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WHY WASH?



Part Two

Modules for Training Community Facilitators in Behaviour
Change Communication in 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 families and societies. Globally, the concern on improving hygiene and sanitation – especially hand washing before eating and after using toilet and sanitary disposal of excreta – is viewed as an effort in reducing health risks and thereby reducing 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 more effective in the long run 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 excreta. The decision to adopt such desirable practices can be influenced by many factors, for example, priorities of 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 Water, Sanitation and Hygiene Promotion 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 module 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 have responsibilities for facilitating change at the community level with respect to the adoption of good hygienic behaviour. It provides these implementers with a step-by-step process aimed at facilitating community development towards influencing behaviour that will guide the community to action along the 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 little to no orientation on the use of the 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. **No matter how comprehensive and high-quality the contents of this manual may be,**

it is the ability of the end user, in this case, the Community Facilitator, to successfully use the manual as a tool that will make the difference at the community level.

1.4 Structure of the Manual

The Manual is divided into nine sections as follows:

Section one provides an introduction to the manual and its use by the facilitators.

Section two is devoted to community participation and mobilization 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 and community entry processes. This is basically providing a guide in data collection and analysis together with community members in a participatory process using participatory learning and action tools and techniques.

The contents of **section four** is devoted to guidelines for establishing and developing Water and Sanitation Committee (WATSAN Committee) and Water Board 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 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. It makes the school 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.

Flexibility is required for the use of this manual as conditions, systems, processes and procedures may be different from one location to another. Each section and the modules within each section may have to be tailored to meet the needs of particular individuals and the needs of the group. The time table below is expected to be a guide and can be modified to meet the needs of a particular training session.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
8:30-9:00	<i>Welcome, review of daily agenda</i>							
9:00-9:30	Workshop Objectives & Expectations	<i>Section Four:</i> Formation of WATSAN Committees and Water Boards	<i>Section Six:</i> Hygiene Promotion and Behaviour Change	<i>Section Six:</i> Hygiene Promotion and Behaviour Change	<i>Section Six:</i> Hygiene Promotion and Behaviour Change	<i>Section Seven:</i> School Health Education Programme (SHEP)	<i>Section Eight:</i> Community-Led Total Sanitation (CLTS) & School-Led Total Sanitation (SLTS)	<i>Section Nine:</i> Social and Sanitation Marketing
9:30-10:30	<i>Section One:</i> Introduction							
10:30 – 10:45	<i>Section Two:</i> Community Participation, Mobilization, & Entry							
10:45-12:00	<i>Snack Break</i>							
12:00 – 13:00	Section Two, continued	Section Four, continued	Section Six, continued	Section Six, continued	Section Six, continued	Section Seven, continued	Section Eight, continued	Section Nine, continued
13:00 – 14:00	<i>Lunch Break</i>							
14:00- 16:00	<i>Section Three:</i> Community Profiling and Analysis	<i>Section Five:</i> Community Leadership for Advocacy and Resource Mobilization	Section Six, continued	Section Six, continued	Section Six, continued	Section Seven, continued	Section Eight, continued	Section Nine, continued
16:00-16:15	<i>Snack Break</i>							
16:15-17:15	Section Three, continued	Section Five, continued	Section Six, continued	Section Six, continued	Section Six, continued	Section Seven, continued	Section Eight, continued	Program Evaluation Closing Remarks

Module 1.1

Title **Program Introduction**

Purpose At the beginning of every training program it is important for sponsors of the program to welcome the participants and establish the reasons why resources have been committed to the implementation of this program. It also affords the participants the opportunity to meet the program sponsors.

Objectives By the end of this session participants will be able to:

1. Describe the sponsors of the program
2. Explain the purpose of the training program

Time 30 Minutes

Materials Notebook, pens, cards, markers, flip chart stand

Preparation The training room should be prepared for the opening ceremony

Procedures

Step 1 The lead trainer introduces him/herself and members in his/her team if there are other trainers. S/he welcomes the participants to the program and gives a brief purpose of the overall program and the purpose the first meeting.

Step 2 The trainer then hands over the session to officials present at the meeting to introduce themselves and formally welcome the participants to the training. The official opens the training and the opportunity is given to other officials to make welcoming statements.

Step 3 Distribute writing materials – pens and notebooks – to the participants.

Step 4 The trainer takes advantage of this time to organize his/her materials – markers, flip chart stand, cards.

Conclusion The trainer ends the session by giving a few minutes to enable a smooth transition into the next session.

Module 1.2

Title	Overview of Workshop Goal and Objectives
Purpose	At the beginning of the training program, it is important that goals and objectives of the program are shared with the participants. It is equally important to collect and collate participants' objectives and see how the two objectives may be reconciled to achieve the overall goal of the training. It is the responsibility of the trainer to create an environment where effective learning may be achieved.
Objectives	By the end of the session participants will be able to: <ol style="list-style-type: none">1. Explain the overall goal of the training2. List and explain the objectives of the training3. Identify and describe their expectations4. Identify each other by his/her name5. List and agree on the norms of the workshop
Time	60 Minutes
Materials	Cards, flip chart paper, flip chart stand, markers, pins, scissors
Preparation	Prepare handouts on the goals and objectives of the training program
Procedure	
Step 1	The trainer/facilitator introduces him/herself again and explain the purpose and objectives of this session.
Step 2	The trainer asks participants to form pairs. Participants should pair up with people they are not familiar with for this exercise. Within their pairs, participants should ask each other the following questions: <ul style="list-style-type: none">• What is your name and which organization do you work for?• What is your job in the organization?• What is your understanding about WASH activities in your organization and in the project communities? <p>Participants should write their responses in their notepads.</p>
Step 3	Ask each member in a pair to introduce the other. List the participants' occupations and their understanding about WASH activities on the flip chart for further discussion.
Step 4	Working in pairs, ask participants to write down four expectations of the training program on a sheet of paper. Ask them to write two experiences they bring to the training program.
Step 5	Ask three pairs (6 participants) to come together, discuss what each has written and combine their responses. They should write the responses on flip chart paper, with separate sheets for expectations and experiences.
Step 6	Ask the group to form a circle and place the flip chart papers in the middle. Lead them to combine the expectations of all the groups onto one sheet. Do the same with the group's experiences. The final consolidated responses should be pasted on the wall.
Step 7	Introduce the overall objectives of the training program and relate them to the participants' expectations.

- Step 8** Inform the participants that the workshop should be guided by norms which all participants will adhere to. Have a volunteer work with the group to list suggested rules and norms for the training. When the responses are exhausted, have the volunteer review the norms and display them prominently in the room.
- Step 9** The trainer expresses his/her appreciation to the volunteer and then invites the organizers to give information on the logistical arrangements – time for breaks, lunch, location of washroom etc.
- Step 10** The trainer asks the participants to write their names on nametags and pin them on their chest.
- Conclusion** The trainer summarizes the outcome of the session’s discussion and concludes the session.

Section Two

Community Participation, Mobilization and Entry Processes

Section Objectives

By the end of the discussions of sessions under this discussion participants will be able to:

- 1. Explain community participation and the importance of involving communities in their development processes*
- 2. Identify levels of participation and develop strategies to involve communities in their development process*
- 3. Explain the importance of community mobilization and develop strategies to mobilize communities for project implementation*



SECTION 2: COMMUNITY PARTICIPATION, MOBILIZATION AND ENTRY PROCESSES

Module 2.1

Title **Community Participation**

Purpose Effective involvement of communities in their development process is crucial to the sustainability of such development. Development over the years, however, has shown that there are several levels of participation which ranges from 'bottom-up' and 'top down' approaches. The levels and type of participation depends on whether the project ideas, support, and implementation come from within the community or from external agents. The purpose of this session is to discuss these issues within the context of the Ghana WASH Project.

Objectives By the end of this session participants will be able to:

1. Explain the meaning of *community participation*
2. List and explain the principles of participation
3. List and describe levels of participation
4. List and explain the importance of involving communities in their own development processes
5. Identify strategies to involve communities in their development process

Time 90 Minutes

Materials Flip chart, index cards, markers, handout on community participation –Part I, Section Two (2.1, 2.2, 2.3, and 2.4)

Preparation Photocopies of the handouts and case studies on Kojo Kope and 'Poor No Friend'. Write the levels of participation (one per card for 4 different groups). There will be 4 sets of the levels of participation, a set for each group.

Procedures

Step 1 Introduce the session by explaining the purpose and objectives of the session.

Step 2 Explain that the session will start with a discussion on the meaning of community participation. Give each participant two cards. Ask them to write how they understand the terms **community** and **participation** as applied in development work. Inform them that they should write one meaning/explanation per card.

Step 3 Ask the participants to form four groups and discuss the meaning of the two terms. After the discussion, they should be able to produce one meaning of the terms **community** and **participation** and should explain their understanding of **community participation**. Groups should write the outcomes of their discussions on flip charts for presentation to the entire group. Lead the discussion and help the group to understand the meaning of 'community', 'participation' and 'community participation'.

Step 4 In the same groups, ask the groups to discuss and list the importance of communities participating in the Ghana WASH Project. The points should be written on cards and displayed on the floor of the venue closer to each group. Ask the participants to identify and cluster the responses which are similar in meaning. Go over the points made during the presentation and ask if there is the need for clarification.

Step 5 Divide participants into two groups. Distribute copies of the case studies and ask them to read, discuss and respond to the following questions:

1. How would they describe the two approaches?
2. What role did the community leadership play in these two scenarios?
3. Which of the projects is likely to be sustained in the long-term? Why?
4. What skills/capacity remained in the communities?
5. Give examples where any of these two scenarios has occurred? What was the effect?
6. What would you do differently with respect to the approach used in the first case study?
7. What would you do to enhance the processes used in the second case study?
8. As Facilitators, what will you do to involve communities in their own development processes?

Have groups present their responses in a plenary session. There should be a thorough discussion on the two approaches with emphasis on the need to work towards the second case study. Emphasize that as Facilitators we have to be conscious that participation occurs at different levels.

Step 6 Divide participants into four groups, and distribute a set of the cards on the levels of participation to each group. *(Note: Please see Section 2.3 of Part 1 of the Training Manual for descriptions of levels of participation.)* Ask them to arrange the cards from the least participatory levels to the highest participatory levels. Have participants paste their arrangements on the walls of the venue, and encourage rotational visits among the groups for explanation and discussion. Ask groups to compare their outcomes, clarifying the differences which may exist.

Conclusion Ask two volunteers to summarize the learning outcomes and how they intend to use it in their work. Conclude the session by drawing their attention to the importance of effectively involving communities in their development processes.

CASE STUDY ONE – WATER FACILITY AT ‘POOR NO FRIEND’

‘Poor No Friend’ is a community located 55 kilometers from the district capital. The community has a stream as their main source of water for domestic use. The people live in mud and thatched houses with leaves of raffia palm and bamboo as roofing materials. The stream dries up during the 4-month dry season. During this period, the women and children walk for about 2.5 kilometers in search of water for domestic uses. School children are late for school and get tired before they reach the school. Their available toilet facility is the traditional pit latrine, which is nearly full, dilapidated and not safe for children. There is widespread open defecation. The mobile clinic in the area visits the community twice every month and most of the commonly treated diseases are malaria, diarrhoea, and skin rashes (especially among children). Nurses offer health education on issues such as prevention of diseases, environmental and household cleanliness as part of their health outreach program.

While making visits to the communities in the area, a member of Parliament chanced upon this community during a time when most people were on their farms. After speaking with a few community members, he promised that he would inform the District Assembly of their plight.

A month later, a drilling rig entered the community, asked one or two people where the community’s cemetery and toilet were located and proceeded to site and drill a borehole as well as install a pump on it. The drilling company taught the people who were observing the process how to operate and maintain the pump and quickly left. The location of the borehole was almost 700 meters from the closest hut in the community. Only a few people fetched water from the borehole for the first week and then stopped. They did not use the facility again.

Six months after the provision of the borehole, the District Chief Executive on his routine visits discovered that the community was not using the facility and the women were trekking to fetch water from another community. He asked for a meeting with the community including the leaders. The community cited the following reasons for not using the facility:

- The construction site used to be a cemetery when the people first settled in the area
- The water from the borehole does not taste good
- The water does not lather well with soap
- Most importantly they do not know who provided the water

The Chief Executive did not believe what he was hearing. He explained how the facility came into being and pleaded with the people to use it. They agreed but did not use it when the Chief Executive left.

CASE STUDY TWO – DIARRHEA AT KOJO KOPE

For the people of 'Kojokope', the year 2000 is considered as the darkest day in the lives and existence of the people. The community woke up one morning to see that people, especially children, from some households vomiting and at the same time easing themselves. Since the community did not have proper toilet facilities, the open defecation intensified. The disease spread to most households in the community and within three hours of observing the disease, seven people had died, including three from one household. The chief summoned the fetish priest to consult the gods for remedy. This did not solve the problem. An opinion leader and member of the community who was coming from a trip outside the community assessed the situation. He was able to persuade the chief to send a delegation to a health centre, 10 kilometres away from the community to inform the nurses about the situation. The only means of transport available was by foot. The people were informed at a community meeting organized at the instance of the opinion leader and chief that the disease was a diarrheal disease caused by fecal-oral transmission processes. He advised that in the short-term, everyone should wash their hands with soap or ash before eating, preparing food, and after using the toilet as well as cleaning children. He also proposed to the chief to place a ban on open defecation, stating that whoever wants to ease him/herself must dig and bury the faeces, including that of children. In the meantime, the opinion leader asked people to drink more water until the Nurses could arrive with another remedy.

The nurses arrived two and half hours later by which time 12 more people had died. They provided medicines to those affected and called a community meeting. They reiterated the information provided by the opinion leader, and taught the community how to prepare oral rehydration therapy. The long term solution proposed by the nurses was for the community to have a proper hygienic latrine facility and, if possible, latrines for each family.

The community took the advice seriously and mobilized resources for the latrine project. However, they do not know how to go about the project. The community used part of the resources and sent a delegation to the District Assembly which was about 35 kilometres away from the community. After hearing their story, a staff person of the district assembly directed them to the District Water and Sanitation Team who provided information on how to acquire a latrine facility. Each household had to provide labour for digging the pit and other materials for completing the latrine. They told the community they would be responsible for contributing 50% of the cost of the facility. They fixed a date and followed up with a meeting in the community where the process was explained to all the community members.

The community agreed to embark on the project. The 50% contribution, however, would be difficult to come by, as this was a poor community. One strategy the community adopted was to form gangs for digging the pits and supporting those who are not well, especially the elderly, to have latrines. The community leaders dispatched a team to the district capital to inform community members who had moved to other towns. The message got through the network of the citizens who quickly mobilized other resources – pick axes, shovels, cement and vent pipes. The citizens met the DWSTs who briefed them on what needed to be done. Artisans were sent to the community to train the young men/women who took up the construction process. At the end of the process, every household had a latrine. Any new member to this community is now required to build a toilet before being accepted into the community.

Module 2.2

Title **Community Entry and Mobilization Process**

Purpose One of the functions of the Community Facilitators is to support communities to mobilize their efforts at solving their problems related to environmental sanitation and unhygienic practices. The ability of the Facilitator to undertake this function successfully hinges on his/her relationship with the community which begins on the first day the Facilitator enters the community. This session will discuss community entry processes and how to mobilize communities for WASH activities.

Objectives By the end of the session participants will be able to:

1. Demonstrate their understanding of community mobilization processes
2. List and explain the importance of community mobilization
3. List and explain strategies for community mobilization including community entry processes

Time 90 Minutes

Materials Flip chart, index cards, and markers

Preparation Handout on Community Mobilization and Entry Processes – Appropriate sections of Part I, Section Two of the manual (2.5, 2.6)

Procedure

Step 1 Introduce the session by explaining its objectives and the purpose. Inform participants that this session is linked to the session on Community Participation. Ask participants if they remember the meaning of *community*. Review the discussion on community participation.

Step 2 Lead the participants to brainstorm the meaning of *mobilization*. Write their responses on the flip chart and discuss further.

Step 3 Divide participants into three groups to discuss and answer the following questions:

1. Why is mobilizing communities for Ghana WASH Project important?
2. From their experiences, how is mobilization done? Who takes the lead in the mobilization process?
3. List how the community entry process takes place in the Ghana WASH Project communities
4. What have been their challenges?

The groups should prepare their responses for a plenary presentation, followed by thorough discussions on the presentation.

Step 4 Lead the participants to brainstorm on the process of organizing community meetings especially in 'new' project communities. What are the dos and don'ts of organizing community meetings?

Conclusion Summarize the learning outcomes of the presentation and discussion, and draw participants' attention to the fact that initial community entry is as important as any

part of the Facilitator's work. The entry and mobilization processes are the basis of building rapport with the community.

Section Three

Establishing Community Profile and Information Collection and Analysis

Section Objectives

By the end of the discussion of the sessions under this section participants will be able to:

- 1. Explain the importance of community profiles*
- 2. Describe the process of establishing a community profile*
- 3. List and explain some of the tools for collecting information for a community profile*



SECTION 3: ESTABLISHING COMMUNITY PROFILES, INFORMATION COLLECTION AND ANALYSIS

Module 3.1

Title **What is a Community Profile and why is it important?**

Purpose It is important to build an efficient database of information on WASH activities for each project community. This information becomes very useful during project monitoring and evaluation periods. This session focuses on how to build the profile and the necessary tools for gathering the information. Establishing a community profile also helps the community to better understand their existing beliefs, attitudes, and practices related to WASH. This is a critical first step for communities to prioritize their needs and develop action plans.

Objectives By the end of the session participants will be able to:

1. Explain what is a Community Profile
2. Describe how to establish a Community Profile
3. List and explain the type of information required for a Community Profile
4. Describe how to collect and analyze information for Community Profile

Time 90 Minutes

Materials Flip Chart, Index Cards, Markers, Handout on Community Profile - Appropriate sections of the Part I, Section Three (3.1, 3.2, 3.3, 3.4, Appendices 1 & 2)

Preparation Photocopies of the handouts

Procedures

Step 1 Explain the objectives of the session.

Step 2 Lead the group to brainstorm “What is a Community Profile”? Write the responses on a flip chart. After contributions are exhausted, summarize their responses and link them to the definition of Community Profile as explained in the handout.

Step 3 Divide participants into groups to answer the following questions:

1. How would you establish a profile of a community?
2. What type of information would you require to establish a Community Profile (with respect to hygiene promotion and behaviour change project?)
3. How would you collect this information?
4. What tools and process would you use to collect the information?

Have the groups prepare the outcome of their discussions for a plenary presentation. Allow participants to ask questions for clarification.

Conclusion Summarize the discussion by emphasizing the need to establish a profile for each project community. A copy of the profile should be with the community because the information is for and about them. Stress that the project approach emphasizes the involvement of communities in the information collection process. For this reason, a combination of participatory tools and questionnaires is essential for collecting information.

Section Four

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

Section Objectives

By the end of the session, participants will be able to:

1. *Describe a WATSAN Committee*
2. *List and explain the functions of WATSAN Committee*
3. *List and explain roles and responsibilities of different positions on WATSAN Committees*
4. *Demonstrate the formation of WATSAN Committees*
5. *Describe Water Boards*



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

Module 4.1

Title **Formation of WATSAN Committees**

Purpose The formation and building the capacity of community level institutions and structures to support project implementation is one of the mechanisms for ensuring project sustainability. The members of these institutions live in the community and can provide a quick response and on-the-ground support to emerging issues with respect to the project. The WATSAN committee is the first line of contact for the management and implementation of the Ghana WASH project. WATSAN Committees need to be formed, nurtured and supported through capacity building processes to enable them to play the role expected of them. Helping WATSAN Committees to develop the skills to manage their WASH activities at the community level is one of the expected roles of Community Facilitator.

Objectives By the end of this session participants will be able to:

1. List and describe the functions of a WATSAN Committee
2. Identify and explain different positions on the WATSAN Committee
3. Demonstrate the facilitation of the formation of a WATSAN Committee

Time 75 Minutes

Materials Flip chart, index cards, markers, handout on formation of WATSAN Committee - Appropriate sections of Part I of the Manual (4.1, 4.2, 4.3, 4.4, 4.5)

Preparation Photocopies of handouts, preparation for a role play on formation of WATSAN Committees

Procedures

Step 1 Explain the importance of vibrant community level structures to support the implementation of the Ghana WASH project and the need for Community Facilitators to work at achieving that purpose. Explain the objectives of the session and how these objectives will be achieved.

Step 2 Ask participants to share their experiences on working with or on any sort of committee. Where was this committee? Why was it formed? How did they organize themselves to achieve their objectives?

Step 3 After three or four people have shared their experiences, ask the rest of the participants what they learned from the experience sharing process. Write the learning outcomes on the board.

Step 4 Lead participants to brainstorm on the need for a WATSAN Committee. Write their points on the flip chart. Discuss these points further and emphasize that the community has a responsibility for operating and managing water points and

conducting hygiene promotion activities. The Committee represents the community and takes the lead in these assignments.

Step 5 Divide the participants into two groups. One group will list and discuss the functions of a WATSAN Committee and the second group will identify positions which will enable the Committee to function effectively. Have groups list the roles of each position identified. They should write their findings on the flip chart for presentation in a plenary session.

Step 6 Group one presents their brainstorm findings and participants discuss the outcomes. The second group is encouraged to ask questions as well as to contribute to the discussion. The second group then takes its turn and presents on the positions and their functions. The first group is encouraged to ask questions and to contribute as well.

Step 7 Explain that during the next task, participants will be involved in role playing exercises to simulate the formation of a WATSAN Committee. Divide the participants into three groups. The first group represents Community Facilitators and should be made up of two or three persons with at least one female. The second group represents community members preparing for a meeting with the Community Facilitators on the Ghana WASH project. They will choose their chief and leader and assign responsibilities to the community members. The third group, composed of about four people, represents the observers.

The scene is a community meeting. During the previous community meeting, all parties had agreed that a WATSAN Committee would be formed on this day to lead the implementation of Ghana WASH activities in the community. The Facilitator now has the responsibility to facilitate the formation of the Committee.

Community Facilitators

- ✓ The Facilitators enter the community and meet the community leaders to inform them of the purpose of their visits. After this meeting, the chief/leader calls for the 'gong-gong' to be beaten to assemble the community members.
- ✓ The Facilitators meet the entire community and present their agenda to the meeting, explaining the purpose of the day's meeting.
- ✓ Continue the process of facilitation to form the WATSAN Committee.

Community Members

- ✓ The community members select their leaders prior to the meeting.
- ✓ Prepare for the Facilitators to arrive.
- ✓ The leaders meet the Facilitators and after a brief discussion ask the 'gong-gong' to assemble the community.
- ✓ The leaders introduce the Community Facilitators after which the Facilitators lead the discussion on the formation of the WATSAN Committee.

The Observers

- ✓ The observers observe the processes to determine the level of ease of engagement, as well as 'dos' and 'don'ts' during the process.

Step 8 Stop the play when you think the relevant impacts have been made and initiate a discussion about the experience.

Facilitators: How did they feel about the process? Were they equipped with the relevant skills to enable them to facilitate the process? What would they do differently if given another opportunity? How did they plan/prepare for the meeting?

Community Members/Observers: How did they see the process? How did they see the Facilitators? What should the Facilitators have done differently? What would be their suggestions for improvement?

Explain what the Facilitators should have done from the planning stage (before the meeting) to the completion stage.

Step 9 Ask the group how they would ensure the inclusion of women on the Committee and what would the role of these women be? Why is it important to have women on committees in general? Why is it important to include women on WATSAN Committees? Write their responses on the flip chart for further discussion.

Step 10 Explain that the formation of a WATSAN Committee is not an end in itself, but a means to an end. The members will require training on the functions of the Committee and roles and responsibilities of each position. The first form of training is a brief orientation on how to organize themselves and develop an action plan for implementation.

Proposed areas for training for WATSAN Committee members:

- ❖ How to prepare a for meeting and how to set an agenda
- ❖ How to write minutes and keep records
- ❖ How to make financial recordings
- ❖ Conflict resolution
- ❖ Team building
- ❖ Decision-making processes
- ❖ Hygiene promotion
- ❖ Communication skills
- ❖ Leadership skills

Note: In communities where WATSAN Committees or any other groups exist, it should be left to the community to decide whether or not they wish to use the existing group or to form a new one. Facilitators should be careful not to form parallel, competing structures in the communities which may create conflict among the different groups.

Step 11 Explain that there is another form of a committee for water facilities in towns with populations from 500 to 2,000 called Water Boards/Water Management Teams. Explain the functions, membership and how the Board is constituted. Give examples of towns which have these boards.

Conclusion Ask the participants to summarize the learning outcomes from all the exercises, with a particular emphasis on the role play. Explain that the facilitation of WATSAN Committee formation is one of their prime functions. However, it is important that women be included on the Committee as issues of water and sanitation in communities tend to affect women the most.

Module 4.2

Title **Supporting WATSAN Committees to develop and implement action plans**

Purpose WATSAN Committees are formed to spearhead the development and implementation of Ghana WASH projects in the communities. One system which can be used to facilitate the effective performance of WATSANs is the preparation of action plans. Action plans are expected to provide guidance to the activities of the committees and are based on the community profile analysis exercise the community participated in.

Objectives By the end of the session participants will be able to demonstrate how to prepare an action plan.

Time 60 Minutes

Equipment Markers, flip chart, cards

Preparation Photocopy of 4.6, & 4.7 Appendices 4a & 4b in Part 1 of the Manual

Step 1 Lead participants to brainstorm on action plans and the various sections of an action plan. Write the responses on a flip chart and discuss further the sections. Make sure they understand the sections and the flow. In its simplest form they can use the following process in a table format:

WHAT: Activities to be implemented

WHO: The person who has to perform the activity

HOW: How will the activity be performed/implemented?

WHEN: On what date, day and time will the activities take place, when will the activity start and is it expected to end?

WHERE: Where will the activities take place – location?

RESOURCES: What materials will be needed for the activities? (e.g. sand, stones, hygiene promotion materials, etc.) Who will provide these materials?

Step 2 After discussion, divide participants into three groups, asking each group to choose two activities (one should be in the area of hygiene promotion) and prepare an action plan for the activities using the format below. The exercise should be done on flip chart paper and pasted on the walls for discussion.

Action Plan

Activities	Who will do it?	How will it be done?	When will it start and end?	Where will the activity take place?	Resources needed/where will the resources come from?	How to monitor the progress of our work?

Step 3 Before the presentations, ask the groups the objectives of the activities they have in the plan (what will be the end result after implementing the activities). There is the need to emphasize that at any point in time there should be objectives from which activities will be developed for implementation.

Step 4 The group should proceed with the presentations and discussions based on the outcome of the presented plans. The plans should be finalized after taking all comments and feedback into account.

Conclusion It is important that Facilitators build the capacity of the Committee members and also support them in the implementation and monitoring of their action plans.

Section Five

Community Leadership Development for Advocacy and Resource Mobilization

Section Objectives

By the end of the sessions under this section participants will be able to:

- 1. Describe different types of leadership at the community level*
- 2. List and explain the expectations and skills of a good leader*
- 3. List the role of the Community Facilitator as a leader*
- 4. Describe challenges leadership faces at the community level*
- 5. List and explain the advocacy and resource mobilization role of a leader*



SECTION 5: COMMUNITY LEADERSHIP DEVELOPMENT FOR ADVOCACY AND RESOURCE MOBILIZATION

Module 5.1

Title **Who is a Leader?**

Purpose Effective Leadership is a critical requirement for sustainable hygiene promotion and behaviour change at community levels. There are different types of leaders in the community and it is important for Community Facilitators to identify these leaders and support them to perform their expected roles.

Objectives By the end of the session participants will be able to:

1. Explain who a leader is
2. Identify different types of leaders
3. List what is expected of good leader
4. List and explain skills required of a good leader

Time 60 Minutes

Materials Flip chart paper, markers, felt pens

Preparation Photocopies of Part I of the Manual, Section 5 (5.1, 5.2, 5.3, 5.4, 5.5, & 5.6)

Procedure

Step 1 Introduce the session by emphasizing the need to have good and committed leaders in the project communities to lead the development process with respect to hygiene promotion and behaviour change.

Step 2 Lead the participants to brainstorm what is leadership and who is a leader. Write the contributions on the flip chart for further discussion.

Step 3 Divide participants into three groups to discuss the following questions:

1. What is a leader?
2. Who is a leader and what types of leaders do we have at the community level?
3. What is expected of a good leader?
4. What are the skills required to be a good leader?
5. What challenges do leaders face in development process?

Let each group take two questions, discuss and write the outcome of the discussion for presentation in a plenary.

Step 4 Have each group make a presentation. Ask the other groups to contribute to the presentation.

Step 5 Inform the participants that there is going to be a role play on the role and behaviour of leaders in communities.

Community A

The leader of community A is a chief who does not tolerate views from other community members. He imposes his ideas on his people and no one dares challenge him. He is in a community meeting with his people about an impending WASH project and would like the community to discuss his proposal for the location of a water point. Most women do not agree with him but few have the courage to say it. Other community members are passive during this meeting.

Ask the group to select a chief, identify other characters and the role they would play. One person in the group acts as the Project Officer who comes to introduce the WASH project. The group should discuss and act out the play.

Community B

This community has a leader who is open to ideas and encourages the community members to discuss issues affecting them. Hygiene promotion and behaviour change is evident in the community. The community is currently meeting the Project Officer to discuss the project.

Ask the group to select a chief, identify other characters and the role that they would play. One person in the group acts as the Project Officer who comes to introduce the WASH project. The group should discuss and act the play.

Observers

A third group is made of observers who observe the scenes as they play out. This group should document the process with respect to the behaviours of the leaders and the community members.

Step 6 Ask the group to discuss the outcome of the meetings from the point of view of:

- Community members
- Leaders
- Observers

Conclusion Ask a volunteer from the participants to summarize the outcome of the discussion and emphasize the content in the handouts.

Module 5.2

Title **Leaders as Advocates**

Purpose Community leaders, whether traditional or opinion, are considered as one of the advocates for change and for resources to facilitate a community's development. It is imperative that leaders mobilize resources to enhance the development of their communities. Many leaders, however, will face challenges in playing their role. Discussions under this session will focus on the role of Community Facilitators in supporting leadership development and advocacy.

Objectives By the end of the session participants will be able to:

1. List and explain challenges faced by community leaders
2. Describe the role of Community Facilitators in leadership development
3. List and explain advocacy process
4. List steps involved in mobilizing resources for community level Ghana WASH activities

Time 60 Minutes

Materials Flip Chart paper, markers, felt pens

Preparation Photocopy handouts from Section Five (5.7, 5.8, 5.9, & 5.10) from Part I of the Manual

Procedures

Step 1 Explain the objectives and purpose of this session.

Step 2 Lead participants to brainstorm on challenges that community leaders face and how these challenges affect their capacity to lead in the development process. Write their contributions on flip chart and clarify the list generated.

Step 3 Divide participants into groups and ask them to discuss the role of the Community Facilitator in leadership development for hygiene promotion and behaviour change. They should write the outcomes of discussions for presentation in a plenary. Time should be allowed for clarification. Note that supporting the leaders to overcome some of their challenges is one of the critical roles of the Community Facilitators. They are also responsible for building the capacity of those people, especially women, with the potential for leadership.

Step 4 Ask participants if they have heard of the word *advocacy* and how it is defined. Lead participants to brainstorm on their understanding of advocacy. Write their contributions on the flip chart. Help them by explaining that meaning of advocacy and also mention the various forms/levels of advocacy. Emphasize that *rooted-advocacy* is a type of advocacy which emanates from the community level.

Step 5 Divide participants into groups to discuss the following questions:

- What do you advocate for?
- How do you undertake advocacy activities? What are the stages/processes?
- Who are the targets of advocacy efforts at the community and district levels?

The group should discuss the questions and write their responses for presentation on a flip chart. Help the groups understand the responses to the various questions and add to their responses where there is the need for more information.

Step 6

Explain to the participants that one of the elements of advocacy is resource mobilization. Divide the participants into groups to discuss the following questions:

- What are the resources available to communities for Ghana WASH activities?
- Where are these resources?
- How can a community access these resources through leadership?

The group should discuss the questions and write their responses on flip chart for presentation in a plenary.

Conclusion

Ask volunteers to recap what was discussed and learned during the session. The emphasis should be on:

- Challenges faced by community leaders
- Solutions to some of these challenges
- Role of the Community Facilitator as a leader
- Role of community leader as an advocate and resource mobilize

Section Six

Hygiene Promotion and Behaviour Change

Section Objectives

By the end of the sessions under this section participants will be able to:

- 1. Identify and describe the meaning and differences between health and hygiene promotion*
- 2. Identify and describe the importance of health and hygiene promotion in water and sanitation projects*
- 3. Describe the causes, transmission and prevention of water- and sanitation-related diseases*
- 4. List and explain the steps involved in the design and implementation of health and hygiene programs*
- 5. Describe the process of developing hygiene messages and materials for behaviour change*
- 6. Demonstrate how to facilitate hygiene promotion at the community level*



SECTION 6: HYGIENE PROMOTION AND BEHAVIOUR CHANGE

Module 6.1

Title **Review of hand washing practices**

Purpose Hand washing at critical times is a very important ingredient in preventing water- and sanitation-related diseases. It is incumbent that Community Facilitators stress the importance of how to prevent these diseases through effective hand washing processes.

Objectives By the end of the session participants should be able to:

1. Describe how “invisible faeces” easily pass and spread
2. Explain the importance of hand washing at critical moments such as after defecation, and before and after food preparation in order to prevent contamination.

Time 60 Minutes

Materials Markers, flip charts, grounded chalk of any colour, a plate or bowl, copies of handout 6.13 from Part I of the Manual

Preparation Pour a few quantities of the grounded chalk in the bowl or plate

Procedures

Step 1 Explain the session and what it seeks to achieve to the participants. Let participants be aware that they will come into contact with powdered chalk as part of the learning process. Explain that the session will demonstrate the importance of hand washing in eliminating water and sanitation-related diseases.

Step 2 The Facilitator invites a volunteer to dip his/her hand into a bowl/plate filled with the coloured chalk.

Step 3 The volunteer shakes hands with some participants and the participants then shake hands among their peers.

Step 4 Ask some of the participants to touch the surfaces of some of the items in the meeting room. This will leave visible coloured chalk marks on the items.

Step 5 Ask participants what they think the chalk represents. Based on the chalk markings throughout the venue, how fast can contamination occur? How can contamination enter the body?

Possible answers highlight these key points:

- People exchange germs when they touch each other, surfaces or food.
- Contamination enters the body mostly through the mouth.
- Contamination on hands soars after using the toilet.

Step 6 Tell the group to imagine they are about to sit down and enjoy a meal. Just before they start to eat, participants notice that their hands are covered with the powdered chalk. Will they continue eating? What would they do?

Indicate that the chalk represents just a fraction of the germs present on our hands. Imagine that we could see our hands covered with millions of germs. Would participants want to eat food with hands that looked like that?

Step 7

Ask what might happen if one eats food without washing one's hands when hands are covered with germs (powdered chalk). What might happen if one prepared food with germ-filled hands?

Step 8

Ask participants to list the WASH practices that can help improve our health. List these practices on the flip chart.

- Safe excreta disposal
- Hand washing at four critical times
 - Before eating
 - Before cooking
 - After washing child bottom or performance of any cleaning job
 - After toilet use
- Keeping water safe for drinking

Step 9

It will be important for the Community Facilitators to be familiar with different types of hand washing stations and guide their communities to build them. As an interactive follow-up activity, have participants design and construct their own hand washing stations as depicted in the background information in handout 6.13.

Conclusion

Hand washing will make a huge difference to people's health and well-being. Hands are used for anal cleansing after defecation. No matter what material is used for anal cleansing, hands still get dirty from the 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 going to a latrine. Hands should also be washed before handling any kind of food, including dry food like 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 also be effective:

- Wood ash will also rub off any dirt and smells. The slight irritation you feel when you wash your 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. However, 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 food eating area.

Module 6.2

Title Differences between health and hygiene promotion

Purpose The benefits of water and sanitation programs cannot be realised without effective health and hygiene promotion which is aimed at changing behaviour and practices of the impact groups. Consequently, there has been a shift from emphasising hardware (construction of water points and latrine facilities) to providing space to enable community members to adopt good hygiene practices.

Objectives By the end of the session participants will be able to:

1. Explain the differences between health and hygiene education/promotion
2. List and explain the importance of hygiene/health promotion in water supply and sanitation program

Time 120 Minutes

Materials Flip chart paper, markers, felt pens, copies of case study on a community water system

Preparation Prepare case study and handouts on the meaning of the terms *health* and *hygiene promotion*. Photocopy Handouts (6.1, 6.2, & 6.3) from Part I of the Manual.

Procedures

Step 1 Introduce the session by emphasising the importance of health and hygiene promotion in water and sanitation programs. Explain that evaluations conducted on different water and sanitation programs in the past have not made the desired impact because of inadequate integration of hygiene promotion for behaviour change.

Step 2 Divide participants into small groups to discuss the following:

1. What is health and hygiene promotion?
2. Why is health and hygiene promotion important in water and sanitation projects?
3. At what point in a water and sanitation project does hygiene promotion begin?
4. Why does hygiene promotion alone not always work?

Allow time for discussion and ask the groups to present the outcomes of their discussion on a flipchart for plenary presentation.

Step 3 Distribute the case study on a community water system to the groups. Use the following guiding questions to facilitate the groups' discussions on the case study:

1. What are your observations about the approach used by the engineer and the medical staff officer?
2. Why were diseases still prevalent?
3. What were your observations used by the project staff?
4. What would you have done differently?
5. What is the importance of hygiene promotion in a water and sanitation project?
6. Which of these views are very important for hygiene promotion and community development work? What is the difference between the outsiders'

views (health personnel and engineer) and the insiders' views (views of the community members)?

Have the groups prepare the outcome of their discussions for a plenary presentation. Before you end the session pose the question "Will hygiene education/promotion alone work to improve health?"

Conclusion The focus of the session is to help participants understand in simple terms the meaning of health and hygiene promotion, and health education from the point of view of the participants. Refer to the handouts on the definitions of terms in Section Six of the Trainers Manual.

CASE STUDY: COMMUNITY WATER SYSTEM

Guinea Worm is a water-borne disease which is widespread in the Kwapia District. It is transmitted directly through contaminated water. It can be controlled and eliminated by installing and using a safe, potable water supply and providing information to people on the need to use the improved water supply facility. There is a health center run by both the Ghana Health Service and a university. The staff of the center has decided to help a community after seeing many patients suffering from guinea worm.

The main personnel involved are a public health engineer and a medical officer. They decided that a sanitary well would solve the problem. They identified and chose a pilot community based on its size, the number of affected persons and on its location. They surveyed the area and found an underground water source that would guarantee water throughout the year. They also chose the source because it was along the path to the farm lands, thinking this would be convenient to the people. The project was funded by the university and a contractor was hired to construct the well. By all technical standards, it was a perfect well.

On returning to the area some months later, the staff members were surprised to find that the well was not being used and the area around the well was overgrown with weeds. The hinges on the cover were rusted and tight. When the village leaders were asked about this, they gave a simple explanation.

The people continued to use their old water source which had been used for centuries. The people have come to like the taste of the water despite it being potentially contaminated. When the new well was being constructed, the doctor had tried to explain the dangers of contracting guinea worm by describing the transmission route of the worm, but the people had not believed nor understood him. They thought that guinea worm was a kind of punishment from God for doing bad things, and had nothing to do with where the water was drawn.

The doctor expressed this concern to a local NGO operating in the district. The NGO staff initiated a process of engaging the community, learning from them their perceptions, beliefs, norms and culture. This enabled the project staff to understand where the community was coming from with respect to the use of improved facility. Several meetings were held focusing on the community's beliefs and how they relate to adopting improved practices and behaviors. The project staff together with the community representatives developed basic hygiene messages to share with the larger community. The groups selected a teacher in the village to lead the hygiene promotion process including school level activities. Based on the interactions with the community, a hand pump was installed on the well, a washing slab was constructed and trees were planted around the well site. The area has become a favorite meeting place for the women of the community and, more importantly, the guinea worm has almost disappeared from the community.

Case Study Scenario

- Lack of community involvement in the early planning stages.
- The community members were not educated on the types of diseases that can cause certain illnesses in connection with water and sanitation.
- Project Officers failed to understand the community's perception of diseases to enable them to design effective messages.

From these observations, the following conclusions may be drawn from the case study:

- Appropriate technology is not enough to improve health and needs to be complemented and integrated with hygiene promotion.
- It is essential to understand community's perception of diseases for a better hygiene promotion program.
- It is more difficult to change people's behaviour than it is to acquire a technology.

The Facilitator can use a role play to act out the case study. In acting the scenes of the play you will need the following people:

- Health personnel for the health center
- An engineer from the university
- A well contractor
- A teacher
- A staff person from a local NGO
- Community members with their leaders
- Observers (whose role is to observe the role play and provide feedback during discussions)

Module 6.3

Title **Water- and Sanitation-related diseases**

Purpose For any Behaviour Change Agent and Community Facilitator to work effectively in promoting the adoption of good hygiene practices, it is critical that s/he should not only understand the diseases related to water and sanitation, their causes, mode of transmission and prevention methods, but should also be able to explain this in simple terms to project beneficiaries.

Objectives By the end of the session participants will be able to:

1. List and explain categories of water- and sanitation-related diseases
2. List and explain causes of water- and sanitation-related diseases, their causes, modes of transmission and prevention methods
3. Identify and explain the components of the F-diagram (the pathways of contamination)

Time 120 Minutes

Materials Flip chart/stand, markers, copies of F-Diagram, copies of table/matrix with categories, causes, mode of transmission of water- and sanitation-related diseases, glue/starch, masking tape, handouts from Section 6.6 of Part 1 of the Manual.

Preparation Copies of F-Diagram, copies of table/matrix with categories, causes, mode of transmission of water- and sanitation-related diseases

Procedures

Step 1 Explain the importance of this session while reviewing the session objectives. Explain that the session will focus on water- and sanitation-related diseases and that it is important they understand the discussions. Link this to the discussion in module 6.1 on the causes of guinea worm.

Step 2 Lead the session to brainstorm on water- and sanitation-related diseases which are familiar to the participants. Write them on the flip chart. Brainstorm again on the causes and transmission of such diseases.

Step 3 Explain that water- and sanitation-related diseases are categorized into 4 main groups. Ask the participants if they are aware of these categories.

Categories of Water- and Sanitation-related Diseases:

- Water Borne (Water Quality)
- Water Washed (Water Quantity)
- Water Contact
- Water-related Insect Vectors

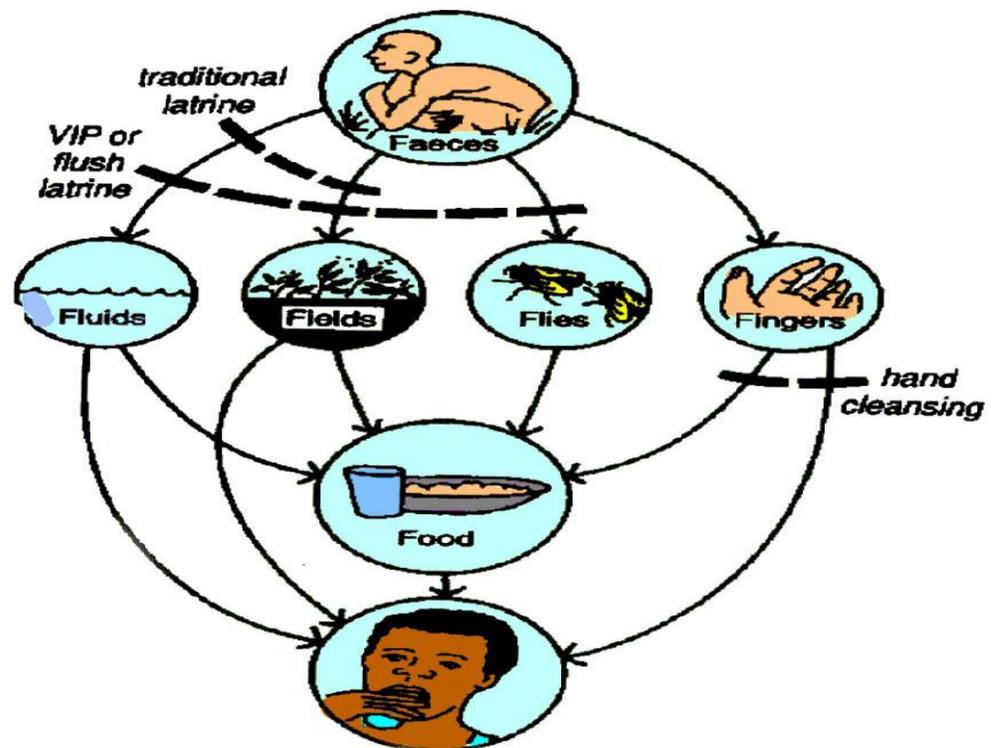
Step 4 Ask participants to try and explain the first category and give examples of diseases which will fall under this category. Distribute the blank table (Water- and Sanitation-related Diseases Matrix). Ask participants to form groups and complete the exercise by filling in the blank spaces. Allow adequate time for this exercise.

Water- and Sanitation-related Diseases Matrix

Category of Diseases	Names/Example of Diseases	Causes of Diseases	Mode of Transmission	Preventive Measures

- Step 5** Ask the group to present their findings in a plenary session using the matrix. Allow the groups to question each other for clarification. Distribute the handout on the matrix of Water- and Sanitation-Related diseases for further discussion. Clarify participants' concerns when they are raised. Explain again that it is important for them to understand this matrix because as part of their work, they may have to explain these issues to the project beneficiaries.
- Step 6** Ask participants if they have seen the **F-Diagram** or the pathways to contamination as far as sanitation-related diseases are concerned. Ask those who are familiar with the diagram to describe it and lead the discussion process. Ask if they can draw the diagram on the flip chart.

A pictorial view of Fecal-Oral Transmission



- Step 7** Explain that the **F-Diagram** shows the direct and indirect means by which people come into contact with faeces in their own environment. Explain that from the original cause - faeces- the bacteria, viruses, and protozoa that cause diarrhoea can make their way into any individual via five different but often intersecting paths. These paths are 1) fluids; 2) fields; 3) flies; 4) food; and 5) fingers. Show the F-Diagram and give further explanations to the pathways.
- Step 8** Ask participants to explain how the pathways can become contaminated. Write their response on the flip chart and discuss further how the contamination occurs.
- Step 9** Lead the participant to brainstorm on how the transmission of pathogens could be broken. List the response on the flip chart for further discussion.

Alternative session on the use of F-Diagram with communities

1. Photocopy the F-Diagram onto an A-3 Paper. Enlarge it so that the diagram covers most part of the page.
2. Cut the diagram into pieces – faeces, fluids, flies, fingers, fields, food and new host. Alternatively, you can use colored cards cut into pieces, a third of A-4 sheet with the words written on them.
3. Put the pieces into containers/envelopes depending on the number of individuals/groups at the training.
4. Explain that there are cut pieces of words which when properly arranged indicates roots of fecal transmission.
5. Ask the group to take flip chart paper and arrange the words into the diagram with arrows showing the direction of the transmission. They can use glue to stick the cards onto the flipchart paper. The group can also use the walls/floors of the training room and use masking tape to stick them.
6. After completing the exercise, the participants move from one group to other and listen to the group's presentation explaining what the group has done. Questions are asked for clarification
7. After all the groups have presented, ask each of groups if they want make changes to their diagrams based on the learning from other groups.
8. Show the correct diagram to the participants and let them try and explain it.
9. Ask the group to discuss what they can do to cut/stop the transmission.

Alternative Session on Disease Transmission

Form two groups and ask each group to role play causes/transmission of specific diseases in a community.

Group one will role play using malaria as a theme. The actors should include community members, family with a member suffering from malaria, hygiene promotion Facilitator and a nurse

Group two will focus on diarrhoea. The storyline is a woman who cleanses the anus of her child after defecation and does not wash her hands before eating and giving some of the food to the child. This results in an outbreak of diarrhoea in the family.

Discussion should focus on:

- Causes of the diseases, how they were transmitted and eventual consequences
- Do the cases happen in the project communities?
- What could they have done differently?
- What role does hygiene education play in these dramas?

The Facilitator builds on the outcome of these discussions and introduces other diseases, mode of transmission, causes and prevention. The Facilitator displays/shows the picture of Fecal-Oral Transmission route and asks a volunteer to explain it.

Module 6.4

Title **Roots of faecal contamination**

Purpose There are several ways by which faecal matter contaminates food and water sources. The session is meant to help participants understand the routes of faecal contamination and is built on the lessons and experiences from the discussion on F-Diagram.

Objectives By the end of the session participants will be able to:

1. Describe the fecal contamination routes
2. Develop strategies to cut out/eliminate these routes

Time 60 Minutes

Materials Markers, flip charts, 5 index cards, 8 pieces of A4 paper cut in half, picture/graphics of a man in open defecation

Preparation Prepare the papers, cut the cards into required standard/pieces, ensure the graphics are available, and prepare a flip chart paper with the Fs in the F-Diagram - 1) Feet; 2) Flies; 3) Fingers; 4) Fields; and 5) Fluids (water supply)

Procedures

Step 1 Introduce the session by reviewing the session objectives. Inform participants that the focus of the session is on behaviour change.

Step 2 Show the picture/graphics of open defecation (OD). Follow it up with questions such as what happens when someone defecates in the open? Where do the faeces go? What happens when it rains? List all the possible answers for further discussion.

Step 3 Show the flip chart with words from the F-Diagram and indicate that Open Defecation is commonly spread by these Fs.

Step 4 Divide participants into groups of five and hand out the 4 pieces of cut A4 paper and a marker per group. Ask the groups to discuss the following questions:

1. Are people disposing of all excreta safely? Farmers in fields? Children and infants?
2. Have you seen these in your community?
3. What could make it easier for community members to stop open defecation?
4. What could prevent the spread of faeces into our food and water supply?

Ask the group to write one response per piece of cut paper after their discussion.

Step 5 Show the graphic of the open defecation and ask one group to select and place one preventive behaviour written on an index card, under the open defecation picture. All the different responses should be placed under the open defecation picture.

Possible Prevention Behaviours:

- Proper latrine construction and use
- Proper hand washing

- Proper water treatment and storage
- Compound sanitation and proper waste management
- Washing raw foods and fruits
- Proper washing and storage of food utensils
- Hand washing before preparing and eating food

Conclusions Summarize the outcome of the session discussion and emphasize the following issues:

- The first defense against open defecation is proper latrine use by every member of the family, hand washing and proper water storage and treatment.
- A safe latrine with a cover or some other kind of seal to prevent flies prevents people from coming into contact with excreta.
- Latrines have the added advantage of providing privacy when they have superstructures (walls and a door or curtain). Women and girls in particular appreciate the privacy that latrines provide. Knowing women have their privacy makes the whole family proud.
- After using the latrine a person should wash their hands, which indicates another barrier against excreta.
- Excreta can be safely disposed of by burial in the ground. Even a cover or shallow covering of soil over the top of the excreta will prevent flies from walking and feeding off the excreta. Where no other type of excreta disposal system is available, burial is a clean and convenient way of disposal. For example, a person working in the fields can bury his/her excreta with a hoe. This is sometimes called the 'cat method'.
- Care needs to be taken to make sure that all excreta, including the excreta of babies and children, is disposed of in a latrine or is buried. Infants' faeces actually contain more contaminants than even adult faeces.
- Care must be taken to keep the latrine clean and strong.

Module 6.5

Title **Factors influencing behaviour change**

Purpose The adoption of good hygiene practice is one of the ways of changing behaviour for better health. Changing behaviour, however, is a challenging task facing Community Facilitators. It is not always easy for individuals, households and to do away with acquired habits which have been practiced consistently over a long period of time. Supporting people to change their behaviours requires that Facilitators understand and appreciate factors that have helped shaped these behaviours over the period. This session is designed to achieve that purpose.

Objectives By the end of the session participants will be able to:

1. List and explain stages through which people adopt good behaviours
2. List and explain the factors that induce people to adopt a good behaviours
3. List and explain what determines the adoption of good behaviours

Time 60 Minutes

Materials Markers, flip charts, index cards, masking tape

Preparation Prepare the papers, cut the cards into required standard/pieces, photocopies of the following handouts of Part I of the Manual: 6.4, 6.5, Appendix 5.

Procedures

Step 1 Introduce the session by outlining the objectives for the period. Explain that in adopting good hygienic behaviour/practices, an individual will go through stages.

Step 2 Using the individual as the case study ask participants to describe the stages they go through when they want to adopt or learn new behaviours/practices. Ask if any of the participants would volunteer. Alternatively, ask participants form groups and discuss the stages they go through to adopting new behaviours. There should be a plenary presentation.

Stages in the Adoption of good behaviour (Stages for behaviour change)

- Recognizing or acknowledging that a particular behaviour (e.g. leaving children's faeces exposed in the living environment) is wrong, or risky, or anti-social and wanting (or accepting peer pressure) to change it.
- Discovering alternative, more suitable, behaviours (putting the faeces in a latrine) that are practical and convenient.
- Trying out the new behaviour and assessing the pros (cleanliness, dignity, esteem, improved health) and cons (extra effort, disruption to daily routine, distance to latrine).
- Finding an overall positive benefit from adopting the new behaviour.
- Before making the actual change, different considerations (own beliefs and values, developed attitude, influence of others, enabling factors) play a role.

Step 3 After the group presentation and discussion, ask participants to discuss factors that help people change behaviours. Give them index cards and have them write each point

the cards. Each group adopts a corner to display their cards. Have the groups visit each other for a presentation and discussion.

Factors inducing behaviour change:

- Facilitation
- Understanding
- Influence and support
- Autonomy

Step 4 Explain that the first two tasks were meant to reflect on stages which people change their behaviours/practices. After people have gone through the stages and have adopted some good hygiene behaviours such as washing hands after defecation and before eating, ask the group - what factors will help people to practice these behaviours on a consistent basis?

Step 5 Let the participants form new groups and list the factors that will help communities consistently practice good hygiene behaviours. They should indicate one factor per index card. The cards should be pasted on the walls for presentation. Explain that there are two factors – External and Internal - and discuss the sub-factors under each factor.

External Factors

- Socio-economic status
- Environmental constraints
- Access to services and technology
- Policy
- Cultural norms
- Skills

Internal Factors

- Intentions
- Attitudes
- Practical knowledge
- Perceived and actual consequences
- Perceived norms
- Perceived risks
- Self efficacy

Step 6 Ask the participants to discuss the relevance of the outcome of the session with respect to their work in the communities.

Step 7

Before you end the session ask participants the following questions:

- How can community members support and/or encourage each other to change their bad practices?
- Why is it difficult for community members to change their bad practices even if they have the knowledge about the good practices they should adopt?

Conclusion Ask a participant/volunteer to summarize the outcomes of this session.

Module 6.6

Title **Designing and implementing hygiene promotion/behaviour change activities at the community level**

Purpose With knowledge and information on categories of diseases, causes of diseases and mode of transmission and factors influencing and determining the practicing of adopted good hygiene behaviours, the stage is now set for the Behaviour Change Agent and Community Facilitator to design and implement activities aimed at adopting good behaviours at the community level.

Objectives By the end of the session participants will be able to list and explain the various stages through which behaviour change activities are designed for implementation at the community level.

Time 120 minutes

Materials Markers, flip charts, index cards, masking tape

Preparation Prepare the papers, photocopy handouts 6.7 of Part I of the Manual

Procedures

Step 1 Explain the objectives of the session. Explain further the purpose of the session and the fact that during the session they will design hygiene promotion activities to be implemented.

Step 2 Ask the participants how they would develop hygiene promotion activities for implementation. Write their responses on the flip chart for further discussion later.

Step 3 Divide the participants into groups and ask each group to list the various stages through which they would develop hygiene promotion activities. They should use one stage per card. At the end of the exercise ask them to paste the cards in order of the stages on the wall.

Step 4 Write the stages for designing hygiene promotion on cards and ensure that the cards are sufficient for the groups. Ask the groups to study and discuss the stages on the cards and arrange them in order. Ask them to paste these second cards next to the first cards.

Stages for designing hygiene promotion for implementation

1. Identify high risk hygiene behaviours and practices
2. Identify and analyze the causes of the high risk hygiene practices
3. Identify the different groups associated with different high-risk behaviours and practices
4. Selecting key behaviours for hygiene promotion and education
5. Develop messages and materials (graphics) for hygiene education and promotion of good behaviours
6. Identify communication channels appropriate for each category of audience
7. Deliver hygiene promotion activities
8. Monitor and evaluate the hygiene activities

- Step 5** Ask the group to visit the other groups for presentation and discussions of the two arrangements. Ask the group to note the differences in the arrangements between the two sets of cards.
- Step 6** Explain the various stages and relate the stages to what the groups have done. Help the groups to understand the differences in the stages between what you displayed and what they brainstormed. Section 6.5 of the Trainers Manual provides information on the details of the stages.
- Conclusion** Ask a participant to volunteer and summarize the outcome of the discussion. Emphasize that the identification and analysis of high risk factors and behaviour as well the factors influencing the high risk behaviours and people practicing high risks behaviours could be ascertained through the Community Profile Analysis for each community (Refer to Section Three of the Trainers Manual). This should be done together with the community members.

Module 6.7

Title Working at the community level to promote hygiene promotion – forming a community hygiene and behaviour change committee

Purpose In order for hygiene promotion to be able to facilitate the adoption of good hygiene behaviours at the community level there is the need for sustained activities in communities. Since the Community Facilitators are not residents in these communities and oversee numerous communities, it is important that the Facilitator build the capacity of community structures to be able to continue the education of these communities on a regular basis.

Objectives By the end of the session participants will be able to facilitate the formation of hygiene promotion committees.

Time 45 Minutes

Materials Markers, flip charts, cards

Preparation Handout of formation of hygiene promotion committee (6.14) Section Six of Part I of the Manual

Procedures

Step 1 Explain the objectives of the session. Inform participants of the importance of supporting the community to form hygiene promotion committees. This should only be done when local WATSAN Committees are ineffective with respect to hygiene promotion activities, or the community desires to have a separate committee to work on hygiene promotion activities so that the current WATSAN committee can concentrate on activities related to water supply and sanitation.

Step 2 Remind the participants that in order to establish sustainable and effective committees, they must work together with the community on this process.

Step 3 Ask participants to brainstorm on the functions of a hygiene promotion committee. Note their responses on flip chart paper.

Step 4 Divide participants into groups and ask them to discuss how they would form a committee at the community level to support hygiene promotion activities. They should write their points for presentation in a plenary session. Ask the people to comments/seek clarifications on the presentations.

Step 5 As an alternative to the above, select some of the participants to demonstrate in a role play how they would support a community to form a hygiene promotion committee. Select some of the participants as observers to provide feedback on the process.

Step 6 Ask the group the next step after forming the committee. The discussion should include a discussion of their roles and responsibilities and an orientation for them on how to implement hygiene promotion activities in the community.

Step 7 Explain that one of their functions as Community Facilitators is to support the hygiene promotion committee to develop/prepare action plans for implementation. Ask the group to develop hygiene promotion-based activities.

Conclusion Summarize the learning outcomes of the session and inform participants that the formation of the hygiene promotion committee is important only when there is no existing structure to support hygiene promotion at the community level. Communities

should try as much as possible not to form parallel structures for the same or similar functions.

Module 6.8

Title **Developing and communicating hygiene messages for behaviour change**

Purpose One of the stages for designing and implementing hygiene promotion/behaviour change activities is communicating the adoption of good hygiene practices to your target audiences. This involves developing the messages you want people to hear and choosing a communication medium appropriate to your target audience.

Objectives By the end of the session participants will be able to:

1. Identify some high risks which may be experienced by the different audiences (groups of people) in the community
2. Describe the process of developing good hygiene messages
3. Describe the process of developing hygiene promotion materials

Time 60 Minutes

Materials Markers, flip charts, index cards, cards for graphics, masking tape, pencils and crayons

Preparation Prepare and photocopy handouts from 6.8 and 6.9 from Section Six of the Manual, copies of Ghana WASH baseline survey and community profiles which highlight high risk behaviours/practices in the communities.

Procedures

Step 1 Introduce the session by explaining the objectives of the session.

Step 2 As a recap, ask the participants to discuss what they learned from Module Five and how they would use the learning outcomes for their work in the communities.

Step 3 Explain to the participants that as part of their work in the communities and through data gathering and analysis of the Community Profile, they may have come across high risk hygiene behavior in the project communities. Ask each participant to write these behaviors on the index cards.

Step 4 Ask participants to display the cards on the floor of the training room and to sort the behaviours/practices into the following categories:

- Individual and household hygiene (e.g. not washing hands before eating and after defecation)
- Environmental hygiene/community cleanliness (e.g. disposal of household waste, open defecation)
- Water source condition, transport and storage

Support participants to group cards which do not fall under any of the above categories into categories of their choice.

Step 5 Ask participants to list categories of people practicing these high risk behaviours. These people will form the core of the target groups or audience for hygiene promotion activities. They should write them on the cards and placed by high risk behaviours.

Note that target groups may be practicing different high risk behaviours. If this is the case, participants should write a different card for this group. For example, if their analysis indicates that mothers do not wash their hands after cleaning the anus of a

child and at the same time these mothers perceive child faeces as harmless and dispose of them in the open or allow open defecation by children, they would write two cards for mothers, one placed by individual/household hygiene and the other by environmental hygiene.

Step 6 Now that they have information on their target groups with respect to high risk behaviours, the next task is for participants to develop messages on good behaviours to facilitate the education, promotion and adoption of the good behaviours.

Step 7 Ask the participants to re-word the high risk behaviours into good behaviour. For example:

People practicing open defecation \implies *People using appropriate latrines*

Step 8 Ask the participants to list and discuss factors they would consider before developing a message for promoting and adopting good hygiene behaviour and practices.

Step 9 Write the three categories of hygiene behaviours identified in step four on the flip chart paper - one behaviour on each piece of flip chart paper. Ask participants to form groups of three and give each one of the flip chart papers. (Note that if the categories are more than three, participants will form groups to correspond to the number of behaviours). Ask groups to develop two messages each which could facilitate the adoption good hygiene practices. Ask groups to reflect on the factors discussed in step eight.

Step 10 Ask participants to reflect on these questions as they develop their messages:

- What is the education background of the target group?
- What are the cultural practices of this group?
- What is the age demographic of the group?
- Do the messages developed reflect on these cultural practices, education and background of the people?
- Do the messages reflect the high risk/bad practices of the target group?
- If I were to put myself in the shoes of the target group, what kind of messages would help me change my hygiene practices for a better one?

Step 11 Ask the group to display their messages on the wall. Let the participants visit each group, and help them improve on their messages if they are not strong enough.

Conclusion Ask participants to discuss the outcomes of the session in relation to the session objectives. Let them be aware that developing effective messages is one of critical elements of any hygiene promotion for behaviour change activities. Developing messages calls for creativity and innovation.

Module 6.9

Title	Participatory hygiene promotion materials
Purpose	There are different kinds of participatory hygiene promotion materials in use for education towards the adoption of good hygiene practices. It is important that the participants are exposed to these materials.
Objectives	By the end of this session participants will be able to: <ol style="list-style-type: none">1. List and describe different types of participatory hygiene promotion materials2. Demonstrate the use of different types participatory hygiene promotion materials
Time	60 Minutes
Materials	Markers, flip charts, copies of participatory hygiene promotion materials
Preparation	Handout on participatory hygiene promotion methods and materials from Part I of the Manual (6.10, 6.11)
Procedure	
Step 1	Introduce the session by explaining the objectives and purpose. Inform the participants that this is a continuation of the module on material development and that the discussion will focus on how to use other types of hygiene promotion materials.
Step 2	Lead the participants to brainstorm on hygiene promotion materials and their descriptions. Write responses on the flip chart for further discussion. Some of these materials include: <ul style="list-style-type: none">• Story with a Gap• Three Pile Sorting Cards• Flip Chart• Flannel Cloth• Pocket Vote
Step 3	Lead the participants to describe each of the materials, discussing how the materials are used, and advantages and disadvantages of each material. Let the participants understand that these materials could also be used as tools for gathering information and analysis. Review the handout on participatory hygiene promotion materials to explain each type of material with the participants.
Step 4	Divide participants into five groups, and let each group choose one of the materials to demonstrate how they are used.
Conclusion	Emphasize the need for the Facilitators to be creative and innovative in the development and use of hygiene promotion materials.

Participatory Methods for Delivering Hygiene Promotion and Action Planning

Three pile sorting: Three pile sorting can be used to start a discussion on sensitive issues such as latrine usage 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. 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.

Advantages and Disadvantages of this type of method:

- Excellent for breaking the ice and initiating discussions on sensitive topics, particularly when Community Facilitators' knowledge of the local culture and language is limited. For example, explicit pictures of open defecation will introduce the topic of discussion more directly and effectively than words.
- 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 Facilitators.
- Difficult to document results by using words only, thus costly in time and money.

Pocket Vote: This material can be used for example to investigate/collect information on which water sources are used for which purposes. Participants are shown two sets of pictures. The first set of pictures depicts the different water sources available in the community, while the 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 is 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 for each water use which source they (mainly) use. Have some participants assist in counting the votes, and close with a discussion of the outcomes.

Advantages and Disadvantages of this type of method:

- 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
- Requires time and special skills to prepare, pre-test, and subsequently modify the pictures
- Requires well-trained and skilled Facilitators.
- 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 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 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 sewn at one side so that it may be hung on a tree, door, blackboard, or walls for hygiene promotion sessions. It is usually suitable for a large group of audience. It tends to be costly because of it is a clothing material. If not properly kept, it could become dirty easily.

Session 6.10

Title **Developing hygiene promotion materials for communicating hygiene messages**

Purpose Developing hygiene promotion messages to facilitate the adoption and practice of good hygiene behaviour is one step in implementing hygiene promotion activities at the community level. Communicating these messages using channels appropriate to the target group is also another step. This module is geared towards enhancing participants' capacity to develop hygiene promotion materials and communicating messages.

Objectives By the end of the session participants will be able to:

1. List and explain different channels of communication appropriate for target audiences and high risk hygiene behaviours
2. List and describe stages and processes for developing hygiene education materials

Time 60 Minutes

Materials Markers, flip charts, index cards, cards for graphics, masking tape, pencils, erasers and crayons

Preparation Photocopy handouts from 6.4, 6.5 from the Part I of the Manual.

Procedures

Step 1 Ask participants if they have ever seen posters and any other messaging materials for any purpose, not necessarily in the WASH Sector. Let them describe these materials with respect to the graphics and messages they carry. Note some of the salient points on the flip chart as they describe the materials.

Step 2 Ask participants of their experiences in drawing graphics/pictures. List their experiences on flip chart. Ask each participant to take a sheet of paper, choose a theme or topic or message, select an audience and draw a picture which will reflect/communicate the theme or topic or message developed. Ask the participants to paste their graphics on the walls.

Step 3 Ask for five volunteers who would like to share their experiences and processes they went through in developing the graphics. Let the group help the volunteers refine their messages and improve their graphics.

Step 4 Lead the participants to go through the following process:

- Gather and analyse information from the community level. Refer to the Community Profile Analysis process. Work in tandem with communities and a graphic artist to document observable behaviours through drawings or 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 a graphic artist to turn the negative behaviours into positive pictures/graphics.
- Pre-test the materials by bringing the target audience together and letting them discuss the graphics as they reflect on the situation in their community. Other things they should discuss include the dress of the people in the graphics, structure of houses, etc.

- Let the graphic artist use the feedback to refine the graphics.
- Train people at the community level on how to use the materials.

- Step 5** Inform participants that now that messages and graphics have been developed, it is time to communicate (through education) the good hygiene messages to facilitate the adoption and practices of these behaviours.
- Step 6** Ask participants if they are aware of local songs, story, poetry and drama which place an emphasis on good or bad hygienic practices. Request that those who are familiar with these mediums perform the song, poetry, or story.
- Step 7** Ask participants to discuss the song, poetry, drama, or story performed based on the following guidelines:
- What was the theme of the song, poetry, story, drama?
 - What were the messages and were they adequate? Was it long? Short?
 - Who are the likely target groups?
- Step 8** Divide participants into three groups. Ask each group to identify one bad hygiene practice, and have the groups perform the following tasks:
- Group A: Develop/write a song geared towards school children on a bad practice. Invite participants to perform the song for the group.
- Group B: Develop/write poetry geared towards young mothers on a bad hygiene practice. Invite participants to recite the poem for the group.
- Group C: Develop/write a drama for the elderly in the community on a bad practice and perform the drama for the group.
- Let each group make its presentation and discuss it using the guidelines outlined under Step 7.
- Step 9** Have the group brainstorm on the meaning of communication and the importance and characteristics of effective communication. Write their contributions on flip chart.
- Step 10** Ask the participants to brainstorm on processes of communication – sender, medium, receiver and feedback.
- Step 11** Ask participants to brainstorm on mediums and channels of communication. You may have to start with an example such as radio. Write their contributions on the flip chart paper.
- Step 12** Ask participants to revisit their target groups or audience and review their characteristics in terms of educational background, cultural and social norms.
- Step 13** Divide participants into three groups to undertake the following tasks:
- Each group should select a target audience and behaviour they would like to change and develop a message they would like to deliver to the target audience.
 - Each group identifies a medium or mediums/channels of communication they would like to use to deliver their messages. Groups should indicate their reasons for selecting a particular medium or mediums.
- Step 14** Ask the group to present their work in a plenary. Allow for comments and discussion for clarification.

Conclusion Summarise the outcomes of the discussions of the sessions and emphasize that proper hygiene education materials and messages, as well as effective mediums for communicating the messages, are very important to enable people to adopt good hygiene practices.

Module 6.11

Title **Delivering hygiene promotion/behaviour change activities using participatory hygiene promotion materials**

Purpose Different types of materials are used for hygiene promotion and education at the community level. It is important that materials are designed in such a way that they generate discussions from and within the target groups and build on indigenous knowledge and perceptions of the target groups. This session is designed to introduce Facilitators to participatory hygiene materials and how they are used in meetings.

Objectives By the end of the session participants will be able to:

1. Identify and describe participatory hygiene promotion materials
2. Demonstrate how to facilitate hygiene promotion sessions using participatory hygiene promotion materials

Time 120 Minutes

Materials Markers, flip charts, cards for graphics, masking tape, pencils, erasers and crayons

Preparation Photocopy handouts (6.8, 6.9, 6.10, 6.11, and 6.12) from Part I of the Manual

Procedures

- Step 1** By way of introduction, explain the goals that this session is expected to achieve.
- Step 2** Ask participants to brainstorm on the definition of participatory hygiene materials. Write their contributions on a flip chart for further discussion. Based on their brainstormed definitions, would the participants say that the materials they developed in Module 6.7 constitute participatory hygiene promotion materials? Why or why not?
- Step 3** Explain to the participants the characteristics of participatory hygiene promotion materials
- Can include graphics reflecting community scenes and behaviours
 - Are usually black and white but may be developed into colours
 - Contain minimal inscriptions/writings.
- Step 4** Explain that the materials usually consist of two types – one depicting bad behaviour and the other depicting the good behaviour which you are promoting.
- Step 5** Ask the participants if any of them have used hygiene promotion materials for hygiene promotion activities at the community level. The person should explain where, when and how the materials were used, who the audience was and what the message was. Ask the person to demonstrate how s/he used the materials.
- Step 6** If none of the participants have had any experience in the use of the hygiene promotion materials, ask if someone wants to volunteer to demonstrate how s/he would use the materials in a community meeting. Allow the rest of the participants to comment on the presentation and constructively suggest improvements.
- Step 7** Demonstrate how the materials are used:
1. The Facilitator starts by informing the community of the topic for the day's discussion and the message for the session. For example, "The theme 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 showing people defecating in the open. S/he then asks the audience what they see in the graphics.
3. The next stage is to start a discussion on the practice with respect to its effects on the people, diseases transmission process, etc. For example, "People eating each other's faeces."
4. The Facilitator then asks whether such practices exist in the community and the actions they would like to take. Why?
5. The actions become the good practices people would have to adopt. Discussion then focuses on how and why they would implement the action and evidence to show that they are practicing the good behaviour.

Step 8 Divide participants into 4 groups (A, B, C, and D). Groups A and C are behaviour change Facilitators, while B represents community and D represents mother groups.

- The target group for Facilitators in group A is the community. They should select a problem of open defecation and use graphics depicting that scene for hygiene education meeting.
- The Facilitators in group C should target mothers in group D, focusing on the problem of open defecation by children in addition to the fact that child faeces are left in the open and not buried.

Step 9 Ask the group to demonstrate how they would facilitate the session using the hygiene materials. While groups A and C are engaged in the process, groups B and D should observe and provide feedback at the end of the process. In turn, groups A and C would then observe and provide feedback for groups B and D.

Step 10 Lead the discussion on the feedback focusing on the following:

- How did the meeting start? How was the purpose of the session introduced?
- Did the graphics match the message for the session?
- What was the Facilitator's body language, gestures and posture during the process?
- What types of questions were raised? Open-ended questions? Closed? Both?
- What were the responses?
- Who participated in the discussion? Did most of the people contribute to the discussion?
- Were the groups able to achieve their objectives? Why or why not?

Step 11 Inform the groups that the next stage of the demonstration and skill development takes place at the community level. If possible, have groups take a field trip to a nearby community to practice using materials. Take turns targeting different target groups in the community, and have participants observe other groups' sessions.

Step 12 Return to the training venue to discuss field visit and to provide feedback. Be sure to raise difficulties and challenges encountered as well as possible solutions.

Conclusion Inform the participants that skills and competency to facilitate hygiene promotion sessions comes with continuous practice. Remind them that in their respective communities, they may be the only persons working with the different groups at different times discussing different hygiene issues in the community.

Copies of the graphics in the Section Six of Part I of the manual in addition to the instruction guide on the following page should be given to the Facilitators to begin their work at the community level.

Types of materials that may be used to promote specific behaviour changes	
Materials	Usage
Counselling cards	<p>Counselling cards usually have pictures on the front to illustrate recommendations, and (often but not always) words on the back that include questions to ask the audience, along with suggestions on how to negotiate small improvements in practices based on the audience's current practices and what she/he is willing to try.</p> <ul style="list-style-type: none"> • For hygiene practices, there might be separate cards for families with latrines or toilets and for those without such facilities • Separate cards for those with access to potable water at the source and those without access. • A single card might address the disposal of child faeces but would need to contain appropriate ideas depending on the different ages of the children.
Print materials	<p>Print materials are often appropriate for health workers, trained volunteers, school children and policymakers. However, where mothers and fathers have limited literacy, materials with too many words are not likely to be understood by many. That said, the most useful print materials for mothers and families may be reminders, developed exclusively or primarily using drawings that reinforce individualized sessions.</p>
Posters for health facilities or community centers	<p>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 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.</p>
Flip charts	<p>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 hygiene and to use family resources wisely.</p>
Radio	<p>Radio spots may use a dialogue format that features a character specifically developed and promoted as “a voice of wisdom” on good hygiene practices. Such characters might discuss specific practices and address key resistances.</p>
Community theatre	<p>Dramas that model desired behaviours and address common barriers may be an entertaining way to reach families and influential community members. However, their use should be carefully planned. Using a professional drama troupe may be expensive and not cost-effective for the number of people reached. On the other hand, using community theatre groups can be an effective tool, but only if the drama conveys key messages and issues, and it is used as a way to stimulate a discussion of issues and a question-and-answer session following each performance.</p>
Other media	<p>Other media may include loudspeaker announcements in the community, and the creation of specific lesson plans and projects for schools.</p>

Module 6.12

Title **Monitoring hygiene promotion/behaviour change at the community level**

Purpose Project monitoring is one of the important activities in the project implementation process. This helps to track the progress of the project and to ensure that achievements are being made. The same process is applied to hygiene promotion at the community level. As activities are implemented, it is important for both the Community Facilitator and Behaviour Change Agent to monitor the progress of the behaviour change activities.

Objectives By the end of this session participants will be able to:

1. List and explain the importance of monitoring hygiene promotion activities
2. Identify how monitoring is done at the community level

Time 45 Minutes

Materials Markers, flip charts, index card

Preparation Handout on monitoring hygiene promotion at the community level (6.15) Part I of the Manual

Procedures

Step 1 Explain the purpose of the session and introduce the objectives and how they will be achieved.

Step 2 Lead participants to brainstorm the meaning or their understanding of *monitoring* with respect to project implementation. Write their responses on the flip chart paper to promote a general discussion and explanation on them.

Step 3 Give each participant one index card and ask him/her to write one important element of conducting monitoring. The cards with words similar in meaning should be collated and brought together.

Step 4 Lead the participants to brainstorm on how they would undertake monitoring activities at the community level. Write them on the flip chart and discuss them in detail. Emphasize that some of the meanings of monitoring hygiene promotion/behaviour change activities at the community level are home visits, asking questions, observations and community walks/visits.

Step 5 Divide participants into groups to discuss what they would monitor as far as hygiene promotion activities at the community level are concerned. Let them write and present the outcomes of their discussions in a plenary.

Step 6 Display the table with areas to focus on when monitoring (See Facilitator's notes). Discuss the contents with them and indicate that these are some of the areas they may have to focus on during the monitoring process.

Conclusion Emphasize that monitoring usually takes place after hygiene promotion/education activities have taken place. There will be the need to support the community or hygiene promotion committee at the end of each meeting to prepare action plans which will then provide the basis for monitoring.

Facilitator Notes

Hygiene Promotion/Behaviour Change activities can be monitored by using any of the following means:

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

Tips for Home Visits

- ✓ Home visits are good ways of observing whether good practices are being adopted in homes. Be aware, however, that you will be invading peoples' privacy in their homes. Be careful the way you approach the visit and how you discuss the issues. It is easier if the people in the house have been part of the hygiene promotion meetings in the community.
- ✓ 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 what will happen during the visit and how long it will take. Ensure that it is acceptable for you to come in talk to them.
- ✓ At the end, thank the person(s) and set up a date for a return visit. Return as promised.

While in the home, you may use the APAC method 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 Objectives

- 1. By the end of the modules under this section participants will be able to:*
- 2. Explain what School Health Education is and its importance to the health and growth of the school children*
- 3. Describe the linkage between School Health Education and Community Health Education Programs*
- 4. Explain how to design and implement School Health Education Program*
- 5. Identify different stakeholders involved in School Health Education Programs and their respective roles and responsibilities*
- 6. Describe how to establish school/community health clubs*
- 7. Describe how to encourage school health clubs to remain active*



SECTION 7: SCHOOL HEALTH EDUCATION PROGRAM (SHEP)

Module 7.1

Title Overview of the School Health Education Program

Purpose Community Facilitators are expected to work with school authorities to facilitate the introduction of health education programs into schools. This is important since children spend most of their time in schools, so the school environment should be reflect safe and healthy water and sanitation practices, free of diseases.

Objectives By the end of the session participants will be able to:

1. Describe a School Health Education Program
2. List and explain the importance of School Health Education Program
3. Explain why it is important to target school children for Behaviour Change activities

Time 60 Minutes

Materials Flip chart papers, making tape, makers, cards

Preparation Photocopy handouts (7.1 & 7.2) of the Part I of the Manual

Procedures

Step 1 Carefully explain the session and its purpose to the participants and how the objectives will be achieved. Inform participants that during this session, they will discuss the School Health Education Program and design activities geared towards school children in the same way they designed hygiene promotion activities at the community level.

Step 2 Facilitate an overview of the issues discussed under the health and hygiene promotion section. Write them on the flip chart. After about 10 minutes, summarize the points written and link the discussion to School Health Education Program.

Step3 Form groups with three persons per group. Ask them to read the following scenario, discuss and answer the following questions:

One Friday evening, one of their younger brothers comes from school with a paper in his hands with the following questions:

1. *Please explain to me the meaning of School Health Education Program.*
2. *Is health education in school important at all? Give detailed answers rather than 'yes' or 'no.'*

Ask participants to write and explain the answers to the questions. They have to bear in mind that the child is at class five (fifth grade) and therefore their explanations/writings should be geared towards the child. They are allowed to use graphics to answer the questions. They should write their responses on cards if they are not drawing.

- Step 4** Have groups meet with other groups to compare and merge their responses, ensuring that all points are represented. They should prepare the outcome of their discussions for presentation in a plenary.
- Step 5** After the presentation and discussion, bring all the points together to develop an explanation/description of the School Health Education Program. Participants should summarize the points regarding the importance of hygiene promotion. These summarized points should be pasted on the walls of the venue.
- Step 6** Finally, close with a discussion on the importance of introducing behaviour change activities into schools.
- Conclusion** Ask a volunteer to summarize the outcome of the session's discussion. Stress the importance of the School Health Education Program as a means of improving children's learning and health. The absence of potable water and toilet/urinal facilities affects girls more than boys. Girls are more likely to drop out of school if these facilities are not available in schools. Finally, the absence of these facilities also undermines the adoption of good hygiene practices by children.

Module 7.2

Title **Designing School Health Education Programs for implementation**

Purpose School health education programs, like any program, do not occur by chance. SHEP programs need to be carefully designed and implemented. The approach and process for designing and implementing SHEP programs is similar to that of community level hygiene promotion.

Objectives By the end of the session, participants will be able to:

1. List and explain the steps involved in designing School Health Education Program for implementation
2. Describe the link between the School Health Education Program and community hygiene promotion
3. Identify stakeholders involved in School Health Education Programs and explain each other's role in the program

Time 90 Minutes

Materials Flip chart paper and stand, markers, cards

Preparation Cut cards into reasonable sizes, photocopy handouts on 7.3, 7.4 and 7.5 from Section Seven of the Part I of the Manual, photocopy of Appendix 7

Procedures

Step 1 Introduce the session by outlining the objectives and purpose of the session. Explain to the participants that this session is not much different from the processes they used for developing hygiene promotion activities in the communities.

Step 2 Lead the participants to brainstorm on stages involved in the developing hygiene promotion activities at the community level. They may refer to their handouts. Write their responses and discuss them in detail. Emphasize that the School Health Education Program uses the same approach. The difference lies, however, with the target group – school children- and that all activities should be geared towards the appropriate age group and school level.

Step 3 Inform the participants that one of the stages in designing School Health Education Programs is the collection of information about the target group. Divide the participants into groups and ask them to work on the following questions:

- List the type of information you will need to develop health education programs in schools
- How would you collect such information and who would be involved in the information collection process?
- Design a questionnaire for collecting the information

Participants should present their responses for further discussion and clarification. After the discussions, the presentations should be pasted on the walls of the venue.

Step 4 Explain that school health education programs involve several stakeholders of which include teachers and children. Inform participants that the next task is to identify all

other stakeholders and outline the roles of each of the stakeholders including themselves.

Step 5 Lead the group to brainstorm some of the stakeholders. Ask a volunteer to lead the session. 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)

Step 6 Divide the participants into three groups and share the stakeholders among the groups. Ask each group to identify at least three roles that each stakeholder can play in a School Health Education Program. They should write their responses on a piece of flip chart paper and paste it on the walls of the venue.

Step 7 Ask the groups to visit the stand of each group whilst they listen to the presentations from the group. After each presentation, ask the visiting group to pose questions for clarification and also contribute to the roles.

Step 8 Ask the group to draw a picture/graphic linking the School Health Education Program to the Community Hygiene Promotion. They should explain the graphics in a plenary session.

Step 9 In instances where one school serves several communities, some of which do not have access to improved water and latrine facilities, what would participants expect the children to do when they return home from school?

Conclusion Instead of summarizing the session's outcomes let the participants move to the presentations on the wall and let them reflect on how they can use the outcome to enhance their work.

Module 7.3

Title **Formation of School Health Clubs**

Purpose One of the important structures for implementing health education activities in schools are the School Health Clubs. Members of School Health Clubs act as hygiene promotion champions and advocates for improved hygiene practices at home and in their communities. This session is geared to support participants to facilitate the formation of School Health Clubs.

Objectives By the end of the session participants will be able to:

1. Describe the process involved in the formation of School Health Clubs
2. List and explain activities that the clubs can perform
3. List the capacity building requirements of the clubs and how they will be met

Time 120 Minutes

Material Flip chart paper, masking tape, drawing papers, colored pencils/crayons

Preparation Photocopy of handout 7.6, 7.7, & 7.8 Appendix 7 of Section Seven of the manual, cut cards into correct sizes

Procedures

Step 1 Introduce the session by explaining the objectives indicating that, as discussed during the section on the formation of WATSAN Committees, this session will discuss the formation of School Health Clubs.

Step 2 Ask participants to re-cap the processes involved in the formation of WATSAN Committees.

Step 3 Ask participants to review the roles of School Health Clubs if school health education coordinators were identified as one of the stakeholders. If not, then give each participant a card to write one of the roles of school clubs. Participants should form groups of three and merge their answers. They should display their cards on the floor of the meeting room. All the responses should be brought together to form one list which should be displayed on the wall.

Step 4 Ask participants to perform a role play on how they would establish a School Health Club. The setting is a Junior High School where the teachers have agreed to participate in the Ghana WASH program.

Roles

- i. Two Community Facilitators
- ii. Three observers
- iii. School children
- iv. Teachers

Step 5 Lead the participants to discuss the outcome of the role play emphasizing on what needs to be improved.

Step 6 Brainstorm on some of the activities which the clubs may undertake. These may include child-to-child hygiene promotion in the households/communities, plays,

drama, rhymes, community cleaning, well site and latrine cleaning, debates, drawings, and material development.

Step 7

Divide participants into four groups and, through a ballot, have each group select any of the following activities:

- *You are a member of a School Health Club. Draw a picture/graphic and develop a message to accompany the graphic. The practice is hand washing after using the toilet. You, as the audience, represent Class Four students.*
- *There has been an outbreak of diarrhoea in Community A, which is two kilometres from your community. Develop and perform a drama to demonstrate how your school could work towards preventing the disease from spreading to your community. Your audience is the whole school from class one to class six.*
- *The community school is expected to have a No. 110 seater latrine but does not have the resources to support the school's contribution. Through a role play, demonstrate how you would mobilize the community to support the project.*
- *Class Three pupils are having a 'health day'. Your group has been invited to demonstrate how pupils' faeces can be transferred to other persons.*

There should be a thorough discussion after each group's presentation emphasizing the processes, methods used, and the outcome of the presentation. Finally, discuss whether impacts were made.

Alternatively, the trainers can arrange for these exercises to be conducted in a school and a community. This would require more preparation and discussion with school authorities.

The exercise should inform the Community Facilitators of the types of materials most appropriate for School Health Clubs. Emphasize the use of locally available resources so as to ensure sustainability of the activities and processes.

Conclusions The exercise is meant to highlight the information and knowledge which form the basis of the activities discussed in the earlier sessions and under Section Six of the Manual. Child-to-Child Activities are attached as Appendix 7 in Part 1 of the Manual.

Section Eight

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

Section Objectives

By the end of training on this section, participants will be able to:

- 1. Describe CLTS approach and processes and its importance to health*
- 2. Demonstrate their understanding of terminologies used in CLTS*
- 3. List and explain the different steps/stages involved in CLTS*
- 4. List and demonstrate the use of tools to facilitate CLTS process at both community and school levels*



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

Module 8.1

Title **Community Led Total Sanitation (CLTS): What is it?**

Purpose Low coverage for sanitation and the effect that poor sanitation has on peoples' health has necessitated the development of innovative solutions to deal with the problem. One of such solutions is Community Led Total Sanitation, popularly referred to as CLTS.

Objectives By the end of the session participants will be able to describe the CLTS approach to sanitation coverage and the importance of CLTS.

Time 90 Minutes

Equipment Flip chart paper, markers, masking tape, cards

Preparation Photocopy handouts on CLTS (8.1, 8.2, 8.3) in Part I of the Manual. Ideally, distribute copies of Dr. Kamar Kar's CLTS implementation guide.

Procedure

Step 1 Introduce the session by explaining the objective and the purpose of the session.
Step 2 Lead the participants to brainstorm this question:

Why is sanitation coverage low in Ghana despite efforts at improving the situation?

Write the responses on the flipchart and encourage a thorough discussion. Ask participants if they are familiar with the data on coverage of sanitation in Ghana. If they are able to provide the information, subtract the figure from the total population of the country. Ask the participants where the rest of the population defecates.

In Ghana, the Joint Monitoring Platform (JMP) of the World Health Organization (WHO) and UNICEF as of 2008 has indicated that only 13% of the population has access to improved sanitation. The current population from the Ghana Statistical Service 2010 Census is a little over 24 million.

Ask the participants to estimate the number of people who will practice open defecation today. If each person's faeces for the day are equal to one gram, and you multiply that by the number of people practicing open defecation today, how many kilograms of faeces is expected to be released into the environment?

A bag of cement (standard in Ghana) is 50 kilograms. Ask the participants to convert the total faeces count for the day into bags of cement. If an articulator truck can carry 100 bags of cement at a time, how many of such trucks do we require to carry our faeces every day? Where do our faeces go?

Step 3 Ask participants to list some of the current approaches to sanitation delivery in rural communities and small towns. Who are benefiting from these projects? Do they cover

all community members? If they do not cover everyone, where do the rest defecate? Responses should be based on real project experience.

Step 4

Ask participants if they are familiar with Community Led Total Sanitation (CLTS). Let participants share their experiences with CLTS. Explain the history behind CLTS and places where CLTS is currently being practiced. CLTS has been found to be particularly effective in communities that are unable to leverage sufficient funds to qualify for subsidy-based programs. Be sure to emphasize the 'no subsidy' component of CLTS.

Conclusion

Have the participants reflect on the outcome of the discussions. Close with the question "What can you do as Community Facilitators to help improve the sanitation situation in communities?"

Module 8.2

Title **Stages in the CLTS process**

Purpose CLTS, like many development processes, is based on defined stages with expected outcomes in each stage. This session focuses on information dissemination and knowledge acquisition for the participants.

Objectives By the end of the session participants will be able to:

1. List and explain the stages involved in the CLTS approach
2. Explain the meaning of some of the terminologies used under the CLTS approach

Time 90 Minutes

Materials

Equipment Markers, flip chart paper, masking tape, cards

Preparation Photocopy handouts on stages and terminologies used in CLTS, (8.3, 8.5) in Part I of the Manual

Procedures

Step 1 Review the objectives and purpose of the session with the participants. Inform them that there are stages involved in the CLTS approach and that this session is devoted to discussing the approaches.

Step 2 Ask participants to try and describe the stages of the CLTS approach.

Step 3 Develop posters or slides explaining each of the stages (Pre-triggering, Triggering and Post-triggering). Allow participants to ask questions for clarification.

Step 4 Develop posters or slides which explain each of the terminologies used by CLTS. Allow participants to ask questions for clarification. Some of the terminologies may include:

- Pre-triggering,
- Triggering
- Post-triggering
- Natural leaders
- Community consultant
- Triggering moment

Conclusion Summarize the outcome of the discussions and conclude that the next session will discuss how CLTS is implemented.

Module 8.3

Title **Facilitating CLTS processes**

Purpose The session is geared towards introducing and enabling participants to facilitate CLTS processes at the community level. It will discuss facilitation approaches as well as tools used in the facilitation processes.

Objectives By the end of the session participants will be able to:

1. List the processes involved implementing CLTS
2. Demonstrate the use of CLTS tools and techniques

Time 150 Minutes

Materials Flip chart paper, markers, pens, pencils, chalks in different colours, and card board

Preparation Assemble all the materials at the training venue, photocopy the handouts on CLTS processes and tools (8.6, 8.7) from Part I of the manual

Procedures

Step 1 Explain the objectives of the session to the participants.

Step 2 Have participants brainstorm on how they would mobilize communities for a meeting. Write their responses on the flip chart. Inform them that CLTS processes at the community level start with community mobilization processes and dialogues on what the Facilitators intend to work on with the communities. Let them be aware that this time, they should be learners willing to learn from the communities regarding their sanitation issues and behaviours.

Step 3 Lead participants to brainstorm on the tools that can be used to facilitate CLTS processes. Discuss in detail how the tools may be used. Tools may include:

- Defecation area mapping
- Calculation of faeces
- Calculation of household medical expenses
- Defecation area transect walk
- Diagramming Faecal-Oral contamination route
- Food and faeces
- Water and faeces

Step 4 Have participants demonstrate how they would use the tools in a community meeting. Lead the participants to discuss the triggering stage, which is the stage that the community realizes that they are eating each other's faeces. Draw their attention to the fact that this particular stage is critical to the success of the CLTS process because it is at this stage that the community is potentially willing to take action to combat their open defecation practices.

Step 5 Lead the participants to discuss the actions that follow the triggering stage. Discussions following the triggering process centre on actions that must be taken to stop open defecation. For example, one immediate action is the practice the "dig and bury" method. Some people may take the opportunity to immediately start digging

their own latrine based on their own designs. These are the natural leaders and community champions.

Step 6 As the CLTS dialogue continues in a community, it is expected that more and more community members will adopt safe and hygienic behaviours, a process leading to declaring a community an 'Open Defecation Free' (ODF) Community.

Step 8 Encourage the participants to discuss post-triggering on processes which involve follow-up visits to ensure that the community's enthusiasm does not wane and that they are working towards achieving ODF Status.

Conclusion Summarize the outcome of the discussion and stress that the 'dig and bury' method represents an immediate solution to open defecation in communities. A short-term solution is to encourage people to begin to construct more durable latrine facilities, which is superior to 'dig and bury'. The long-term solution is achieved when people have somewhat permanent latrine facilities. In this case, people start from the lower part of the sanitation ladder - open defecation to dig and bury moving up to a better, more sustainable facilities.

Module 8.4

Title **School Led Total Sanitation (SLTS)**

Purpose Schools are part of the community and children are seen as good sources of information at the community level. In most communities, latrine designs do not suit the needs of the children because of the size of the squat holes. Facilities are sometimes located far away from the community. Children are among the groups of people prone to defecate openly and behind houses. It is for this reason that any activities aimed at stopping open defecation should also be extended to children.

Objectives By the end of the session participants will be able to facilitate school level total sanitation

Time 90 Minutes

Materials Masking tape, cardboard, chalk, flip chart paper

Preparation Handouts (8.4) from Part I of the Manual

Step 1 Facilitating School Led Total Sanitation is quite similar to that of the CLTS. The same tools are used for the process. The difference lies in the outcomes, as children may provide more detailed information on where people defecate in the community than the adults.

Step 2 Encourage participants to have children draw defecating maps of the community. Compare these maps with those maps drawn by adults during the general community discussion.

Step 3 Explain to participants that children can become advocates to stop open defecation in their communities. For example, campaigns can be organized promoting safe community hygiene practices through songs, messages and poems.

Conclusion Have the participants reflect on the outcome of the discussions. Close with the question “What can you do as Community Facilitators to help improve the sanitation situation in schools?”

Module 8.5

Title **Facilitating CLTS at the community level and planning for field/community practice**

Purpose This module encourages participants to demonstrate their understanding of the CLTS processes in real time situations. This is to enable them to sharpen their skills towards the implementation of full scale CLTS in project communities.

Objectives By the end of the session participants will be able to:

1. Demonstrate the use of CLTS tools and processes
2. Trigger a community to adopt CLTS
3. List challenges resulting from the processes during the community level action

Time 90 Minutes

Material Pre-selected communities

Preparation Photocopy handouts from Part I of the manual, Section 8.7, and Appendix 8. Gather background information on all communities to be visited.

Procedures

Step 1 Explain the objectives of the session. Start this session a day before the field practice. Inform the participants that it is time for them to put their knowledge acquired on CLTS into practice in a real life situation.

Step 2 Divide participants into groups depending on the number of the communities to be visited.

Step 3 Ask the group to begin planning for the community practice. This should include:

- Selection of Facilitators and Co-Facilitators for both children and adult groups
- Selection of recorders
- Brainstorm on how to address protocols and introduce the session
- Gatekeepers (those who will deal with community members who may disturb or 'hijack' the process)
- Selection of which tools for which activities
- Reporting format for the activities in the field

Step 4 Those participants responsible for logistics shall brief the groups on all relevant logistics for the day's activities. Background information about the selected communities should be distributed to the participants. If possible, invite one or two community members to give a briefing.

Step 5 The groups depart to their respective communities for the exercise. The trainers should divide themselves among the group for observation purposes.

Step 6 The group resumes the following day to prepare their presentations on the following:

- What went well and what went wrong with the planned activities?
- What were the challenges encountered?
- Which of the tools were employed and how effective were they?
- Were the communities triggered? How were they triggered?
- How many people were committed to start digging their latrines?

- What was the communities' decision on open defecation?
- How did the session with the children go?
- What were the titles of the songs composed and how did they reflect the current sanitation conditions in the community?
- How many natural leaders emerged? How many male and female?
- How were their engineering latrine designs?
- What were the children's messages to their parents? How did their parents respond?
- What would they do differently?

Conclusion Have the participants summarize the outcome of the fieldwork and prepare their reports for presentation. Support them in addressing the emerging challenges.

Section Nine

Social and Sanitation Marketing

By the end of the sessions under this section participants will be able to:

- 1. Explain Social Marketing and Sanitation Marketing*
- 2. List and explain the four characteristics of Social Marketing*
- 3. List and explain the key components of Social Marketing*
- 4. Explain the reason for Marketing Sanitation*
- 5. Describe the Process of Marketing Sanitation*
- 6. Describe a Sanitation Mart (SaniMart)*



SECTION 9: SOCIAL AND SANITATION MARKETING

Title Sanitation Marketing: What is it?

Purpose Improvements in sanitation provision require innovative approaches based on the perceived benefits to be received by beneficiaries. This approach should be able to create a massive demand through the promotion of sanitation services. This module is designed to arm Community Facilitators with the required knowledge and skills needed to facilitate this process.

Objectives By the end of this session participants will be able to:

1. Explain social and sanitation marketing
2. List and explain the characteristics of social marketing
3. List and explain the key components of social marketing
4. Explain the importance of sanitation marketing

Time 90 Minutes

Materials Flip chart paper, markers, felt pens, cards

Preparation Photocopy handouts (9.1, 9.2, 9.3, and 9.4) in Part I of the Manual

Procedure

Step 1 Explain what the module seeks to achieve. Review the objectives of the session with the participants.

Step 2 Ask participants if any of them have come across social marketing and sanitation marketing. Have volunteers share their experiences with the group.

Step 3 Have a volunteer lead a brainstorming session on the meanings of *social marketing* and *sanitation marketing*. Write their contributions on the flip chart. Allow time for debate and discussion on the meanings of these terms.

Step 4 Clarify that if a toilet has to be marketed then it means there should be a seller and a buyer. Divide participants into groups and ask them to identify the buyers and sellers of toilet/latrines in a community and in small towns. How would the sellers know what the buyers want? Participants should prepare their responses on flip chart for a plenary presentation and discussion. Explain further why latrines should meet the needs of beneficiaries. Explain again that there are different groups with different characteristics, which means different kinds of latrines will be produced for these different people.

Step 5 Divide participants into groups and ask them to discuss why sanitation (toilets) should be marketed. Facilitate a plenary presentation on the outcome of the discussion. There should be further discussion on the reasons why sanitation should be marketed like most products.

Step 6 Lead participants to brainstorm the key components of social marketing – Product, Price, Place, and Promotion.

Step 7 Divide participants into two groups to answer the following questions:

- If a toilet is now a *product*, what are the factors which go into making a latrine a product?
- What and who will determine the *price* of the product?

- Where would the product (toilet) be located (market for the product)/ *place*?
- How would people know and see the product? What is the *promotion* plan for the product?

Step 8 Ask one of the groups to act as producers/suppliers of latrine and the other group to act as the consumers (beneficiaries). Ask the producers what type of facilities and services they would like offer to the beneficiaries in rural communities and small towns. Meanwhile, ask the consumers the types of services they would demand from the producers. There should be a presentation in a plenary session on these activities.

Step 9 Lead the group to brainstorm who will be the providers/suppliers of latrines in the communities and how they can be identified and supported.

Conclusion Ask volunteers to re-cap the major points of the discussions. Conclude by emphasizing the role of sanitation/social marketing in creating service options to meet different demands of the people.

Module 9.2

Title Sanitation marketing processes

Purpose Sanitation services, like any product, must go through a marketing process from its development to the point of sale.

Objectives By the end of this session participants will be able to:

1. List and explain the sanitation marketing process
2. Describe a Sanitation Mart

Time 90 Minutes

Materials Flip chart paper, markers, felt pens, cards, different types of latrine models with material and cost schedules for demonstration

Preparation Photocopy handouts (9.5 and 9.6) from the Part I of the manual. Set part of the training venue as a Sanitation Mart and arrange the sanitation models.

Procedure

Step 1 Explain the objectives of the session to the participants.

Step 2 Lead the participants to brainstorm on this issue: What process would business entrepreneurs use for sanitation marketing? Help participants to understand the sanitation marketing process by listing and explaining the sequence of the process. Allow time questions/clarification of issues.

Step 3 Ask participants to explain their understanding of any sort of “mart.” Use the example of marts at fuel stations where different items are sold. Explain that there is also a “mart” in sanitation which refers to a place where different sanitation product/models and services are sold or advertised. SaniMarts serve as one-stop-shops where products and services are displayed and information on services made available to all those who need them.

Step 4 Ask the participants to present a role play of consumers visiting the Model Sanitation Mart. Ask two or three people who are knowledgeable in latrine models to be the attendants at the mart answering the questions of other participants who will act as consumers.

Conclusion Ask a volunteer to summarize the outcome of the discussion on this session. Conclude by explaining the role Sanitation Marts play in promoting latrine options

EVALUATION

Title **Evaluating training programs**

Purpose It is important that Facilitators always strive to improve training programs and evaluate the lessons learned by the participants. One evaluation approach is to solicit feedback from the participants about the content, methodology, adequacy of time and materials, environment surrounding the training, the level of participation and the logistical arrangements which facilitated the implementation of the training.

Levels of evaluation

There are several levels at which evaluation of training program may be conducted:

1. **Session Evaluation**

This takes place at the end of each session. The Facilitator solicits feedback to improve the delivery of subsequent sessions.

2. **Daily Evaluation**

This happens at the end of each day's training and enables the Facilitators to enhance subsequent sessions.

3. **End of Training Evaluation**

This type of evaluation occurs at the end of the training program when everything is completed. If the first two evaluation levels are carried out then the end of the training evaluation is focused on the last day of the training.

4. **Post Training Evaluation**

This evaluation occurs at the workplace of the training participants to observe the actual application of the knowledge and skills acquired by the training. It takes place several months after the training. For this to work effectively, each participant should prepare an action plan on how s/he intends to apply the skills and acknowledge acquired to enhance his/her job performance. A copy of the plan is given to the participants' supervisor for monitoring purposes.

Approaches to Evaluation

1. **Verbal Approach**

In this approach, participants are encouraged to evaluate the program via discussion. There will be the need to document the responses and use them as part of the training report to inform future programs.

2. **Mood Barometer**

The mood barometer consists of three symbols, which include a smiling face symbolizing happiness, an expressionless face indicating indifference, and a frowning face signifying sadness. The symbols are drawn on flip chart paper where participants are asked to tick the place which applies to them. The Facilitator tallies the result as feedback from people.

3. Questionnaire

A popular evaluation approach is through the use of written questionnaires for people to answer. The responses to the questions are collected and analyzed by the Facilitator for future programs. The questions usually cover:

- Adequacy of the content of the training; whether it met the needs of the participants
- Skills and attitude of the Facilitator
- Adequacy in terms of time for sessions
- Logistics – food, accommodation, and other arrangements to facilitate the training session