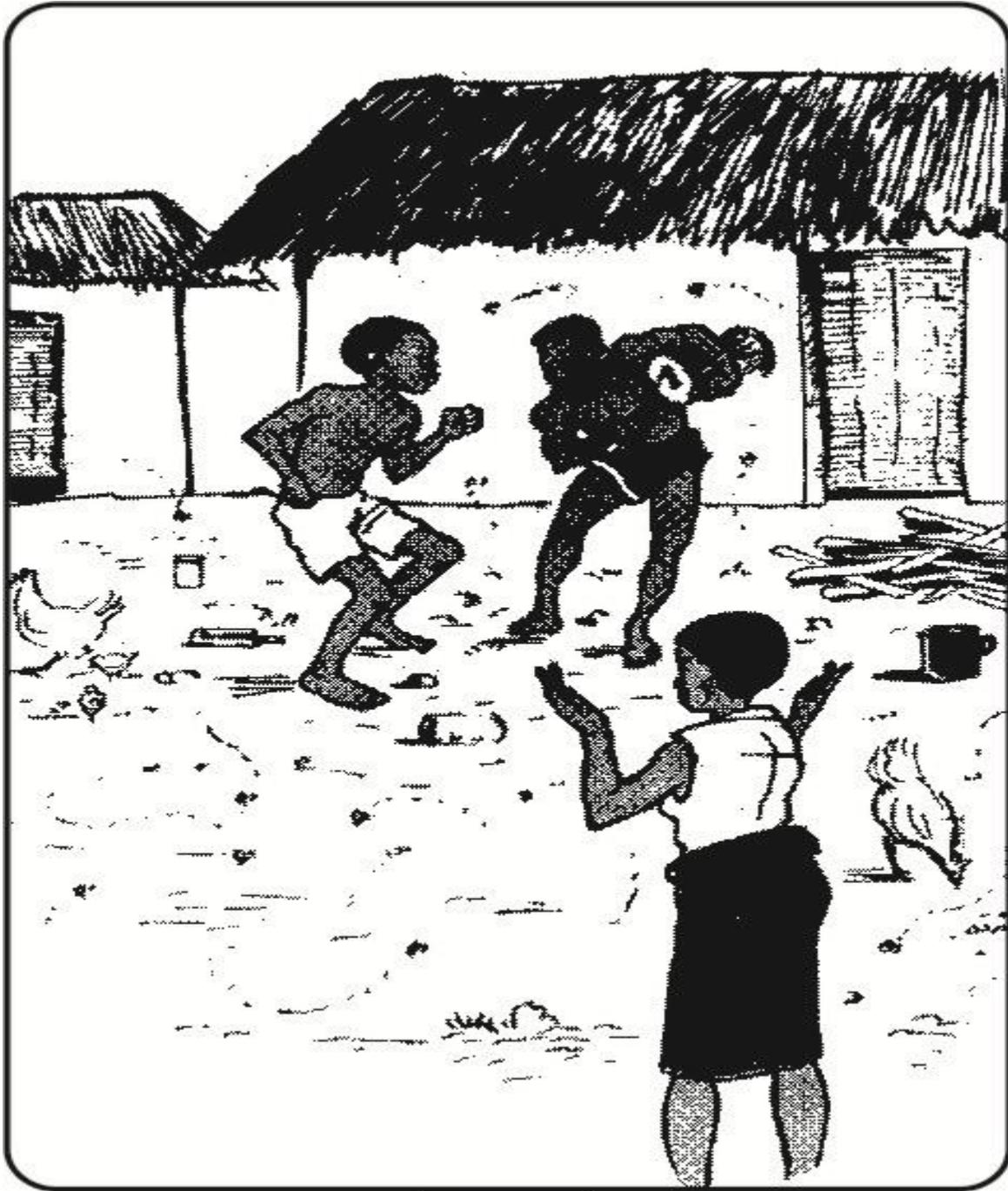


Adopted from ProNet, 1996



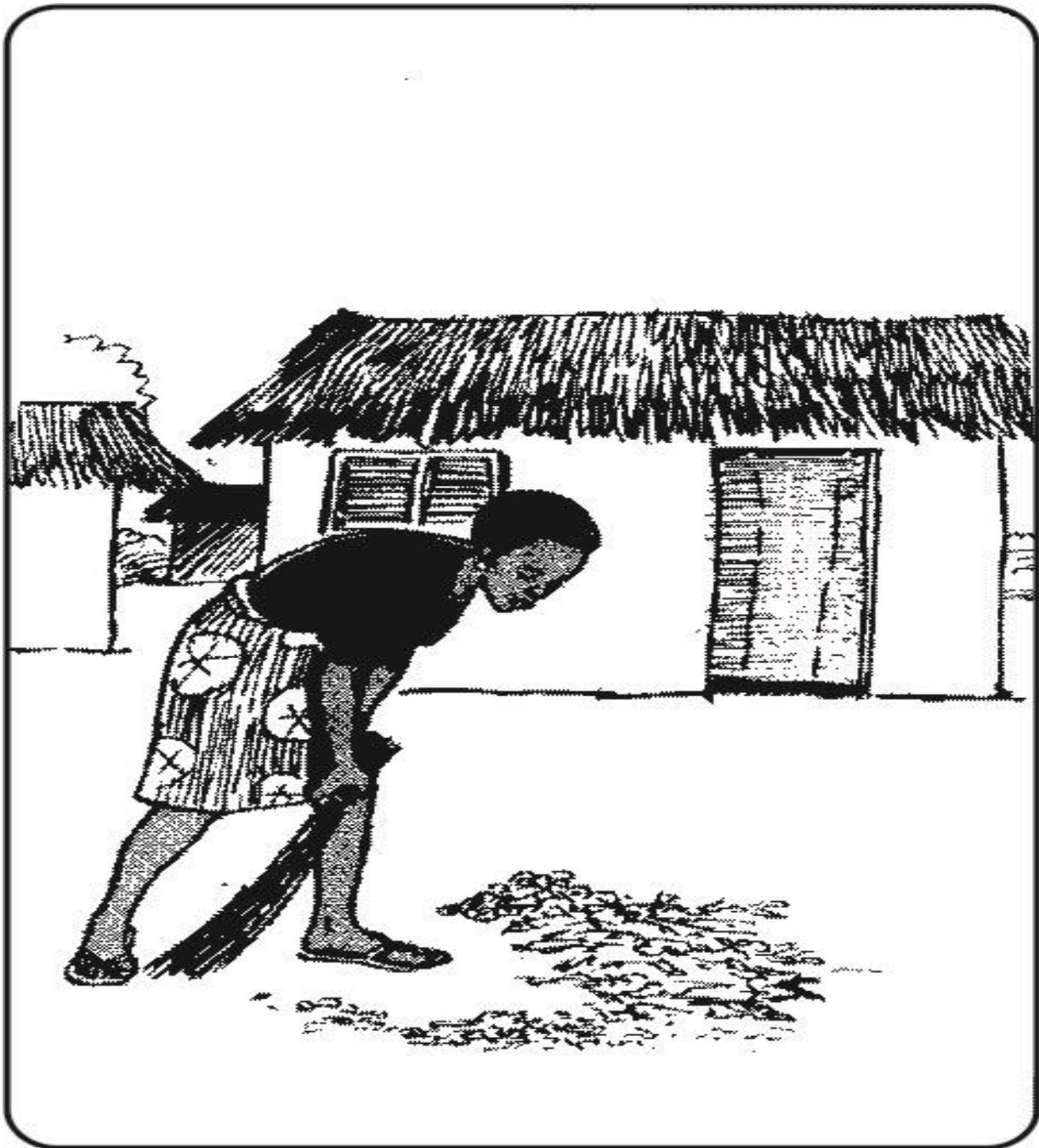
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Adopted from ProNet, 1996



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Adopted from ProNet, 1996



8

Adopted from ProNet, 1996

How to Dispose of Rubbish

Proper disposal of rubbish prevents you and your family from contracting illnesses and diseases

The most suitable target groups are women's groups, school children, men's groups, youth groups.

How to organize the meeting:

- ✓ Introduce the topic for discussion.
- ✓ Use the graphics which show the improper disposal of rubbish/refuse.
- ✓ Ask the group to describe what they see in the graphics.
- ✓ Ask the group to perform a role play to demonstrate ways of disposing refuse in the community.
- ✓ Have the group discuss the bad practices and effects of such practices.
- ✓ Have the group walk around the community and identify disposed refuse. Look for places for the disposal of refuse and discuss its hygienic situation.
- ✓ Ask how many members of the group dispose of their refuse in that way.
- ✓ Have the group come back to discuss the identified problems and have them come up with actions to resolve them.
- ✓ Discuss when the group would begin to implement the actions. Also ask how the group intends to involve their fellow community members in the adoption of the good practices of refuse disposal.

Conclusion

Summarize the day's discussion by emphasizing the important points which should include the following:

- ✓ Proper disposal prevents the breeding of mosquitoes, rats and flies.
- ✓ Rubbish should be disposed of some distance from the household.
- ✓ Pits should be dug for the refuse.
- ✓ Disposal sites should be regularly cleaned (through the burning of refuse).



11

Adopted from ProNet, 1996



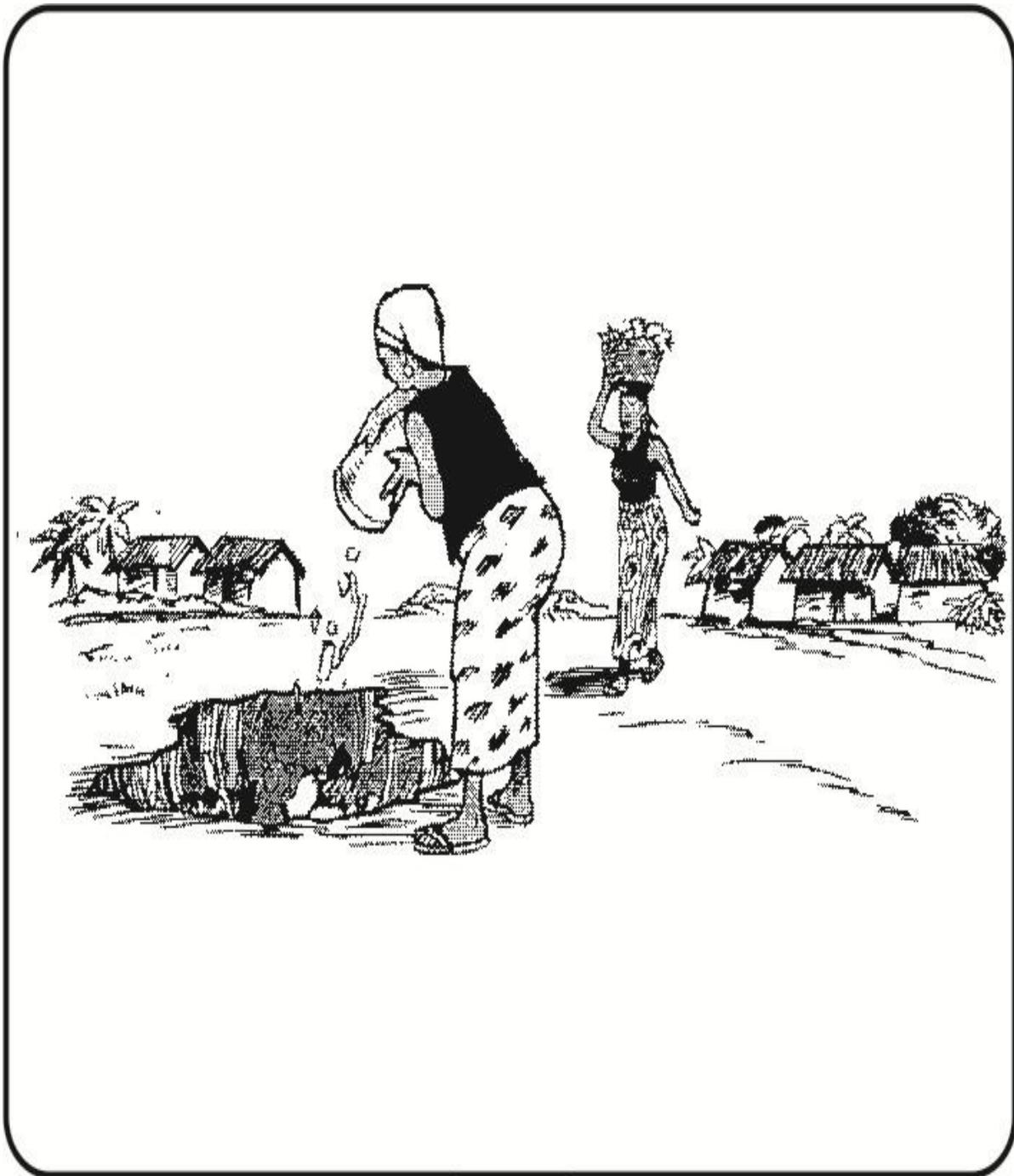
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Adopted from ProNet, 1996



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Adopted from ProNet, 1996



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Adopted from ProNet, 1996

How to control waste from households

Waste water can serve as a breeding place for mosquitoes. Stop mosquitoes' breeding to protect you and your family from illnesses and diseases.

The most suitable groups for this discussion are **households and heads of households**.

How to organize the meeting:

- ✓ Introduce the theme for the day's discussion.
- ✓ Display the graphics which shows someone bathing with the waste water around the bathhouse.
- ✓ Ask the group to describe what they see in the graphics and the message the graphics is portraying.
- ✓ Take the group around the village to identify places where such situations exist.
- ✓ Discuss how such an environment can lead to illnesses and diseases.
- ✓ Have a discussion with the group on what can be done to improve the situation.
- ✓ Show the graphics with the bathhouse and a proper soak away.
- ✓ Have the group decide when they would like to take action and how they would like to involve/inform other community members not at the meeting.

Conclusion

Ask a volunteer to summarize the outcome of the day's meeting. Emphasize that stagnant water from bathhouses and other places serves as a breeding ground for mosquitoes. Because mosquitoes cause diseases such as malaria and bring hardship to the family, proper soakaways should be built on their bathhouses.

How to Work with Community Groups

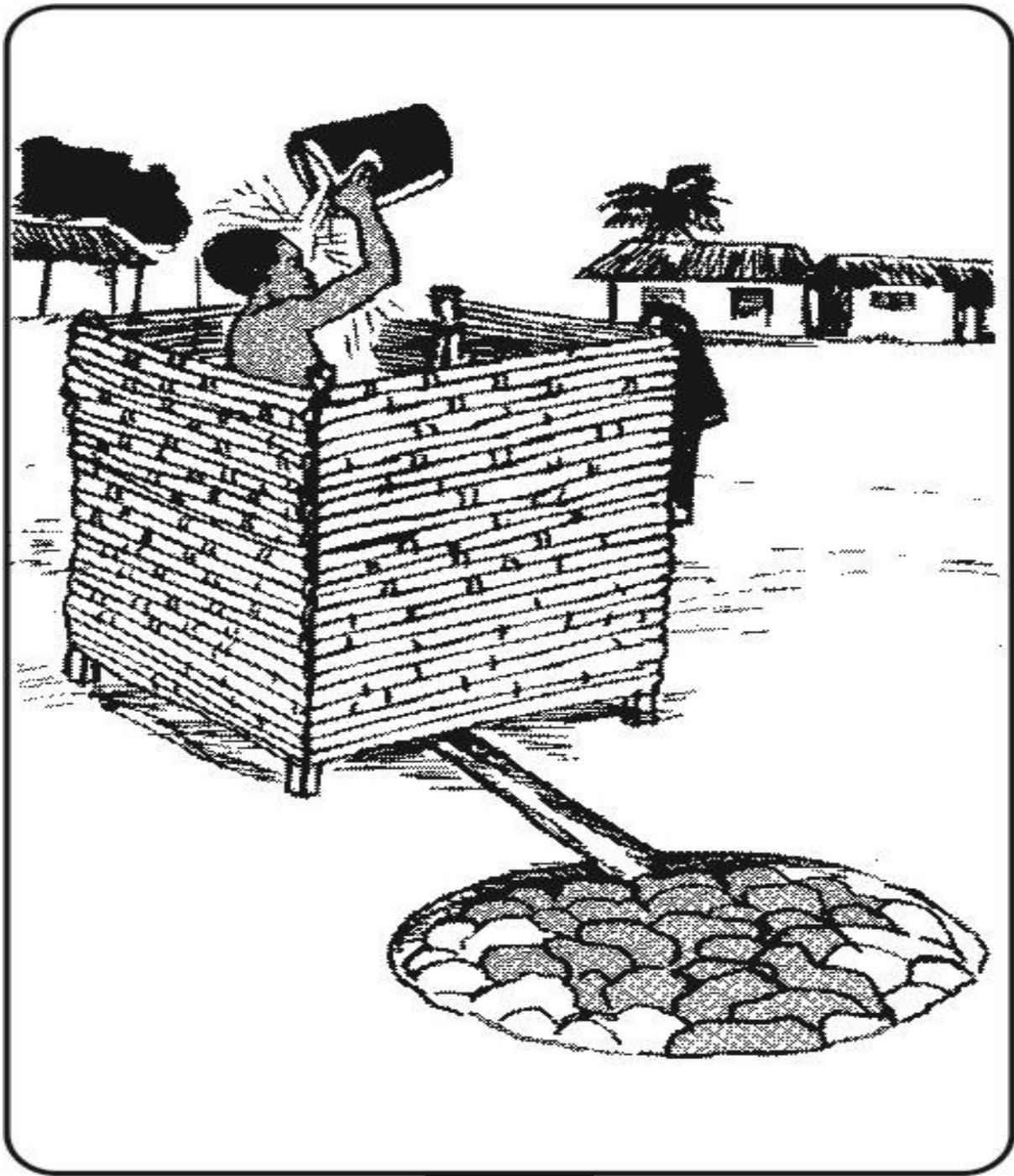
In the planning with community groups on how to keep their surroundings clean, follow these steps:

- Step 1 Begin the meeting by taking a walk around the village to see what the surroundings areas look like.
- Step 2 Ask the group to come up with a list of things in their homes and compounds that can bring about diseases/illnesses.
- Step 3 Have the group arrange these things in such a way that can be corrected one a time.
- Step 4 Use pictures and the let the group act out a play to see if these things can be corrected.
- Step 5 Have the group pick the first problem - "We allow water from our bathhouses to spread around our compounds."
 - Ask the group why they allow the water to spread to the compound areas.
 - Assist the group in coming up with a solution on how to involve community members in correcting these things.
 - Assist the group in dividing up the work amongst themselves.
 - Assist the group in deciding on a date that each task force will start and finish the work.



15

Adopted from ProNet, 1996



16

Adopted from ProNet, 1996

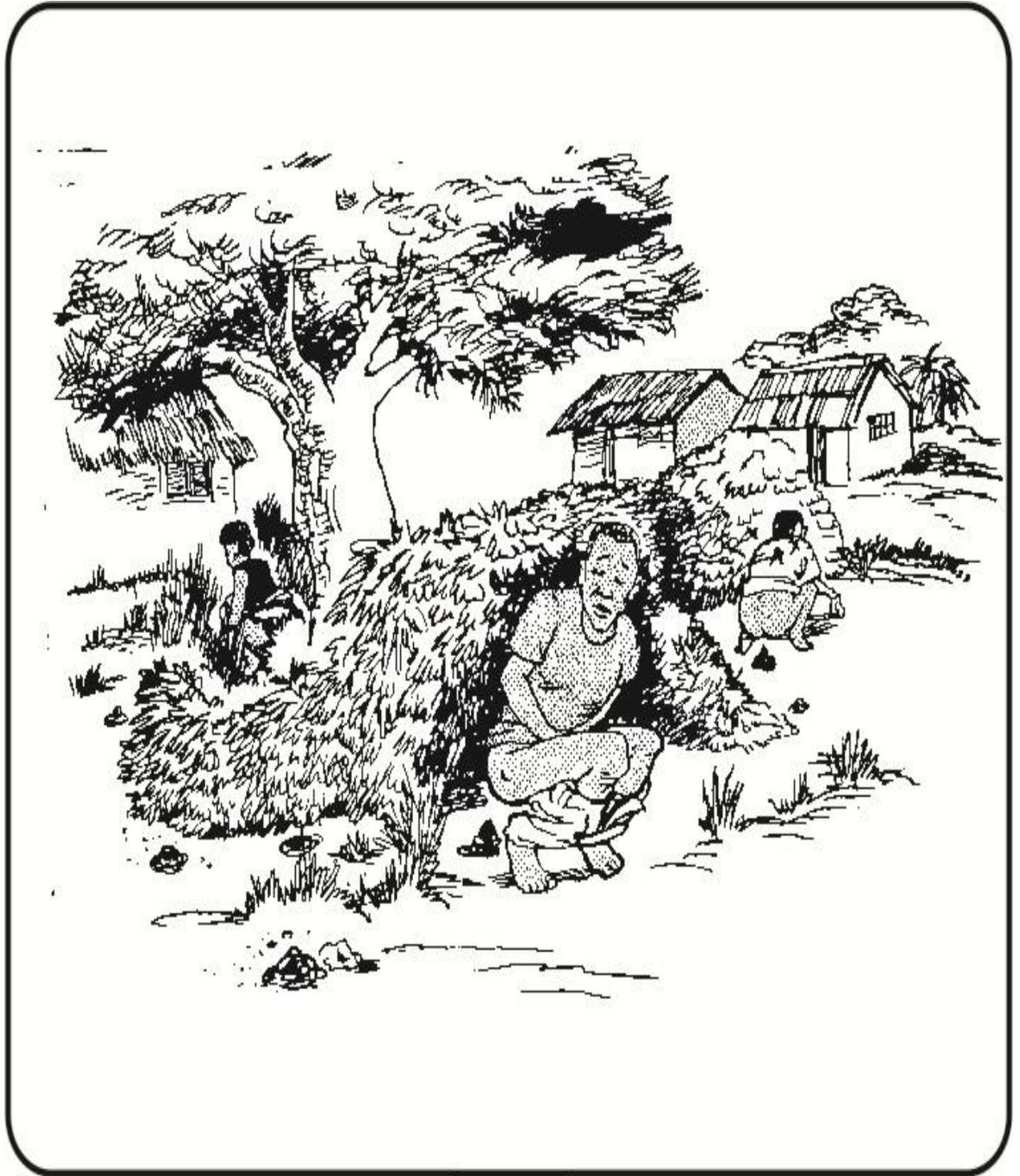
Making water safer: Faeces management

Open defecation (OD) brings illnesses/diseases through contamination of our water sources. Let us stop open defecation to prevent diarrhoea-related diseases.

The most suitable groups are **women, children and men**.

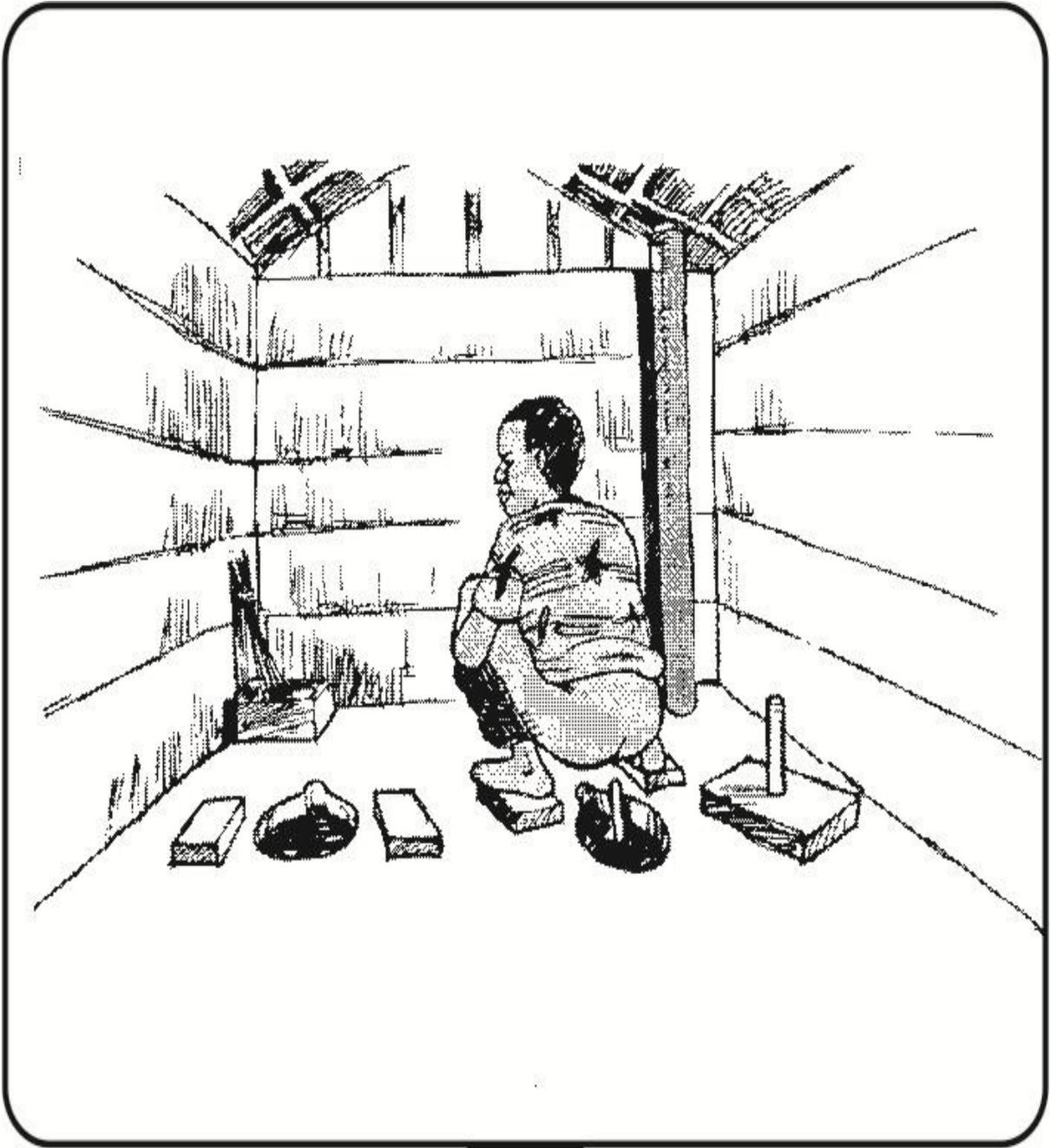
How to organize the meeting:

- ✓ Introduce the session by explaining the purpose of the day's meeting.
- ✓ Use the graphics showing someone defecating in the open to facilitate discussion on whether it is a good practice or not.
- ✓ Have the group discuss whether open defecation occurs in the community. Let them discuss how comfortable people are in engaging such practices.
- ✓ Let them discuss why people defecate in the open (lack of toilets in their houses).
- ✓ Have the group go around the community to identify places where open defecation is practiced. In a Community-Led Total Sanitation (CLTS) process, such a walk is called the 'Walk of Shame'. The community members become ashamed and disgusted about their practices.
- ✓ Upon return, have the group discuss what they saw. Ask where the faeces go when it rains. They may mention that the faeces run off into the open water source. Ask what happens if they drink such water. Usually, communities will realize that they are drinking each other's faeces. In CLTS, the precise moment when the community realizes they are drinking each other's faeces and that they would like to do something about it is referred to as the "Triggering Point." This should lead to the community's wanting to construct/dig their own pit latrine.
- ✓ Ask the group to discuss the implications of drinking faeces. What are some of the diseases which result from drinking water contaminated by faeces?
- ✓ Have the group act out a short play on the whole process. Then have the group discuss what they would like to do about the situation and who is willing to take the lead in resolving this situation.
- ✓ Ask the group how they plan on asking those absent not to defecate in the open.



9

Adopted from ProNet, 1996



Adopted from ProNet, 1996

Encouraging hand washing practices

Washing your hands with soap or ash prevents illnesses/diseases.

The most suitable population groups are women, children and men.

How to organize the meeting:

- ✓ Bring a grounded colour such as white chalk to the meeting and inform the group you will discuss how faeces is transmitted from one person to another.
- ✓ Inform the group that the colour represents the faeces. Emphasize the fact that you usually will not see the faeces when it is on your hands.
- ✓ Ask a volunteer to dip his/her hands into the grounded colour. Ask the volunteer to start shaking the hands of the other participants and to touch the surfaces of items in the meeting place.
- ✓ Based on the hand shake, how fast does contamination occur?
 - Possible answers highlight these key points:
 - People exchange germs when they touch each other, surfaces or food.
 - Contamination enters the body primarily through the mouth.
 - Contamination on hands **increases greatly** after using the toilet.
- ✓ Have the group imagine they are about to sit down and enjoy a meal. Just before they start to eat, they notice their hands are covered with chalk colour. Would they continue eating? What would they do?
- ✓ Remind the group that the chalk represents just a fraction of the germs present on our hands.
- ✓ What might happen if they were to eat food with their hands covered with germs (powder/chalk)? What might happen if they prepared food with germ-filled hands?
- ✓ Ask the group to discuss what would they do to avoid contamination through faeces.
- ✓ Summarize these key points on how germs enter our bodies:
 - Contact spreads contamination.
 - Germs can enter the body through the mouth.
 - Germs clinging to unclean hands and can easily be transferred to food and then into mouths.
 - The number of germs on hands increases greatly after using the toilet.
 - The most dangerous germs are transferred by hands that have not been washed after using the toilet.

Additional points regarding hand washing

Washing hands with soap or ash after defecation and before handling food

- Hand washing will make a huge difference to people's health and well-being. Hands are used for anal cleansing after defecation. Regardless of the material used for anal cleansing, hands get contaminated by faeces (even if the dirt cannot be seen or smelled). For this reason, both hands should always be washed using soap or ash after defecation or after using a latrine.
- Hands should also be washed before handling any kind of food, including dry food such as roasted maize.
- Both hands should be washed with water and a cleansing agent.
- Soap is the most pleasant (and effective) hand washing agent.

When soap is too expensive or is not available, alternatives can be effective:

- Wood ash will also rub off any dirt and smell. The slight irritation one feels when one washes one's hands with ash shows the cleansing power of ash.
- Clean sand with water can be used for hand washing to help to rub off dirt.
- It is important that everyone always washes their hands after defecation and before handling food. Most people do not wash their hands often enough.
- Hand washing should be made as easy as possible by keeping hand washing water and the cleansing agent beside the latrine, and if possible, also outside the kitchen or the food eating area.
- Building a hand washing device can help in the washing of hands at critical times and when water is scarce.

Proper techniques for hand washing¹¹

- ✓ To wash, wet hands with running water.
- ✓ Rub your hands with the soap or ash for about 30 seconds, about the time it would take to sing the Happy Birthday song.
- ✓ Clean between the fingers, under your fingernails, and up to your wrists to help control germs.
- ✓ It is the soap or ash combined with the scrubbing action that helps dislodge and remove germs.
- ✓ Rinse your hands well with running water (poured from a jug or tap).
- ✓ Dry hands in the air, rather than on a dirty towel, to avoid recontamination.



Adapted from Amhara¹²

When to wash your hands:

- ✓ After defecating in the field or latrine
- ✓ Before eating
- ✓ Before cooking or food handling
- ✓ Before feeding a child or breastfeeding
- ✓ After cleaning a baby

Conclusion

Hand washing with soap or ash after defecation and before handling food will improve everyone's health. Stress the reasons why one must wash one's hands at the critical times, and outline those critical times.



Adapted from Community Management Hand Book (1997)¹³

6.13 **How to build simple hand washing devices**

Prepare a hand washing stand. Water saving devices (as shown in the picture below) can be made from galloons jerrican, plastic bottles/containers or clay pots. The important thing to consider is that a hand washing facility must be available near the latrine so that latrine users will be able to access it easily. It should also be located in the compound where it is easily accessed so that the users are constantly reminded of the need for hand washing either after defecation, cleaning babies, after cleaning or before cooking and eating food.

1. Find an available vessel
 - An empty gallon/old jerrican
 - A gourd
2. Add a hollow tube to make the spout. You can use a pen casing, a 'droben/dodoben' (used by palm wine tappers to connect the pot to the palm tree on the ground so that the wine flows through), a pawpaw stem or anything that is hollow.



Adapted from Amhara^{14a}



Adapted from Amhara^{14b}

3. You will also need a sharp knife, a nail, or a screw driver to make a hole in the vessel for the tube.



Adapted from Amhara^{14c}

4. Decide on the design of your hand washing station before you begin working. Will your tippy tap sit, hang, hang and tip?
5. Wash the container and the tube. Heat the knife, nail or screwdriver to make piercing a hole for the tube easier.
6. Make a small hole for inserting the tube. Make it as low on the container as you possibly can, about 2 cm (two finger widths) from the bottom. Be careful to make it smaller than the tube.
7. Slowly and carefully push the tube into the hole. Be very careful not to make the hole so big that it leaks.



Adapted from Amhara^{14d}



Adapted from Amhara^{14e}

8. Test the water flow when using a highland bottle: water is delivered when the cap is unscrewed and stops flowing when the cap is tightly shut. When using a jerry can or gourd: water comes out when the cap on the pen or the plug in the tub is removed. If you don't have the original cap, just find an old stick to 'plug' the flow.
9. Set up the station right by the latrine. Set up another station near where you cook and eat, if possible.
10. After you have tested your hand washing bottle to make sure it functions properly, "set it up" by hanging it from a string around the neck, or setting it on a stable platform.
11. Hang or place an old, shallow can or plastic bowl for soap or ash for washing up.

6.14 Working at the community level to promote hygiene promotion - forming a community hygiene and behaviour change committee/team

As a Community Facilitator:

- ❖ You may have a number of communities to support in terms of promoting behaviour change
- ❖ You may not be living in any of these communities
- ❖ Because of the number of the communities and the distances involved, you may not be able to visit all the communities all the time

Therefore, you may need to form a committee to lead the behaviour change and hygiene promotion activities within the community. The role of the committee is to undertake behaviour change activities including home visits and support community members/groups to adopt good hygienic practices. This committee is necessary only if you detect that the WATSANs are not working effectively on hygiene promotion/behaviour change issues and that you want to focus more on behaviour change activities.

How to form the group/committee

- ✓ Initiate discussion at a community meeting by providing the reason why such a committee is needed.
- ✓ Ask the community how they would like to form such a committee. The options are:
 - Use an existing committee such as the members of the WATSAN committee (Do not forget that the WATSAN committee may already have some members who are responsible for hygiene promotion).
 - Form a completely new committee to handle hygiene promotion activities.
 - Membership is dependent on the size of the community. In all cases, it should range between 3 and 5 members and the majority of the members should be women.
- ✓ You may need to provide training for the committee members on:
 - How to promote hygiene promotion issues
 - How to facilitate group meetings
 - How to use the hygiene promotion materials
 - How to conduct home visits
- ✓ Help the group prepare an action plan on hygiene promotion based on hygiene promotion practices in the community.

An Example of Hygiene Promotion/Behaviour Change Action Plan

Objectives	Activities	When	Responsibilities	Required resources
To ensure cleanliness at the source of water every day.	Meet community to discuss conditions at the site.	Next community meeting (every Friday).	Committee leader	
	Form 7 groups to clean the site daily.		Committee members	
	Supervise/support the cleaning groups.	Daily		Brooms, cutlasses
To make the community aware of the importance of clean latrines.	Community education/talks with mothers and children.	Next community meeting	Committee members (with support from behaviour change agent)	Behaviour change materials.
	Home visits.	Once a week.	Committee members	

- ✓ Help the group to implement the plan.
- ✓ Monitor the implementation of the plan with committee members.

6.15 Monitoring hygiene promotion/behaviour change at the community level

Hygiene promotion/behaviour change activities will have to be monitored. This can be done by using any of the following means:

- Home visits
- Asking Questions
- Observations
- Community Walk/Site Visits

The frequency of monitoring visits depends on several factors, including the number of communities a facilitator is working with, the distances between these communities, and the level of responsiveness of the community. New communities require more frequent visits than do older communities. The monitoring and follow-up visits should not be seen as activities separate from other project activities.

Tips for home visits

Home visits are good ways of observing whether good practices are being adopted in homes. One must be aware, however, that one will be invading peoples' privacy in their homes. You should be cautious in the way you approach the visit and how you discuss the issues. Those community members who have already participated in hygiene promotion meetings and activities in the community may be more receptive to your visits and messages.

- ✓ Choose a time of day when people are likely to be home and have time to talk.
- ✓ Greet the persons(s) warmly and introduce yourself. Give them your full attention as soon as you meet them. Be polite, friendly and respectful. Explain the purpose of your visit and how long it will take. Ensure that it is acceptable for you to come in to talk to them.
- ✓ At the end of the visit, thank the person(s) and set up a return visit. Return as promised.

During a home visit, you may use the APAC method¹⁵ for processing information:

- A** **ASK:** Find out which behaviours the person/household is currently practicing well and identify which ones need improvement. Determine the level of behaviour change the household currently exhibits.
- P** **PRAISE:** Always praise the person for the health behaviours or what s/he is doing that is correct.
- A** **ADVISE:** Give advice where necessary regarding behaviours that need improvement. If possible, demonstrate what the behaviour looks like. You may use some of the hygiene promotion materials to explain the correct behaviours.
- C** **CHECK:** Ask the person to describe what they understand and to repeat the information you have discussed.

Areas to Focus when on Monitoring	
Water Sources	<ul style="list-style-type: none"> • Does everyone in the community use improved/safe water sources for drinking, washing and bathing? • Are improved water sources looked after and well kept? • Are latrines close to improved water sources? • Are fetching points free from rubbish, weeds and animal droppings?
Water Collection	<ul style="list-style-type: none"> • Is water collected in clean containers? • Is water transported in covered containers?
Water Storage	<ul style="list-style-type: none"> • Is water stored in clean pots/containers for drinking? • Are water storage containers/pots regularly cleaned and covered?
Water Use	<ul style="list-style-type: none"> • Is the amount of water transported and used enough for personal and domestic hygiene?
Water Fetching	<ul style="list-style-type: none"> • Is drinking water fetched from the storage container/pot in such a way that hands, cups or other objects do not contaminate the water?
Food Handling	<ul style="list-style-type: none"> • Are hands washed before the preparation and eating of food? • Are vegetables and fruits washed with clean water, and is food properly covered? • Are kitchen utensils washed with safe water and kept clean?
Disposal of Faeces	<ul style="list-style-type: none"> • Do all men, women and children use latrines? • Are children's faeces safely disposed off in latrines? • Are latrines used? • Are latrines regularly cleaned? • Are hand washing facilities available near latrines? • Are hands washed after use of latrines? • Are anal cleansing materials dropped in the pit?
Waste Water	<ul style="list-style-type: none"> • Is household water properly disposed of? • Are measures taken to ensure that waste water is not left to create breeding places for mosquitoes? • Are measures taken to ensure that waste water does not contaminate safe water sources?
Meetings and Hygiene Plans	<ul style="list-style-type: none"> • Are you meeting at the agreed time to discuss hygiene/behaviour change activities? • Are you fully carrying out the hygiene plans you developed?

Section Seven

School Health Education Program (SHEP)



SECTION 7: SCHOOL HEALTH EDUCATION PROGRAM (SHEP)

7.0 Introduction

Schools are an integral part of a community and therefore the issues of water sanitation and hygiene promotion in the community should also cover schools. School- aged children spend most of their time at school. A lack of clean drinking water, toilet facilities, and good hygiene practices in schools has a negative effect on the health of the entire school population and leads to absenteeism and an inability to learn. As a Community Facilitator, one of your responsibilities is to work with the school authorities in the project community to introduce Ghana WASH activities to schools. This section of the manual will provide a step-by-step approach to designing and implementing hygiene promotion activities in schools.

7.1 What are School Health Education Programs?

Water, Sanitation and Hygiene (WASH) in schools refers to a combination of water supply, latrine facilities and hygiene promotion that are necessary for a healthy school environment and support appropriate health and hygiene behaviours. It seeks to use water, sanitation, hygiene learning as a bridge linking children, their families and communities¹.

It is not enough to provide a school with water, latrine or hygiene education, rather, all three components must come together to make the maximum impact. Therefore, as Facilitators, you should work with the community leaders and school authorities to make ensure that all these components are brought together.

7.2 What is the importance of hygiene promotion in schools?

As a Community Facilitator, you should understand the role hygiene promotion plays in the health of the kids in schools. Hygiene promotion in schools is based on the belief that children are far more receptive to new ideas because they are at an age when they can be influenced to cultivate the habits of good personal hygiene. Effective health education in schools leads to:

- Lower absenteeism from illnesses related to poor WASH conditions.²
- Increased and prolonged girls' school attendance.
- Improved learning capacity of children.
- Development of the community where the school is located.
- Instilled lifelong positive habits in children.
- Enrolment and retention of girls – the lack of private sanitary facilities for girls can discourage parents from sending girls to schools and contribute to the drop-out of girls, especially adolescent girls. Growing girls find it difficult to attend schools that have only a few badly maintained facilities or none at all. Many tend to go home during recess and not return.
- Improvements in health and happiness of children
- Good sanitation and hygiene practices lead to fewer diseases, better health, and better nutrition.

7.3 Designing and implementing School Health Education Programs in schools

Designing and implementing health education in schools is similar to designing programs for communities (Refer to Section Six of this manual). The stages³, some of which are combined, or may happen simultaneously, are:

- Discussions with stakeholders on the school WASH program. This is important because each stakeholder has a specific role to play in the program implementation process. Some of the stakeholders may include:
 - Teachers
 - Head teachers
 - Ghana Education Service
 - Children
 - School Health Education Coordinators
 - Community leaders
 - NGO staff
 - Food vendors
 - Parent Teacher Associations/School Management Committees (PTAs/SMCs)
- School entry and assessment of current conditions in the school including knowledge, attitudes and practices of the school children on WASH-related issues (baseline survey). The Community Facilitator should be aware that some of the baseline information is available in the Ghana WASH Baseline Report. This report, however, does not provide information on specific schools in each community. Baseline survey/data Collection topics are attached in **appendix 1**.
- Identification of high risk hygiene behaviours and those factors influencing these behaviours
- Development and testing of life skills-based hygiene education guides and materials/messages and distribution of these materials to schools
- Training of teachers as hygiene promotion focal persons who may then serve as patrons to School Hygiene Promotion Clubs
- Identification of and training for food vendors
- Formation and training of school hygiene clubs and implementation of hygiene promotion activities
- Construction of facilities and supervision of these construction activities
- Proper use, operation and maintenance of the facilities
- Monitoring and evaluation

7.4 Connecting with the Community

As a Community Facilitator, you should be able to link the hygiene promotion activities in schools to what is happening in the community. The school is part of the community. The linkage is important for the following reasons:⁴

- Improving school sanitation and hygiene makes little or no sense if most children cannot practice hygiene at home.
- Children are generally highly motivated to improve the conditions and practices at home and in their communities and thus can be excellent catalysts for positive change.
- School events and students' assignments (i.e. simple surveys in their homes, neighbourhoods and community) are excellent opportunities to raise awareness and initiate community projects on subjects such as environmental protection and improved water supply and sanitation.

- Schools need the assistance of parents and local administrations and organizations to establish and sustain good facilities.
- Students from such “WASH-friendly” schools are champion promoters in their homes and can influence parents and siblings to adopt better hygiene practices.
- Teachers find that lessons on WASH themes not only are interesting for the students; they can be fun and can lead to the formation of after-school WASH clubs.

7.5 Key stakeholders in School Health Education Programs

Health Education at school involves several stakeholders with role to play which then ensures the project’s success.⁵

❖ Community members

1. Children
2. Parents
3. Pre-school workers
4. Teachers and head teachers
5. Builders and masons

❖ Community groups and institutions

1. Parent-Teacher Associations/School Management Committees (PTAs/SMCs)
2. Water and sanitation committees (WATSAN Committee)
3. Assembly Persons
4. Women’s groups and self-help groups
5. Youth groups
6. Contractors
7. Small entrepreneurs

❖ District institutions

1. District Education Office
2. District School Health Coordinator of SHEP
3. District Water and Sanitation Teams (DWST)
4. Ghana Health Services/Health departments including district health officers
5. Various NGOs in the District

7.6 Formation of health clubs

School health and hygiene clubs are established to encourage school children to become actively involved as advocates for a healthy and hygienic school and community. They become the focus of hygiene promotion activities in the schools. They are supported and trained in how to develop materials, facilitate meetings and develop action plans for implementation. They may also be involved in data collection and analysis as well as health ambassadors in the homes and in the communities.

The Community Facilitator and the school hygiene promotion key person in the school should facilitate the formation of such clubs and support them in the activities.

Guidelines for establishing School Health Clubs

- School health and hygiene clubs should consist of a representative group of the school population with regard to age, gender, and socio-economic background, religious or ethnic groups. They also should include children with disabilities, if they attend school.

- Each school club should have a leadership structure and a patron to provide advice and guidance to the students which could be a teacher or an opinion leader from the community, i.e. PTA Chairman.
- The relationship between the “leader” and the “club members” is critical. A leader should listen to the children’s voices, demands and ideas and there should be mutual respect between the leader and the members. The atmosphere should be such that children can freely talk about difficult and/or personal issues.
- Participation in the clubs must be on a voluntary basis and should not be mandatory because the clubs do things that adults do not want to do (cleaning of school ground or toilets, etc.).
- Resources, such as craft materials, books, training guides, and blackboards, must be provided as long as the clubs exist and not only at the start up of the clubs.

Examples of school health club activities

In the school

- Water: Maintenance, use and storage
- Hygiene education: Teaching and monitoring children
- Sanitation: Maintenance, waste water, clean school surroundings and classrooms
- Monitoring facilities and their use by pupils
- Teaching pupils about personal hygiene and how to use the facilities

Out of school

- Public awareness campaigns, contests
- Support and action in areas that have particular sanitation problems, such as market places
- Motivation for hygiene and sanitation in the home
- Teaching and helping younger brothers and sisters
- Other opportunities for child involvement counts the number of houses with toilets and gives messages on better hygiene practices
- Child-to-child activities, whereby older school children work with younger sisters and brothers to improve personal hygiene practices such as bathing and regularly washing hands and face.
- Boys and girls help parents in keeping the home clean.
- Children ask parents for construction of toilets at home and for soap for Hand washing.

Community Health Clubs

In communities where some children are not able to attend school, the Facilitator can help form community health clubs which will be available for both school and non-school-going children.

Food Vendors

In most schools in Ghana, there are people or food vendors that sell food to school children. It is important that these people be involved in school hygiene promotion programs. They would

require training in the hygienic preparation of food, in hand washing and in other personal hygiene practices. They can ensure that any child who buys food from them washes his/her hands before eating.

Training for Teachers

School teachers will also require some level of training especially in developing materials using local resources and using participatory hygiene promotion materials. Teachers should also be involved in the initial data collection, analysis and project monitoring. They require skills in these areas.

7.7 Key hygiene behaviours for School Hygiene Education Program

The baseline survey is expected to raise specific issues relating to unhygienic behaviours and practices in each school. Some of the key hygiene behaviours which can be integrated into the hygiene education program are listed below:

1. **Safe use of toilets and urinals:** Diarrhoea and worm infections are two main health concerns that effect school children on a large scale. These illnesses can be reduced and eradicated through appropriate toilet and urinal use.
2. **Personal hygiene:** Poor personal hygiene contributes to many diseases.
3. **Promotion of hand washing with soap or ash:** Hand washing at critical moments is important for good health because it reduces the risk of diarrhoeal diseases and acute respiratory diseases.
4. **Female and male hygiene:** Genital hygiene and menstrual hygiene is important for health conditions of young girls and for reproductive health.
5. **Waste management and water drainage:** Appropriate handling of solid waste as well as handling of stagnant water so as avoid insects (such as mosquitoes) and rodents (such as rats) from breeding and transmitting diseases.
6. **Water treatment, handling and storage:** Basic concepts on water contamination, provision of safe water and water testing are known and implemented.
7. **Food hygiene:** Eating healthy food is essential for the wellbeing and survival of each human being. Eating contaminated food (also known as “food poisoning”) can cause diarrhoeal diseases.

7.8 How to make school health clubs fun and active

1. Quiz Competitions

- **Intra-School Quiz Competition** Quiz competition between different clubs within a school.
- **Inter-School Quiz Competition** Quiz competition between different schools in a community.
- **Inter-Community-School Quiz Competition** Quiz competition between different schools in different communities.
- **Zonal/Sub-District School Quiz Competition** Quiz competition between different schools in different sub-district/zones in the district.

2. Development/Drawing of Graphics/Materials/Artworks and Fun Fairs/Exhibition

School health clubs can be engaged to develop hygiene promotion materials for their own use. This would involve drawing sketches; there would therefore be a need to supply them with pencils, erasers, drawing sheets, colour pens, crayons, exercise books, and card boards. The drawing can also be done on a competitive basis.

The Clubs can organize fun fairs and exhibit materials, songs, poems which they have developed. Dramas/plays can also be a part of these activities. The Facilitators and teachers should encourage the use of available local materials for some of these activities.

3. Development of Songs, Poems, Plays and Rhymes

Club members can compose songs and write poems and rhymes based on hygiene issues in the school or the community. This could be performed at a community meeting during an 'Our Days' event in schools, and at church. There could also be inter- and intra-school drama competitions on specific hygiene issues and practices in the project area.

4. Intra and Inter-School Environmental Hygiene Competitions

Different clubs may decide to undertake different environmental projects to improve the physical features of the compound. Clubs in different schools may also engage in similar activities. Competitions can be organized to award the club/school which was judged the best in terms of environmental cleanliness.

Please see **appendix 7** for examples of child-based activities.⁶

Section Eight

Community Led Total Sanitation (CLTS) & School Led Total Sanitation (SLTS)



Photo Credit: S. Agyekum, ProNet, Association (2011)

Community members drawing Defecation Area Map

SECTION 8: COMMUNITY LED TOTAL SANITATION (CLTS) AND SCHOOL LED SANITATION (SLTS)

8.0 Introduction

The effect sanitation has on people's health has become a major concern to many development organizations and practitioners. Many efforts have been made over the years - from social mobilization to technological innovations for sanitation. Yet sanitation lags far behind water in most countries. In Ghana, it is estimated that if the current trend in sanitation provision continues, it will take the country 40 years to reach the MDG target of 54% (Source: the Sanitation and Water Compact, 2010). The Joint Monitoring Program (JMP) of the World Health Organization (WHO) and UNICEF on Water and Sanitation MDGs estimated that the improved sanitation coverage for Ghana was 13% as at 2008. The alarming fact in Ghana is that most of the population practices open defecation.

8.1 What is CLTS and how can it help improve latrine coverage in Ghana?

CLTS is a process / approach in which communities are "awakened" to change their sanitation behaviour which in most cases results in a demand for improved toilet facilities.

CLTS concentrates on ending open defecation (OD) as a first significant step to changing behaviour. It starts by enabling people to do their own sanitation profile through an appraisal, observation and analysis of their practices of OD and the effects these have. This creates feelings of shame and disgust, and often a desire to stop OD and clean up their neighbourhoods¹.

The originator of the approach is Mr. Kamal Kar who as part of his evaluation work in Bangladesh between 1999 and 2000, discovered the CLTS approach in which use of Participatory Rural Appraisal (PRA) methods enables communities to analyze their sanitation conditions and collectively internalize the terrible impact of OD on public health.

8.2 Importance of CLTS²

- When communities are triggered, CLTS compels urgent collective action by community members to stop open defecation and declare their communities Open Defecation Free (ODF).
- Through the CLTS process, community members are encouraged to visit the dirtiest and filthiest part of the communities, especially where open defecation is practiced. Analyzing their practices shocks, disgusts and shames people and forces them to make decisions to do something about their sanitation behaviour.
- The process and approach concentrates on the whole community rather than on individual behaviours. Collective benefit from stopping open defecation (OD) can encourage a more cooperative approach. People decide together on how they will create a clean and hygienic environment that benefits everyone.
- It is fundamental that CLTS involve no individual household hardware subsidy and does not prescribe latrine models.
- Social solidarity, help and cooperation among the households in the community are a common and vital element in CLTS.
- There is spontaneous emergence of Natural Leaders (NLs) as a community proceeds towards ODF status; local innovations of low cost toilet models using locally available materials, and community-innovated systems of reward, penalty, spread and scaling-up increase.
- CLTS encourages the community to take responsibility and to take its own actions.

- CLTS is driven by a sense of collective achievement and motivations that are internal to communities, not by external subsidies or pressures.
- CLTS leads to total sanitation which includes a range of behaviour such as:
 - Stopping all open defecation
 - Ensuring that everyone uses a hygienic toilet
 - Washing hands with soap before preparing food and eating, after using the toilet, and after contact with babies' faeces, or birds and animals; handling food and water in a hygienic manner
 - Safe disposal of animal and domestic waste to create a clean and safe environment.
- Engages men, women, youth and children in a time-bound campaign and local action to end OD followed by general cleaning up.
- Often through the collective drive of communities, attracts local leaders, elected people's representatives, the local government and NGOs to help, support, encourage and spread ideas.
- ODF communities gradually move up along the sanitation ladder and improve the structure and the design of their toilets through better linkages with the local businessmen and traders/dealers of sanitation hardware.

8.3 Definition of Terminologies³

“Triggering CLTS with communities”

The process of facilitating participatory exercises using different tools of CLTS, where a local community realizes the bad effects of open defecation and decides to stop it through a collective analysis of its own sanitation situation and profile, is called “triggering”. Triggering exercises are facilitated separately for the adults, children and wherever necessary for the women.

“Triggering moment”

The triggering moment is the *time* when the community collectively realizes the danger of OD and feels disgusted about continuing the practice of open defecation for even a single day. This quickly moves on to a collective local decision to stop open defecation right away. Some of the common symptoms of a triggering moment might include community responses such as: “We are poor, and we can't afford to build latrines. Could you help us to do so? We want to stop OD immediately; we will start digging pits at once.” etc.

“ODF planning”

Immediately after triggering, some members of the community decide to start digging a pit on the same day or the next morning. Many others join the discussion and look for various options. At this stage, CLTS facilitators encourage early starters and appreciate their urgent action against OD. Facilitators ask the entire community if anyone else is interested in seeing the technique of construction of a latrine by their fellow villagers or would be interested in starting construction. Outsiders facilitate the process of planning by the community for achieving ODF status. This includes a week-by-week listing of the families willing to start constructing latrines on their own, the formation of a sanitation committee or the strengthening of an existing one, the identification and invitation of Natural Leaders for presentation of their plans and a decision on the final date of declaration of the ODF community and a celebration.

“Natural Leaders”

Natural Leaders are the ones who emerge spontaneously during the process of triggering and post-triggering stages. These are the people who take the lead role in cleaning up the community and in ending OD, as they best understand the meaninglessness of constructing a few more latrines rather than eradicating OD. They are the individuals who really get motivated by the entire process, want to stop OD with immediately and jump into action, involving the community/neighbourhood in eradicating the practice. They could be schoolboys or girls, young men or women, elderly people, religious leaders or formal/informal leaders of the village or community.

“Community Consultant”

As the triggered community implements its plan and moves toward achieving ODF status, some Natural Leaders gain more prominence than others, mainly due to their leadership roles and qualities in involving the community at large in eradication of OD. Often, they initiate other collective local actions in addressing issues like solid waste management, cleaning of public toilets, drains and other such aspects. Outside facilitators providing follow-up to these communities keep an eye on these emerging natural leaders, who are different and can be used as community consultants in triggering nearby communities later. Natural Leaders with special skills and capabilities who are willing to serve other communities are given further training and exposure and are used as community consultants of CLTS either individually or in groups.

“ODF Declaration and Celebration”

Once the community stops the practice of OD totally and continues to maintain this status for a few months showing almost no indication of reverting to the practice of OD, rigorous verification and certification procedures are followed before they are declared ODF. The concerned community, Natural Leaders from neighbouring ODF villages if any, and agencies associated with the process of triggering, follow-up and verification and certification, jointly agree the declaration of ODF status before a celebration is arranged. On the day of the declaration a big celebration is arranged when Chiefs from the neighbouring villages and people from institutions involved in sanitation are invited. Natural Leaders run the show and offer their support to any community wanting to become ODF. If possible, the media is invited to cover the event.

8.4 School Led Total Sanitation (SLTS)⁴

School children can play a key role in CLTS, acting as powerful advocates of behaviour change, by leading processions, shouting slogans against open defecation or using whistles to draw attention to anyone still defecating in the open. However, the cultural environment may inhibit children’s free expression in the presence of adults, so children and adults are often triggered and develop action plans separately. The participation of children can lead to a more accurate assessment of the sanitation profiles of villages.

8.5 The sequence of stages of the CLTS approach

There are three main stages⁵ in the CLTS training and the implementation process and these are (for training purpose):

1. Pre-triggering

This is the preparatory stage in the CLTS process. It involves selecting a community and informing them about the visit of a group of “participants” who are coming to learn from them. The organizers of the training have to inform the communities and seek their consent before the training starts. During this stage, the resources/materials which will be needed

for the assignment must be mobilized. This stage will involve a series of meetings with the community leaders on the purpose of the visit. Continuous dialogue with the community can foster a rapport with the leaders. Some of the specific activities are:

- Selection of communities
- Information to communities
- Selection of lead and supporting facilitators
- Discussing facilitating approaches and which tools to start with
- Who is working with the kids
- Materials/logistical arrangement for the community

2. Triggering

This stage involves enabling the community to come to the realization that they are eating each other's faeces. The community is jumpstarted in taking action to deal with open defecation and its implications on peoples' health. It leads to a collective decision-making process to stop open defecation and start with the "dig and bury" method. Natural leaders (people who immediately want start constructing their latrines) emerge at this stage. They also become the community engineers after they have designed/drawn the kind of latrine they want to build.

3. Post-triggering (Monitoring and Follow-up)

Involves supporting the community prepare its action plan towards implementing their latrine projects and working towards an Open Defecation Free (ODF) Community. It also involves providing regular visit and support to the community so that they do not relapse in their efforts at reaching ODF status.

8.6 Attitude of the Facilitator

The key to success is the attitude and approach of the facilitator. At the onset, it is important that:

- The facilitator understands his/her own motivation for undertaking the task.
- His/her own perceptions towards sanitation and the type of relationship he/she has with the people of the village.
- An unequal, superior-subordinate relationship will hinder rapport building. The facilitator must simply facilitate and should not lecture or give advice on sanitation habits, and should not prescribe toilet models, at least in the first instance.
- The aim of facilitation is purely to help community members see for themselves that open defecation has detrimental consequences and creates an unpleasant environment. It is then up to community members to decide how to deal with the problem and to take action (Kamal Kar, 2005)⁶.

8.7 The Sequence of Steps and Tools for CLTS Approach⁷

Provided below is a sequence of steps that can be used to facilitate CLTS processes. Tools to facilitate the process are embedded in the steps. It is not necessary to apply all the tools during interactions with the community and the facilitator should be observant about the ignition moment.

1. Rapport Building

Purpose

Set the stage for subsequent activities by developing mutual trust, agreement and cooperation.

Process Guidelines

- Various techniques can be used to break the ice. You can begin with a simple self-introduction and begin a discussion with a few community members as you informally walk through a village.
- To broach a private and sensitive topic like sanitation/defecation, sometimes directly addressing the issue helps, while at other times, the topic is best approached after talking about the general cleanliness situation in the village.
- Try to meet with as many people as possible and understand their perception of sanitation, defecation in the open, and how this affects their well being.
- Try to encourage women to share their experiences as they suffer the most because of poor sanitation but often lack the opportunity to voice their views.

Do's

- Think you are going to the community only to facilitate, and not to teach.
- Ask people what the local words for 'faeces' and 'defecation' are and use these throughout your interaction with them.
- Be alert and take interest - try to remember names and potential change agents.

Don'ts

- Don't forget to introduce yourself and explain why you're there.
- Don't prolong introductions longer than necessary, especially in a large group.
- Don't be impatient and start firing questions from a checklist.



*Community Meeting/Rapport Building Session
Photo Credit: S. Agyekum, ProNet Association (2011)*

2. Defecation Area Transect/Walk of Shame

Purpose

To walk along with community members through the village, observing sanitary conditions including open defecation areas, asking questions, and listening.

Process guidelines

After initial rapport building, the facilitator can ask the group to show him/her the cleanest and dirtiest places in their village. Substantial time must be spent at both these locations to discuss why the group feels these locations are the cleanest or the dirtiest. This helps understand popular perceptions related to clean and unclean in the community, giving useful clues to the facilitator on which to build further.

Walk of Shame can be a powerful trigger

A “walk of shame” differs from other interactions with outsiders where the community generally projects a positive image. Going through the defecation area, walking among the faeces and talking about the issues related to open defecation can have a lasting impact on people. Although they go to this area to defecate every morning, they do so without any thought for the reality in which this takes place. However, when they go as part of the transect with outsiders and the others of the village, they develop a sense of shame about the situation and often develop an immediate desire to change their sanitation status.

Try to make the process interactive by asking questions such as those suggested in the checklist on **Appendix 8**. Attempt to locate the areas of open defecation and visit the different types of latrines along the way (see observation checklist). When this is proposed, some people may be hesitant or will even leave the group as they feel embarrassed to show outsiders the dirty areas of the village. However, since this is an important step, try to persuade these people to join in the transect walk. Spend substantial time having discussions in open defecation areas.

Do's

- Be curious. Walk slowly and observe carefully.
- Don't miss an opportunity to talk to passers-by.
- Give positive reinforcement for initiatives observed in the village during the transect. This could also be outside the scope of sanitary conditions of the village.

Don'ts

- Don't be bored or bore the group by lecturing or asking for too much information that you won't use.
- Don't avoid the defecation areas.
- The objective of the activity is to instill a feeling of disgust but not to insult anyone. Do not pass judgment on the community at any time.

Food and Faeces

- Facilitators collect raw faeces from OD areas during transect walks and bring it to the gathering around the ground map where everybody assembles after the walk.

- A plate of food is kept next to the faeces. Fresh food and raw faeces quickly attract flies, which start moving between the two.
- Community members notice the phenomenon very soon and begin to react. Often reactions lead to women spitting profusely or even vomiting. An extreme level of disgust is generated at this point, which results in triggering.



*Food & faeces for demonstrating how faeces get onto food
Credit: S. Agekum, ProNet Association, 2011*

Water and Faeces

- A sealed bottle of fresh drinking water (or a glass of drinking water sought from a household) is offered to a few members of the community. Naturally they wouldn't hesitate to drink the water.
- After some drink the water, the bottle is taken back and the lead facilitator plucks a hair from his/her head and touches it to the faeces and then dips it in the drinking water in the bottle. After a couple of shakes, the same bottle of water is offered again to the same persons.
- Though the water looks as fresh and clear as it was before, people refuse to drink or even to touch it.
- Questions are then asked as to how many legs a fly has/whether flies could bring more or less faeces on their legs/whether people throw away the food or plates, or the glass or drink, once the flies land on them. The conversation that follows leads to communities concluding of their own accord that they were ingesting each other's faeces through food and drink.

3. Defecation Mapping

Purpose

To facilitate analysis of “big picture” with respect to the situation of the village vis-à-vis sanitation – this exercise will enable community members to visualize defecation areas and the close proximity of these areas to their homes.

Process Guidelines

1. First, draw a boundary of the village with chalk/ piece of brick. In case neither of these are available, ash or a piece of charcoal may also be used for the purpose.
2. Ask community members to mark the main spots of their village – such as the school, church, mosque, chief’s place, water points like hand pumps, taps, wells - with blue colour powder.
3. Next, each member should plot their house within the boundary with the stones, with large stones or any materials they are comfortable with.
4. After the houses have been marked, every member present should write the name of the head of the family or his name on a piece of paper and place it beneath the stone.
5. Mark the agriculture fields by spreading leaves.
6. The members who defecated in the open on that same morning should be asked to raise their hands and then plot the location used for defecation with yellow coloured powder/saw dust. Once every member has marked his/her defecation site, arrows from the defecation sites to their houses would be drawn. Members would also be asked to locate the sites where their children defecate or where adults defecate during odd hours.



Do's

- Choose an open space and draw a large map in which lots of people can participate.
- Encourage people to use local material for mapping – stones, sticks, leaves etc.
- Ask questions about the map, i.e., which is the dirtiest neighbourhood? Second dirtiest? And so on. The map is not an end in itself but a means to facilitate community understanding of their sanitary conditions.
- Transfer the map to paper and try to have it displayed in a prominent place. The map can be used as a monitoring tool as the village progresses towards ODF status.

Don'ts

- Don't draw the map yourself! The facilitator's role is to facilitate the mapping. You can encourage them by initially drawing a major landmark. After that, let community members take over and observe community dynamics – Who is taking the lead? Who is being passive? Which issues do people spend time discussing?

4. Calculation of Faeces

Purpose

To quantify the magnitude of the sanitation problem.

Process Guidelines

- While the defecation transect and mapping exercises make people aware of the existence of the problem, the calculation of faeces makes them realize the scale of the problem.
- Taking an average of 250 grams (or local unit of measurement i.e. *a tin of margarine*) of faeces produced per person per day, the calculation first determines the amount for a day (250 gms X population of the village).
- A daily figure can be multiplied to determine out how much faeces are produced each week, month or year, which may run into tons. The quantum of human faeces deposited in their area generally horrifies the community, an emotion which should be tapped.

5. Flow Diagram and Calculation of Medical Expenses

Purpose

To trace the routes by which faeces defecated in the open makes its way back into the community's food and water, and the cost of treating diseases caused by ingesting faeces.

Process Guidelines

- The calculation of faeces should lead to further questions: Where does all the faecal matter go?
- Using a flow diagram, the movement of the faeces after defecating is traced (this can be done on a chart paper, blackboard, etc.). The flow of faeces will include its lifting in the dry state by wind, getting into the feet of chickens, pets, flies, mixing with water streams (especially during rains), etc. The idea to be communicated is that the very faeces that we have thoughtfully deposited away from our homes, doesn't go 'away'. Instead, it makes its way back through these carriers.
- The revelation that they have been ingesting faeces in some form or another causes revulsion. Try to sustain the tempo here by asking related questions: how would the ingested faeces affect our health?
- At this stage, the facilitator can ask community members to calculate spending on health expenses incurred due to ingesting faeces. First, ask members to list the diseases that can be caused by ingesting faeces. Next, try to calculate the medical bill of treating a disease, say diarrhoea, by estimating the cost of travel to a clinic, doctor's fees, cost of medicines, cost of productive time lost, and so on. People on a health insurance scheme may exclude consultation fees and drugs from the expenses.
- This figure (medical expenses to treat diarrhoea for one week) can be multiplied by an estimated number of cases in a family in one year, and then multiplied by the number of families to calculate how much the village spends on medical expenses to treat one sanitation-related disease in a year.

Do's

- Do ask questions – of men, women, elderly, and children – and try to get community members to take responsibility and work out things for themselves.
- If the group hesitates to choose between a nurse/doctor and a traditional healer, you can help by reminding them that the type of health problem and the expense of the treatment are important, and not the type of healer.

Don'ts

- Don't lecture or try to educate the community about the diseases caused by open defecation, flies as disease carriers or the need for hand-washing.
- Don't worry if the group misses out what you think are important diseases. This is a discovery in itself. It means that you will have to help the group discover this information on their own. Do not suggest diseases – instead, let the group make suggestions based on its knowledge and experience.

6. Decision-making

Purpose

Ignition - to switch from facilitating the analysis of the sanitation and conditions to assessing whether the community is ready to take action.

Process Guidelines

- At the end of the analysis, many in the group may actively want to change the situation. To tap into this motivation, the facilitator could ask: "Who will go back to open defecation tomorrow?" or "Who will take a bath in the river in which everyone has been defecating?" Ask them to raise their hands. If no one raises their hands, ask what can be done instead.
- At this stage arguments erupt between community members on how to stop open defecation. Don't interrupt or advise. If questions are addressed to you, you may tell them that as an outsider you don't know about the local situation and that they would know best what to do. Tell them they are free to choose – they can even continue their age old practice of open defecation!
- If at this stage some people say that they are interested and are willing to construct toilets, but that it is costly process and that they would not be able to afford it, tell them it is not so. Quickly draw a picture of simple pit latrine. Ask how much that would cost and how difficult it would be to construct a similar direct pit latrine. Let them know that this was not your design, but one developed by poor people in one of the poorest communities. You could also share experiences of other communities who have taken action regarding their sanitation problems and have achieved success.

7. Action Planning

Purpose

To discuss the next three major steps:

1. How to establish a Sanitation Action Committee;
2. Create an action plan and decide deadlines
3. Decide actions for the following day.

Process Guidelines

- As a first step, it is necessary to have a steering and management committee which will oversee the completion of this process. This committee, to be set up at this meeting, can include members of an active Village Water and Sanitation Committee.
- Next, decide on an action plan and on an approximate time frame to achieve the elimination of open defecation in the village. Discussions can be held on materials availability, how to procure these materials, etc. The committee may also decide on whether any fines need to be imposed on those who continue open defecation after a period of time.
- Although the process of completely ending open defecation will take some time, it is necessary to start the first step towards that process immediately. Some actions that can be taken immediately are:
 - Digging pits to use as makeshift latrines.
 - Learning more about low-cost technology models.

Do's

- Firmly say that you are not there to sell toilets or distribute subsidies. This perception about the high cost of toilets is derived from supply driven projects of the past, which prioritized high-cost solutions.

Don'ts

- Don't prescribe any sanitation model or technology. Remember, the central idea of community-driven total sanitation is to let the community decide.
- Don't worry if no one talks about starting any local action immediately. Politely thank them and tell them that you will record them as a village where people are willing to continue open defecation and eating one another's faeces.

Section Nine

Social and Sanitation Marketing



Credit: ProNet North, Wa Community Engineered latrine through CLTS

SECTION 9: SOCIAL AND SANITATION MARKETING

9.0 Introduction

The lack of adequate sanitation continues to be an enormous human health and environmental problem in the Ghana. Tackling this serious problem requires new and innovative approaches, ones that move beyond many traditional approaches to implementing sanitation projects. Sanitation marketing is an approach to increase sustainable access to improved household sanitation at scale. It does so by developing the sanitation marketplace to better serve the needs of people. This section of the manual will build on project facilitators' abilities to understand what sanitation marketing entails and which processes which can be used to market sanitation in the project operational area.

9.1 What is sanitation marketing?

Sanitation marketing is an approach which makes it possible to have latrine facilities and services provided by the private sector. It also encourages those who do not have latrines to demand them¹.

A sanitation marketing program seeks to understand both the consumer (demand) and the supply of products and services in the marketplace, as well as the policy environment that affects both of these. Sanitation marketing is built on the principles and processes of social marketing², the name given to the approach of applying lessons from commercial marketing to the promotion of social goals (in this case, latrine facilities and improved hygiene behaviour). It is a systematic approach to influencing people's behaviours which in turn, reduce public health problems.

Social marketing is not merely motivated by profit but is concerned with achieving a social objective. It goes beyond marketing as it is also concerned with how the product is used after the sale has been made. The aim is, for example, not only to sell latrines but to encourage their correct use and maintenance.

9.2 What are the basic characteristics of social marketing?

As in commercial marketing, the "four P's"³ are the basic characteristics of the social marketing approach. Successful social marketing depends on good research to define each of the four P's carefully. The Four P's are:

- **Product**
- **Price**
- **Place**
- **Promotion**

Provided in the table below are examples of the 4 P's as they relate to WASH

The Four Ps Of Social Marketing	
<p style="text-align: center;">Product</p> <p>Decide on the product, its form, format, and presentation in terms of packaging and characteristics.</p>	<p>The marketed product can be:</p> <ul style="list-style-type: none"> • Physical item: i.e. a VIP latrines, SanPlats • Practice or behaviour: Wash hands after using latrines • Idea: Clean environment, good sanitation for health
<p style="text-align: center;">Price</p> <p>Decide on what the consumer would be willing to pay, both in terms of direct and indirect costs and perceptions of benefits. What makes the product worth purchasing?</p>	<p>The price can be :</p> <ul style="list-style-type: none"> • Monetary or direct costs: Cost of products (with or without subsidies), social cost • Opportunity/indirect costs: Time lost from other activities, missed opportunities, transport, loss in production or income • Psychological or physical costs: Stress in changing behaviour, effort involved in maintaining latrine or obtaining additional water required
<p style="text-align: center;">Place</p> <p>Where the product would be available to consumers, including where it would be displayed or demonstrated.</p>	<p>Place refers to every location where the product will be available, i.e. at the contractor's/supplies workshop, and local businesses premises</p>
<p style="text-align: center;">Promotion</p> <p>How the consumers will know the product exists, its benefits, costs, and where and how to acquire it.</p>	<p>Promotion relates to the ways of delivery of the information about the product. This can be done through community radio, local gong-gong beater, posters, banners, folk singers or dramatists, public rallies, interpersonal/counselling.</p>

9.3 Key components of social marketing which relates to sanitation marketing

The key components of social marketing are:

- a. Systematic data collection and analysis to develop appropriate strategies
- b. Making products, services, or behaviours fit the felt needs of the different consumers/user groups
- c. Strategic approach to promoting the products, services or behaviours
- d. Methods for effective distribution so that when demand is created, consumers know where and how to get the products, services, or behaviours with the different groups
- e. Improving the adoption of products, services, or behaviours and increasing the willingness of consumers/users to contribute something in exchange
- f. Pricing so that the product or service is affordable.

9.4 Why market sanitation?⁴

The rationale for sanitation marketing is:

- a. Marketing ensures that people can get what they want at a price they are willing to pay.
- b. Marketing is financially sustainable, subsidy programs are not.
- c. Marketing is cost-effective and can be taken to scale.
- d. Direct provision of hardware is not enough; through market purchase, sanitation goes to those who are more likely to understand its purpose and who will value, use, and maintain it.
- e. The market already exists but may need targeted support to better serve the sanitation demand.

9.5 The Process of Marketing Sanitation⁵

The marketing approach can be summarized in this sequence:

1. Gain Consensus on the Approach

As a facilitator, your role in promoting sanitation marketing is to find out what government policy/district assembly by-laws mandate on latrine provision. Does it favour subsidy or not? What does the building regulation says on materials for construction? You may have to meet the authorities and other partners in the project area and discuss / reach common agreement on what needs to be done. You may need to do a bit of advocacy in order to win other partners to your side.

2. Learn about the Market

This means understanding both demand and supply. On the demand side, find out what people currently do to meet their sanitation needs, who helps them to do it, at what expense, and why. Learning requires visits to many existing latrines to observe their design and ask their owners why they are satisfied (or not) with them. Conversations with residents and landlords of properties without sanitation will also explain why they have not invested in sanitation. Understanding supply means talking with existing latrine builders, pit emptier and other sanitation service providers, which yields valuable insights into their sales, costs and prices, and the constraints to increased demand and increased production.

Check to see whether your information suggests measures to make the business environment more favourable to the low cost sanitation industry.

For example:

- Do building regulations rule out cheap latrines? Are the necessary building materials readily available in suitably small quantities?
- Does land tenure work to motivate or to deter intending purchasers?

3. Overcome Barriers, Promote Demand

Promoting the demand for sanitation may meet some barriers. For example, do the existing regulations/by-laws at the district assembly support household and institutional latrines?

Advertising is the best-known means of building demand. However, you have to know your target groups which will determine the medium to use. If mass media is used, an advertising campaign can be organized nationally; production and sales are best organized locally. Sanitation Mart/latrine show parks, where local householders can come to view the different models available, learn the true price of each, read testimonials from satisfied owners, and be put in contact with reputable artisans to construct the model of their choice, can be of vital importance.

4. Develop the Right Products

The marketing system, not the latrine design, is the key to the success of any sanitation program, but without viable products, it will fail. This means that producers of latrine facilities should be able to provide different choices to satisfy different categories of people. This is different from the situation where projects implement a limited choice – a two-seater VIP and a 6-seater institution latrine – which are not within the means of most people. It is important to make the effort to understand the problems experienced and defined by the poor, and then seek solutions which those people need and want.

Developing suitable products requires a different approach from that adopted by most sanitation engineers. Instead of designing according to a minimum specification, toilet products should be

designed to a target price, for a market niche. If the design is too expensive, the technical specification needs to be revised in order to reduce the cost.

5. Develop a Thriving Industry

If you are able to promote the latrines well, people will start to demand them. This means you should work with the producers of the latrines to enable them meet the demands of the people. Strategies that the Facilitator can use to help the artisans/latrine builders are training, credit to acquire more equipment/materials. What this means is that the private sector – artisans/masons, medium scale construction contractors will build the facilities for people to buy. Therefore, as part of your initial work, you have to identify these private businesses and involve them in the project. In small towns, service providers such as those with trucks for evacuating toilets would also be required to participate.

6. Regulate Waste Transport and Final Disposal

Many low-cost latrine types are on-site systems that dispose the faeces into a hole in the ground; these include pit latrines and pour-flush toilets. They are sustainable only if a new pit can be dug when the old one is full, or if a pit emptying service is available. In many small towns, lack of efficient pit emptying is a major constraint to the adoption and use of pit latrines, a cause of disease in those who undertake the task, and a major source of environmental pollution. There is the need to work with the district assemblies and the service providers to provide by-laws to regulate the transport and disposal of faeces evacuated from pits.

9.6 What is a Sanitation Mart (SaniMart)?

A Sanitation Mart is a place where different types of latrine facilities are constructed and exhibited for the general public to inspect in the event they need to purchase a facility. The construction process normally takes place at the Mart. The Mart also serves as a one stop-shop for information on the latrine facilities in terms of material schedule and cost of materials for each facility, how the consumer can be served, incentives and financial mechanisms. The consumer can also access information on the service providers available and the quality of their service. These centres are usually set up by a project, while their operations may run by private business person.

Latrine Options



Credit: ProNet North, Wa Community Engineered latrines through CLTS



Credit: New Energy, Tamale, One-Seater and Two Seater Alternating Pit Latrines



Credit: New Energy, Tamale, One-Seater and Two Seater Alternating Pit Latrines

APPENDICES

Appendix 1

Detailed guide of information to be collected for the Community Profile

Thematic Areas	Description of information
Socio-Economic and Cultural	<ul style="list-style-type: none"> • Name and location of the community, area council, district and region • Traditional governance system and systems of inheritance • Historical data about the community • History about the development process in the community, including self-initiated development projects • Main languages/ethnic groupings in the community • Days set aside for communal/development work • Evidence of community contribution toward development projects • Economic activities including sources of income disaggregated by gender/sex • Cultural beliefs, norms and systems and how these influence issues of WASH • Role of women and men in the community • Ownership of assets/resources disaggregated by gender/sex • Decision-making processes in the community • Heads of households by gender
Education	<ul style="list-style-type: none"> • Level of education of the people in the community disaggregated by gender/sex • Number of school/non-school going children disaggregated by gender/sex • School facility(ies) in the community and whether they have adequate WASH infrastructure – toilets, water, etc. • Distance between the community and the nearest school (in communities where there are no schools) • Are there adequate teachers and school teaching materials? • How are WASH activities conducted at the school level, if any?
Health/hygiene	<ul style="list-style-type: none"> • Main diseases in the community and seasonality of these diseases. • Who are affected most by each of these diseases (watch out for WASH related diseases)? • What are peoples’ knowledge and attitudes about the causes, mode of transmission and treatment? (watch out for WASH related diseases)? • What is the people’s understanding of WASH related diseases and what factors influence people’s perception of WASH related diseases? • What are the enabling factors which can support hygiene/behaviour activities in this community? • What are people’s perception and use of traditional sources of treatment? • Is there health facility (clinic, health post) in the community? • What is the distance from the community to the nearest health facility? • What is the mode of transporting the sick persons and how much does it cost? • Identification of knowledge, attitudes and practices relating to each of these specific groupings and what informs the adoption of a particular behaviour or practice. • What are issues of personal, household and community hygiene in the community? • What are peoples' perceptions of the effects of child faeces in the open? • How do people relate faeces including child faeces to WASH-related

	<p>diseases?</p> <ul style="list-style-type: none"> • What are hygiene practices related to water sources, water transport and water storage and use in homes? • What are people’s perceptions of open defecation and how are they related to WASH-related diseases?
<p>Water and Sanitation</p>	<ul style="list-style-type: none"> • What are the sources of water available for the people and what are the uses of these sources? • What is the seasonality of these sources? Do they dry up in the dry season? Are they low yielding from wells in the dry season? • How is the source maintained and managed? Who manages it? • What is the community contribution towards the maintenance and operation of the facility? • How are the resources accounted for? • What is the management system in place for managing the water facility? • What are the specific roles and responsibilities for women/men in water management? • What are the toilet facilities in the community including open defecation, household/communal? • Is it traditional latrine or any of the VIPs? • Who operates and manages the toilet facilities? Men/women? • What is people’s willingness to contribute to facility construction?

Appendix 2

Tools for participatory analysis and development (Participatory Learning and Action (PLA) Tools)

1. FOCUS GROUP DISCUSSIONS (FGDS)

Focus group discussions are meetings held with small groups of participants to discuss a few selected topics. These discussions are conducted in an informal setting and all participants are encouraged to present their opinions, experiences, views, or concerns on the selected topics. This is an important method used in most participatory processes and it should be used with most of the other methods described below. Groups of 8-15 people are usually a good size for these discussions. However, it is common to have large turnouts at the community level during a participatory process. While it is possible to have a visual analysis, like a social map, prepared in a large group, it is preferable to break up in smaller groups for the discussions and analysis. In addition, it often works best to have separate discussions with different sets of people – men, women, adolescents, etc.

Group discussions are an important way to engage all community participants in the WASH process. FGDs also provide an opportunity for the group to use various visual methods that help in focusing the discussions and analysis on a particular topic such as the hand washing sessions. Therefore, a FGD will include discussions, but may also include the preparation and discussion of a visual aid. These group discussions also provide an opportunity to discuss results, including visual aids, from other groups. This is often an important means of verification, i.e., understanding whether the results from one group are any different from another and why.

FGDs can be used at any point in hygiene promotion and in the behaviour change process. Sometimes these are planned well in advance, and the participants decide when and where to meet for the discussions. Other times, discussions are held spontaneously, whenever an opportunity arises at the community level. For instance, if a group of women is waiting outside the health centre, they could be invited for a discussion or a group discussion could be held at the local church after the weekly service.

A list of topics for discussion should be prepared beforehand. These are introduced one at a time by the facilitator. Once the facilitator introduces the topic, he/she allows the group to discuss the issue without too much interruption. The facilitator's role is of critical importance in conducting a FGD. This person should be able to listen attentively, ask probing questions, observe the participants, and ensure that no one dominates the discussion. Open-ended probing questions often begin with why, when, how, where, how much, who, or what. While the facilitator should try to ensure that the list of topics is covered during a discussion, it is possible that new issues will emerge during the FGD. The facilitator should be flexible and allow some diversions from the plan, but at the same time, ensure that the overall direction of the discussion is not lost.

2. KEY INFORMANT INTERVIEWS (KIIS)

Key informants are people in the community who are knowledgeable about social and community issues. Such people might include the chief, village leaders, teachers, health workers, and representatives of specific community groups. A key informant interview is a face-to-face meeting between a trained interviewer and a person knowledgeable in the area of interest who is willing to share the information and insight with the researcher. Key informant interviews may include information on community and social services such as education, health and hygiene, water sources and season availability, diseases in the community, employment, their seasonal occurrence and treatment methods available, religion, and history of community's development.

One must first prepare list of topics that one wants to discuss. One asks community members to suggest people that can speak on community issues. You get in touch with the person and seek his/her permission and time. You initiate the discussion from familiar issues and then continue with issues which may seem 'controversial' after trust and confidence are gained. Seek the permission of the informant to record his/her opinions and assure him/her that the information shall be used in a way not to create problems for him/her.

During the process, use open questions for the dialogue and do not insist he/she answers questions or talks about issues he/she is not willing to discuss. Do not use up too much of his/her time.

3. COMMUNITY MAPPING

A social map is a visual representation of a residential area – villages, or in the case of urban areas, neighbourhoods. It depicts the boundary of the settlement, the social facilities available in the area, and the households located there. Social facilities include such structures as schools, health centres, water sources, roads, playgrounds, meeting places, shops, and places of worship. All the houses in the area are also drawn on the map. It is one of the more popular and successful participatory tools. It is an excellent way to begin in a community because producing the map is concrete and is rather neutral. It makes local people the experts, teaching the outsiders about their community through the exercise.

The map can be prepared on the ground, on paper, or on a chalkboard. If not prepared on paper, it should be immediately copied onto paper to keep a record for future use. Colour markers and symbols can be used to show the different features of households such as households without latrine facilities and social facilities. It is the community's participants who prepare the social map, not the facilitator. Once the participants start preparing the map, the facilitator observes the process and asks the questions, after they have completed the map.

Community map preparation, like most participatory methods, is best conducted in a group. The process starts with a discussion about the neighbourhood or village; the facilitators ask the community members to describe the area in which they live. Starting questions can include: How big is the community? How many households are in the community? What facilities are available here?

Once the participants start describing their settlement, the facilitator asks them to show the details on a map. This map can be prepared on the ground or on large sheets of paper. It is best to start the map on the ground using locally available material like seeds, twigs, stones, or leaves or to simply draw on the ground with a stick. Participants often start by drawing the roads, some houses, and maybe a few important landmarks like a place of worship or the school. The facilitators should ask the group to show all of the settlement features of which they are aware. Labels or symbols can be used on the map to identify different facilities or features. Once the map is nearing completion, the facilitators should probe further and ask whether all the houses in the community have been drawn or whether they can think of any other facility in their area. The facilitator should ask questions, but not prompt answers. It is possible that the group may overlook some features on their map. The facilitators should ask questions after the map has been prepared and the new data should be added as the discussion proceeds.

The map can be of great importance in the WASH process. In addition to showing the physical features of the neighbourhood, the map also can be used to analyze a variety of attributes of the community, the location of cemetery (water points are not sited close cemetery), the number of households headed by women, the number of households with latrine facilities, the number of household who practices open defecation, the number of households which use different sources of water and reasons for such uses. These can be depicted on the houses in different colour or symbols. Mapping this data is a critical component of the baseline/community profile. This is the basic data on which the project activities will be designed and monitored. It shows the difference in importance of resources for men and women when comparing maps made by each (if men and women do not map separately, it may be useful to ask women specific questions while the map is being developed).

4. RANKING

Ranking is a method which is used to evaluate and prioritize options. The ranking can be used to understand how people make choices in their daily lives. For example, women may identify different sources of water in a community and may want to rank them in terms of their preference for domestic uses – drinking, bathing, washing, watering garden, etc. Ranking is a very useful method for analyzing people's preferences and how

they make choices when faced with several options. It helps to analyze people’s decision-making processes and helps to determine the different criteria people use when making these choices.

Once the discussion starts on a selected topic, the group will prepare a list of different options available to them under that topic such as water sources – stream, well, borehole, rainwater). Once all the options have been listed (on paper or on the ground), the group should be asked which one is the most preferred, most important, or most prevalent option, depending on what is being discussed. This would be ranked “one”. The next most preferred option should be ranked “two,” and so on until the list has been exhausted.

5. PAIRWISE RANKING

This is a variation to ranking above. It is another way to validate the ranking exercise conducted. Using this tool, the items listed are compared to another and a choice is made after the group has done his/her analysis based on agreed reasons. The analysis is done in a table form (called Matrix). An example is shown below:

	Borehole (B)	Well (W)	Stream (S)	Rainwater (RW)
Rainwater	RW	W	RW	X
Stream	B	W	X	
Well	W	X		
Borehole	X			

Ranked Items

Well	3
Rainwater	2
Borehole	1
Stream	0

The facilitator asks why one option is preferred over the other and what the differences are. These differences and reasons provide the basis on which the group makes its decisions. The process is repeated until all the items are compared to each other and the reasons for selecting one over the other are documented. In the table above, rainwater (RW) is compared to the borehole and the rainwater is chosen. However, the well is selected over the rainwater. The letter X indicates that you cannot compare two liked items, - rainwater with rainwater. At the end of the exercise, you count the number of times each item appears on the matrix. In this case, the well appeared 3 times, the rainwater 2 times and the borehole once. Based on the analysis, the preferred source of water is the well.

6. SCORING

Like ranking, scoring provides an opportunity to evaluate different choices. It is very similar to ranking; however, scoring provides additional analysis. While ranking and scoring both provide us with the sequence of choice, scoring also gives the depth of difference between two options. When using scoring, the group gives a score for each of the options, rather than a rank.

The process remains the same as that described under “ranking”. The only difference is that instead of giving a rank to every option, the group gives a score to indicate its preference. In order to score all the options, the group must decide the maximum score which can be allotted to each option. There are no rules on what the maximum should be. For example, a group of women may be given 10 pebbles/stones to score their preference for water sources - well, stream, borehole and rainwater. They decide how many of the pebbles they decide to allot to any of the options. The option with the number of pebbles becomes the preferred choice. An important element of this tool is why the different options received different scores; these reasons have to be documented.

A variation of Scoring is where criteria are defined for scoring. For example, the different water supply options may be scored against certain criteria – drinking, bathing/washing, cooking, distance. A group is given 10 pebbles to score each of the options against the criteria as in the table below:

	Drinking	Bathing/washing	cooking	Distance (close to community)
Borehole	0	00	00	000000
Well	000	000	000	0
Stream	00	000	00	00
Rainwater	00000	00	000	

Analysis

The information in the table indicates that the community does not have much use of borehole even though the borehole is closest to the community than all other sources. The community prefers rainwater as a source of drinking followed by the well. It is the responsibility of the facilitator to ask questions and document the answers with respect to the reasons for scoring. The analysis can be used for diseases and for options of treatment.

7. TIMELINE

The timeline method refers to the systematic recall of critical events and/or changes that may have taken place at the community level, in an individual's life, or during a project's lifespan. As the participants recall the major events, these are listed chronologically. Events are arranged in a sequence according to when they occurred.

A timeline is a simple method and can be introduced early on in a discussion. It helps in opening up the discussion with participants as they try to recall events that have impacted their lives. This analysis provides an overview of the community's or an individual's history and explains how life has been changing. It also helps in understanding what types of events are important for the members of the community.

Since a community timeline is a simple method that allows the group to discuss events of a general nature, it can be used at the start of a focus group discussion. This helps make everyone comfortable in the group and allows everyone to join the discussion without feeling overwhelmed.

An individual's timeline is usually prepared when having a one-to-one discussion with the person. Since an individual's personal information is being discussed, it is not advisable to use this method in a group setting.

The facilitator first starts by asking the group or individual to recall some of the main events that have taken place at the community level or in an individual's life. Once the person or group mentions a few events, these can be plotted on the ground or on paper. The timeline should show time on one axis and the events on the other. As events are mentioned, the participants are asked to recall the dates when these occurred, so that these can be plotted in a sequence. The participants should go as far back in time as they can. People may even go back a few hundred years if they feel that there was a significant event that changed people's lives. An individual's timeline, on the other hand, starts from the day the person was born and continues to the present day. Once the dates and the events have been listed, the participants can be asked to narrate the impact these events had on their lives. This should be recorded next to the events.

8. SEASONALITY ANALYSIS

This method is used to analyze the seasonal patterns of some aspects of life. Activities, events, or problems that have a cyclical pattern (that occur regularly at around the same time every year) can be analyzed using this method. These may include: availability of water, prevalence or outbreak of diseases, availability of labour. By analyzing several factors on one visual aid, it is possible to analyze the relationship between them, and how they impact people's decisions and lives.

The first step in this process is selecting a topic that will be analyzed. For example, the group could be discussing occurrences of WASH-related diseases in the community. The first question would be whether there are differences in occurrence of WASH-related diseases at different times of the year. If the answer is yes, ask the group to decide how they want to divide the year (months, seasons, or quarters). The facilitators should not impose their own calendar, as different communities may have their own local calendars. The calendar is then prepared on the ground or on large sheets of paper using coloured markers. Divide the year as decided by the group. Then ask them to show how the occurrence of diseases varies at different times in the year. The group then discusses the diseases and why a particular disease is high at a particular point on the calendar. This can be done by using stones - placing more stones for the months when a particular disease is higher. The group may put forth several reasons such as harvests, cold weather, or the marriage season. Since these too have a seasonal pattern, they can also be depicted on the visual aid. The process continues until the community has listed and plotted the seasonal patterns of several related factors.

9. DAILY ACTIVITY CHART/CALAENDAR

At one level, charting daily activity schedules identifies the routine labour demands of men and women, boys and girls, in their daily lives. This information provides valuable insights into both the labour constraints of each group as well as the areas where labour-saving technologies might be readily adapted. At another level, this technique demonstrates the gender-based perceptions of the workload of each group. In this sense, the technique helps to raise awareness of the contribution that different groups make to overall household welfare. Charting daily activities raises the awareness of Community Facilitators as well as the communities that in some cases they are actually doing “work” that their culture may perceive as only a “role.”

The concept of work varies from culture to culture, however there are some fairly common generalizations. Typically, **productive work** is defined as income-generating work, food production for income, or paid or wage labour. **Reproductive work** (food production for family consumption, housework—washing, cooking, cleaning, gathering firewood or water, childcare, and so on) and **social or integrative work** (birth, marriage, funeral observances; other religious observances; caring for the ill or disabled; local, regional, and national celebrations; and so on) are often called “invisible work” because they are not reflected in economic statistics. Clearly, reproductive and social work take time, energy, and often funds. These are revealed in daily activity explorations. Daily activities and seasonal calendars are the key tools in capturing information on the division of labour and access, while providing insight to all phases of gender analysis. Finally, the information recorded can serve as a point of future comparison to monitor the impact of project activities on people’s time allocations.

Explain to the whole group that the purpose of the activity is to explore and share everyone’s daily schedules to get a better idea of who does each of the various tasks within the community. Divide the participants into groups of women and men and move them to separate workspaces (plus groups of boys and girls, or other subgroups invited). Ask the groups to consider a routine day during the year. Ask the group to list the activities they do in a typical day from the morning until they go to bed. For example, women may have to sweep the compound, fetch water for the house, prepare food, bath children and go to farm. She comes in the evening prepares food, fetches water and bathes children before going to sleep. Ask the group to apply time to these activities, when each activity begins and ends.

The activities could be done on the ground and later copied on to paper. To make it more fun and interesting there should be a presentation by women’s and men’s groups so that each appreciates the level of efforts of each other group.

10. TRANSECT WALK

Walking through a community with local members as guides provides an opportunity to gain a better understanding of many aspects of community life. The role of Community Facilitators in a transect walk is to be curious, observe, ask questions and listen. The role of the community members is to guide their guests, answer questions and facilitate discussion at any stops along the walk. Everyone benefits: the community

members have a chance to see their community through different eyes, and Community Facilitators can deepen their understanding of community life.

Possible applications include encouraging the understanding of the physical, economic, cultural and social aspects of community life, validating secondary data concerning water supply and vulnerability, and verifying the statements of key informants regarding the existence of marginalized groups. By asking questions about what is seen, valuable information about resource access within a community can be understood.

The local guides are part of the team for the transect walks and it is important to include them in planning the walk. In the initial meeting, be very clear that the purpose of the transect walk is to deepen the general understanding of the community. The best way to determine the transect is to have the local guides draw a rough sketch map of the community and then discuss which transects will best serve the purpose of the walk. Other decisions to be taken at this point are: How many groups are necessary (the ideal group size is 3-5 persons)? Who will be the transect walk recorder? When and where will the groups meet to compare their findings?

During the walk, be aware of sights, sounds and smells along the way. Your curiosity will provide occasions for stopping and asking open-ended questions to the local guide or people met along the way. Stops at water points, clinics, and residential spaces, grazing lands, forests and businesses are all occasions to discuss issues such as ownership, access and control, and seasonality. There may be opportunities to stop for longer discussions or to be invited into homes, schools or clinics. A feedback session, which may take one or two hours, should include the local guides. The groups can compare notes and discuss their findings. Sometimes, the recording of *transect walks* is a description of a “slice” of the landscape, with the various observations documented in the places where they were made. A good way to end the exercise is to present the local guides with a copy of the observations and ask them to validate the information. Thank them for hosting the walk.

Appendix 3

Action Plan (Sample format)

Activities	Who will do them?	How will it be done?	When will activities start and end?	Where will the activity place?	Resources needed and where will the resources be obtained?	How will progress be monitored?
Well Site Cleaning	Children between the ages of 12 and 15	Weeding, scrubbing of platforms	Afternoon of every Sunday between 3 and 5 pm	At the well site	Brooms, cutlasses and hoes	Inspection by WATSAN Members
Cleaning of Community	Adult Community Members	Members clearing bushes and dirt around houses	From 7am – 12 noon, last communal day of the month	In the community	Brooms, cutlasses and hoes	Inspection by WATSAN Members/Community leaders

Appendix 4a

Cash Received Book or Register

Community: Poor No Friend

Month/year: March 2011

Date	Name of Person Making Payment	Amount Paid (GHC)	Signature
1 March 2011	Kofi Babone	2.00	
4 March 2011	Yaa Mansa	2.00	
7 March 2011	Efo Yaw	2.00	
15 March 2011	Anti Donkor	2.00	
20 March 2011	Wofa Yakubu	2.00	
Total		10.00	

Appendix 4b

Payment/Purchase Records Book or Register

Community: Poor No Friend

Month/year: March 2011

Date	Items purchased/Expenses Paid	Amount Paid	Remarks
3 March 2011	Repairs to the pump	0.50	
3 March 2011	Pump part	1.00	
7 March 2011	Pick axe pump	0.70	
21 March 2011	Flip chart for hygiene education	1.00	
Total		3.20	

Appendix 5

Factors which help people change their hygiene behaviours	
Facilitation or making good behaviour easier	<ul style="list-style-type: none"> • Water sources are closer, supply is reliable and predictable, collection easier and safer. • New facilities to solve faeces disposal problems such as lack of privacy, lack of safety, bad smells, flies, and workloads of children are solved. • New facilities/services to eliminate solid waste and waste water from dirt, mud, rats and bad smells are reduced.
Understanding in one's own mode of thinking, that the change is better for oneself and for one's family	<ul style="list-style-type: none"> • People conclude that within their own hygiene perceptions certain conditions or practices are unhealthy or bad and should be changed. • People perceive economic implications of unhygienic conditions, such as the cost of attending hospitals and seeing doctors.
Influence and support from others, when a new practice is adopted	<ul style="list-style-type: none"> • People gain prestige from their new behaviour. • Others support the new behaviour/disapprove of different behaviour. • The group/community commits itself to the behaviour. • People agree on specific punishments or rewards.
Autonomy or the means and control to carry out the practice	<ul style="list-style-type: none"> • Means (time, energy, finances, etc.) for the new practice are available. • The process provides valued skills and resources. • The users are free to use their skills and resources.

Appendix 6

Participatory Methods for Delivering Hygiene Promotion and Action Planning

Some of the participatory methods suitable for hygiene practices and for action planning include:

- Story with a Gap
- Three Pile Sorting Cards
- Flip Chart
- Flannel Cloth
- Pocket Vote

Three pile sorting: Three pile sorting can be used to start a discussion on sensitive issues such as latrine use and to assess the knowledge, attitudes and practices in the community. Participants are given a set of drawings showing situations related to defecation, protection of water sources, water use and personal hygiene etc. They are then asked to discuss each drawing as a group and arrive at a consensus as to whether it is good, bad or in-between and put it on the coinciding pile. At the end of the exercise the participants are asked to give feedback and explain each choice.

- Good for breaking the ice and initiating discussion on sensitive topics, particularly when investigators knowledge of the local culture and language(s) are limited (for instance, explicit pictures of open defecation will introduce the topic of discussion more directly and effectively than words can).
- Effective for finding out which hygiene behaviours and activities are locally considered to be good, bad, or in between and more importantly, why.
- Allows study participants to engage in investigative and analytical processes which will increase their awareness of their own hygiene practices
- Requires time and special skills to prepare, pre-test, and subsequently modify the pictures.

- Requires well-trained and skilled facilitator(s).
- Difficult to document results by using words only, thus costly in time and money.

Pocket chart: This material can be used for example to investigate/collect information on which water sources are used for which purposes. To do so, the participants will be shown two sets of pictures. The first set depicts the different water sources available in the community and a second set depicts the different water uses. After all the participants have had a chance to familiarize themselves with the pictures, they will be placed in a matrix. Each participant will then be given a number of voting cards equal to the number of water uses. In order to collect gender sensitive information, women and men can be given different colour cards. The participants are then asked to vote and indicate which water source they mainly use. Thereafter, one or two participants assist in counting the votes and the outcomes are discussed.

The advantages of pocket chart are:

- Relatively quick and effective way of gathering quantifiable information and interpreting it quickly and reliably.
- Allows study participants to engage in investigative and analytical processes which will increase their awareness of their own hygiene practice - a step towards instigating change where it may be necessary.
- Easy to document results.

Some of disadvantages are:

- Requires time and special skills to prepare, pre-test, and subsequently modify the pictures.
- Requires well-trained and skilled facilitator(s).
- Requires time and patience/motivation from study participants, particularly if the number of variables involved exceeds three or four.
- Difficult to conduct effectively with large groups (more than twenty people).

Flip charts are simple and versatile educational materials that can be used by community workers in a variety of settings and with different participant groups. Pictures and messages on the charts can address general concerns in group settings, such as the need for men to pay more attention to their hygiene and to use family resources wisely.

Posters tend to be over-used in health communication, probably because they are “easy” to design and produce. While they cannot replace the need for and the advantages of individual/household visits, if carefully designed and pre-tested, they can be effective in presenting specific messages to particular audiences. Posters or stickers may be used near hand washing “stations” to remind people of the need to wash hands, as well as the steps for doing so.

Flannel Cloth is usually a white calico with graphics depicting selected hygiene behaviours which are bounded or sown at one side so that it could be hanged on a tree, door, blackboard, on walls for hygiene promotion session. It is usually suitable for a large group of audience. It tends to be costly because the material is a clothing material. If not properly kept, it could become dirty easily.

Appendix 7

Sample Child-to-Child Activities

Activity sheet 1: Hand washing

Objective

Children understand that hand washing is not rinsing hands in plain water.

Use sufficient water; thoroughly scrub your hands with a cleaning agent (or ash) and rinse cleanly.

Learning points for the children: Make children understand that there are critical times we must wash hands:

Washing hands after handling faeces

- After defecation
- After washing a child
- After disposing of child's faeces

Washing hands before handling food

- Before cooking food
- Before serving food
- Before eating
- Before feeding a child

Washing hands after handling waste

- After cleaning the animal waste
- After cleaning the liquid and solid wastes
- After any work involving cleaning

Activities for children

Activity 1: Faeces to food via hand exercise

- Make the students sit in a circle.
- Ask them what they use their hands for.
- Ask them the incidences in which their hands get into contact with human faeces.
- Ask them as to what activities they do immediately after they have touched human faeces like eating, fetching water, etc.
- Explain to them by demonstrating how to wash hands. Also explain that faecal germs will enter our food when we cook/eat/serve/feed child if we do not wash our hands. This can cause diarrhoeal diseases.
- Ask them to give times when they should wash their hands with soap/ash/mud.

Activity 2: Hand washing game

- Children are asked to sit facing the board.
- The teacher draws a number of circles on the board and writes phrases/words relating to critical times of hand washing inside the circle such as hand washing with soap/ash, hand washing after play, hand washing after defecation, etc.
- Draw a circle on the ground about 2-3 meters away from the board.
- Ask a student to stand in the circle drawn 2-3 meters from the board and with a ball in hand try to hit the circles on the board with the message that relates to critical times of hand washing mentioned inside the circle. If they miss the circle on the board they can simply try again. Each student is given three chances.
- The student reads out the message he has hit on the board and explains it to the class.

Activity Sheet 2: Faeces and hygiene

Objective

Understand that diarrhoea and faeces are dangerous.

Learning points for the children

- Make children understand that many people know that faeces are dirty, but they may not know that the germs in faeces can cause diseases. Diarrhoea, worms, cholera, typhoid and polio are spread when germs are passed from our faeces to hands and clothes, to the water we drink and the food we eat, making us ill.
- Explain that by using toilets, by keeping our hands and bodies clean after a using the toilet, and by cleaning up any faeces that are dropped in places where we live and play, we can help to prevent the germs that cause these diseases from spreading.
- Explain that a child's faeces has perhaps five or six times as many germs as the faeces of an adult. When the small child has diarrhoea, the faeces is especially dangerous for all members of the family.

Activities for children

Activity 1: How do germs spread?

Older children can discuss some things that help the germs to spread.

Examples may include: Taking a piece of cloth, wiping the bottom of the child, and leaving the cloth lying around.

- Ask the children why some of their friends do not use a toilet. Ask them to explain this. Discuss these reasons and agree on ways of encouraging use of the toilet.
- Form a group to make regular inspections of the toilets. The group could check that the toilet holes are covered and that the toilets are clean. If they are not clean, the group could report to a teacher or a community leader and ask for guidance on how to clean the toilets.

Activity 2: Building a child-size toilet

- Older children can build a child-size toilet in the school compound as an example, measuring the pit and making a mould for the plates. A teacher or other adults may need to supervise the children who do the construction themselves. Parents can help by providing the materials such as sand, cement, wood, etc.
- The children can be grouped according to the places from which they come from. In class, they can develop plans for helping each other build child-size toilets at their homes. A progress chart in class can show each home with a small child. This is important for CLTS process.
- A tick can be placed when a toilet is built at that home, and another when the small child has learned to use it.

Activity 3: Safe disposal of human waste exercise

- Make the students sit in a circle.
- Display before them pictures of open defecation near road, near field, near water sources, open defecation near road with a snake nearby, defecating after dawn, defecating and pigs, using toilet, covering faeces with mud, etc. Refer to the graphics under section six of the manual.
- Allow some time for them to see the pictures.
- Ask the group to identify the safe and unsafe way of human waste disposal and ask them to explain about the ill effects of open defecation and benefits of using a toilet.
- Ask about the dangers of open defecation and the benefits of using a toilet. Make them relate this to their daily activities.
- Identify their difficulties and views for not building a toilet. Explain to them the option of low cost toilets.
- At the end of the exercise, summarize the discussions and once again explain to the group members the problems of open defecation and the safe way to dispose of human waste.

Game 1: Space and the spread of disease

- Divide the groups into three (according to the size of the group).
- Give each group a newspaper sheet.
- Each group selects a leader who places the newspaper sheet on the floor.
- After the teacher starts clapping, the children start running in a circle.
- When the clapping stops the leader has to make one fold in the paper reducing its size to half and again places it on the floor. The whole group has to stand on the folded paper.
- Again after clapping starts, students run and after clapping stops, the paper is folded twice, and the whole group has to again stand on the folded paper.
- Tell the group to do this again for two times by telling them to fold the paper three to four times and make them stand on the folded paper until no one is able to stand on the paper.
- Finally the teacher/Facilitator explains that the newspaper can represent a piece of land around the village where people openly defecate. As the available space (represented by the newspaper) becomes smaller so too does the threat of spreading faecal germs and diseases increase.

Fact sheet for the Teacher/Community Facilitator - Faeces and hygiene

Diarrhoea is dangerous

Children have diarrhoea when they frequently pass watery faeces. They may also vomit and have a swollen belly with cramps. Diarrhoea is caused by germs that live in dust, stale food, dirty water and human faeces. These are so small that they are invisible. Through the diarrhoea, the body tries to “wash out” the bad germs and get rid of them. Diarrhoea is a frequent cause of death in young children. They die from dehydration when they lose large amounts of fluid (water and salt) from their bodies which are not replaced.

Faeces are dangerous

Many people know that faeces are dirty, but they may not know that the germs in faeces can cause diseases. Diarrhoea, worms, cholera, typhoid and polio are spread when germs are passed from our faeces to hands and clothes, to the water we drink and the food we eat, making us ill.

Why children’s hygiene is important

Many people think that children’s faeces are harmless, but this is wrong.

A child’s faeces has perhaps five or six times as many germs as the faeces of an adult. When the small child has diarrhoea, the faeces is especially dangerous for all members of the family. Babies have no control over their bowels and may pass their faeces in many different places, both inside and outside the house. This is not only dirty but also very dangerous because germs from these faeces can spread easily to the rest of the family and neighbours.

When they are older (about 2-3 years) and have learned to control their bowels, children will copy what they see others doing. If they see others in the family defecate in the field or in the garden, or squat in an alley or by the side of the road, they will copy them because children want to be like others.

In addition, young children spend a lot of time crawling and sitting on the ground. They often put things into their mouths. And so they pick up germs in the dust from any faeces that are lying on the ground around them.

It is very easy for anyone taking care of a young child to spread germs from faeces. Germs can be spread on hands from wiping a child’s bottom to food, cooking dishes, the furniture, clothing or hands of other people. These germs can end up in the mouths of other children or adults, and make them ill.

What can we do to stop the spread of germs?

Children can learn good hygiene habits that prevent the spread of germs causing diarrhoea and other illnesses. Older children can discuss effective preventive measures with younger children. In addition children can learn to use a toilet for defecation.

Use a toilet

One way of spreading germs is by defecating in the field or compound. Whenever possible, use a toilet for bowel movements and not the field or compound. Help younger children to use the toilet properly. Keep the toilet clean. When a toilet is not available, faeces should be buried to avoid germs being spread.

Keep hands and bodies clean

Use water and ashes or soap, if available, to wash hands, child’s bottom and soiled cloth. If the soiled cloth cannot be washed or leaves have been used for wiping the bottom, bury them or throw them in the toilet. Clean a child’s bottom and hands if they are dirty.

Keep the place clean

Clean up and bury faeces dropped on the floor or in the yard. As often as possible (even four times a day!) check to see that the places where young children play, crawl and sit are clean. Wash spoons, dishes and things that young children have played with.

Activity Sheet 3: Clean and safe water

Objective

To focus on how water is contaminated and how we can avoid this and prevent diseases.

Learning points for the children:

- Explain that dirty water can be an enemy.
- Explain that germs cause diseases and can get into the water. This can happen when we find water, when we collect it and carry it home, and when we store it and use it at home.
- Finally, make the children understand that sometimes water looks clear and clean but it is not good to drink because it has germs in it.

Collecting

- Wash the containers with a cleaning agent before collection.
- Ensure that while collecting water, there is no washing or cleaning activities taking place nearby, which can contaminate water at the source.
- Ensure that you do not dip your hands in the water while lifting the pot, for this can contaminate it.
- Cover the water container while carrying home.

Storing

- Keep the container with water covered at all times with a lid.
- Keep the container above ground level.

Handling

- Do not dip the hands and fingers in the water.
- Use a ladle with a long handle to take water from the container.
- A container with tap can be used to store water making it easy to handle.
- Where none of the above is available, tilt the container and take water.

Activities for children

Activity 1: Importance of water

- Ask a number of questions related to water: Why is water important? List all the things you can do with water, at home, in the community, on farms, in the whole country. Ask the following questions:
- Is water which is clear or which has a good taste always safe? How do germs get into water?
- In what ways can water help us? In what ways can water harm us? Do some of the children often have an upset stomach or diarrhoea? Are there other people in the family who do? What about the babies? What do you think might have caused this illness?

Activity 2: Making a list of illnesses

- Ask the children to make a list of illnesses that can be spread through unsafe water and find out about them.
- Ask the children to investigate where the water sources are coming from. Ask questions such as: how often is the water container cleaned?
- Are cups used? Are ladles used? Are cups and ladles washed before and after use?
- Is there somewhere to wash hands before eating and drinking?

Activity 3: Safe water handling exercise

- The students should be asked to sit in a circle. The teacher/facilitator then displays a picture of a woman collecting water from a hand pump. Ask what the person is doing (the teacher should ask them to give a name to the lady), and whether she collects water from the correct source.
- Now take a plastic bucket with water in it (which looks dirty) and tell them that it is the same water taken by the woman from the hand pump. Ask the students if they have any doubts about its quality.
- Then take another plastic bucket tumbler with water and ask a student to rub some ink on his finger and dip it in the plastic bucket. Ask the students what happens. Also ask them the reasons why the water has become contaminated.
- Now display various pictures (pictures of unwashed vessels, dipping the hands in water while lifting pot, dipping hands while taking water from pot, not covering the pot and keeping it at ground level at home, dog licking the water). Ask them to identify those behaviours that will contaminate the water.
- Finally ask them how to prevent contamination of water at home. Display various pictures of the correct behaviours, no dipping hands while lifting pot, covering the pot and taking it home, keeping the pot in a raised position and keeping it covered, using a cup to handle water – refer to graphics of good practices under section six of the Part II-handouts).
- Finally ask them to identify those behaviours that can help to keep the water safe from contamination.

Games

Game 1: 'Find the right pair'

- Select volunteers for the game according to the number of pictures you, the teacher, have or give the pictures in random order to the students in the class.
- Tell the students that the pictures given have wrong and right behaviours and they have to match.
- Ask students to go around and find the right pair such as for bad behaviour, match the 'right' behaviour from among the pictures given to the students.

Game 2: The way water can get contaminated

- Have a glass of water kept open on the ground inside the class. Ask students to sprinkle some colouring powder on the floor.
- Now ask the students to observe the glass with water and make comments on whether the water looks clean or unclean. Ask one among them to observe if there are any changes.
- Now ask the students to jump on the coloured powder for some minutes and make them run around. After a few minutes ask them to look inside the glass and comment. There will probably be many dust particles in it e.g. the coloured powder will have entered the glass and contaminated the water. Now the teacher should stress the point of keeping water containers covered.

Fact Sheet for the Teacher Clean and safe water

Water is our friend

Water is our best friend. Without it, animals and humans become weak and die. We must use it carefully and keep it clean.

Dirty water can be an enemy

Even when there is enough water, if it is not clean and safe it can be our enemy. Babies and young children especially need clean drinking water because dirty water that contains germs can make them ill. Some of the illnesses caused by dirty water are diarrhoea, dysentery, cholera, typhoid, worms, bilharzias and guinea worm.

Germs that cause disease can get into the water in a number of ways:

- when we find water,
- when we collect it and carry it home,
- when we store it and use it at home.

Sometimes water looks clear and clean but it is not good to drink because it has germs in it.

Keeping water clean and safe

We get water from many sources. Water comes from springs, rivers, ponds and wells. It is collected from these places as well as from rainfall or taps. There are many things that we can do to keep water clean. It is also important to keep it clean when we carry it home, and when we store it.

Storing water

Always keep a metal or wooden cover over the container where water is stored. Wash and dry the containers from time to time. Keep the stored water out of reach of small children and animals. Below are some ways of making water clean.

Different ways of cleaning water

- Filtering with a cloth

Use a clean cloth (keep it well washed and dried) and place it over the empty storage container. Tie it in place if necessary. Pour water carried from the well or stream through the cloth to remove dirt, dust and insects.

- Using sunlight

Strong sunlight will also destroy many germs in water stored in a transparent container and make it safer but the cover must be left on.

Drinking water

If the water has been kept clean, it is probably safe for drinking. If you know that the water has been made safe by chemicals, you can certainly drink it safely! If you are not sure that it is safe, the water can be made safe by boiling. Water must be boiled for at least 10 minutes to kill all the germs. It is especially important to use boiled water for babies, very young children and sick people. Remember to put it in a clean container and to keep it covered.

When taking water from a storage jar, always use a clean cup, and pour the water into another clean glass or cup before drinking it.

Appendix 8

Guiding Questions for Transect Walk (CLTS/SLTS Walk of Shame)

- Who comes to defecate here?
- Where do the women go?
- Which are the places used by the children? (Children's groups should be facilitated separately and they should take their facilitators and others to places which they use for open defecation).
- Whose faeces is this?
- Indicate two or three different heaps of faeces, ask if they see any difference in shapes, colour, form-viscosity, etc. What do they think the reasons could be for such differences (diarrhoea, dysentery, cholera, indigestion)?
- Pointing to fresh faeces, ask if they can see any living things on it (flies, maggots, insects, mosquitoes, dung beetles, etc).
- If you find some covering their noses or spitting in disgust, ask why they were doing that? Do they do the same whenever they visit the sites every day?
- Ask how far the flies can go and if they visit their homes carrying faeces?
- Tease them by suggesting they should probably not worry much because the flies they see on faeces are different from those that sit on their food (they might not agree with your suggestion and they will say that those are the same flies that carry faeces home).
- Ask if more flies sit on dry or wet faeces?
- Ask which faeces dries up earlier, normal faeces or faeces from someone with diarrhoea? Which are more watery?
- Ask which ones attract more flies (dry or watery/semi-solid faeces)?
- Ask if the contamination from liquid diarrhoea faeces spreads faster or whether normal semi-solid faeces spreads faster?
- Where do men, women, elderly and children of the village defecate? Visit and observe the area.
- Where and how is an infant's faeces disposed off?
- Where do people defecate at night?
- Where do people defecate during raining season?
- Where do people fetch their drinking water from?
- Where do people shower and wash their utensils?
- Is the area around the water sources clean?
- Are the household toilets functional? Visit some houses with toilets during the walk
- Do we or our children defecate around water sources, bush and in the backyard of the house during day or night?
- Finally, ask if they enjoy living in such environment.
- Ask any other questions you think might raise disgust amongst them. Innovate locally.

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