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A TRAINING GUIDE ON HYGIENE EDUCATION

WASH TECHNICAL REPORT NO. 60

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Prepared for the Office of Health
Bureau for Science and Technology
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under WASH Activity No. 417 and Task 113

by

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and
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INTRODUCTION TO THE TRAINING GUIDE

Needs Addressed by the Training

An important lesson learned during the International Drinking Water Supply and Sanitation Decade is that coverage—that is, the number of people for whom access to facilities is provided—does not equal success. Because water supply and sanitation facilities are subject to misuse, nonuse, or breakdown, international donors and national governments alike have come to recognize that the sustainability of systems is of critical importance. Sustainability of systems means that communities should develop a sense of ownership of the facilities, which includes their use, management, and maintenance. It also means that communities should adopt hygiene practices that will help them realize health benefits from water supply and sanitation improvements. Hygiene education is a key component in the effort to achieve these health benefits.

The purpose of this training workshop is to improve the skills of health or community development extension agents in conducting community hygiene education activities. These activities are aimed at influencing behaviors to maximize the health benefits of safe water supplies and of sanitation facilities.

This training guide is intended for participants who are field workers with responsibility for rural water supply and sanitation in several communities. These field workers include health extension agents, nurses, rural sanitarians, health assistants, rural/city development workers, and teachers with specific community organization responsibilities. The training guide can be used by a variety of organizations, including government agencies, private voluntary organizations, international agencies, and the Peace Corps.

Assumptions

The Water Supply and Sanitation Program Context

The first assumption in this guide is that workshop participants have or will have water supply and sanitation responsibilities. The second assumption is that target communities already have or are planning for a safe water source. This guide is particularly aimed at communities that already have a safe water source, but it may be used in conjunction with a planning activity for a safe water supply.

The third assumption is that communities have some form of development-oriented committee or organization that deals with at least some of the following: health, water supply, sanitation. The fourth assumption is that the workshop participants have already worked with committees or groups and have established

a relationship or have had training in community participation. Finally, it is assumed that this workshop represents only one aspect, training, of what should be a long-term effort in hygiene education.

Trainers

The trainers using this guide are assumed to be regional- or national-level personnel with training responsibilities for water supply and sanitation, other public health activities, or rural development. They should have at least a secondary-level education and significant professional training. They should have worked at least two years at the community level and two years as trainers.

The trainers should have considerable experience in organizing and facilitating workshops, using active, participatory adult learning methods. At least one of the trainers should have been through a training-of-trainers workshop that focuses on experiential learning methodology. The knowledge level of the trainers should include exposure and education in at least two of the following areas:

- Community development promotion
- Health/hygiene education methods
- Community water supply and sanitation
- Agricultural and rural development

Participants

The educational level of participants should be at least at the secondary level and include some professional training. Participants could be entry-level people or people already in the field who have received or will receive some training or education in at least two of the areas listed above for trainers.

Target Groups

This training guide is intended for people who will work with community committee members to develop their own capacity to work with and train other people in the community. Because women are critical to changing hygiene behavior, this guide places a particular emphasis on their role.

The primary target groups with whom participants will do most of their work are community water/health/development committees. The secondary groups that these primary level committees, in turn, would seek to influence would include

- Women:
 - Cooperatives
 - Political organizations

- Traditional societies/groupings
 - Elected representatives
 - Market organizations
- Religious groups
 - Literacy groups
 - Schoolteachers

In some cases, one of these secondary groups may be the primary group.

Communities

Communities may include villages, towns, periurban communities, or refugee centers.

Overview of the Workshop

This training guide describes a ten-and-a-half-day workshop for experienced extension agents. Each day includes seven hours of training time, excluding breaks. (In places where training days are shorter, the workshop will have to be lengthened beyond ten and a half days.) The workshop is designed to provide participants with experiences modeled on the tasks that are required in a hygiene education program. They will have two opportunities during the workshop for a field exercise to practice some of the skills they are acquiring in the classroom.

The workshop in this guide is ideally designed for a group of 18 to 20 participants. The number of participants should not exceed 24. A larger group will be very difficult to manage in the time allotted for the workshop.

The workshop is designed to be conducted by two trainers. Although it may be possible for one trainer to conduct the workshop by making some adaptations, two trainers are strongly recommended. The advantages of using two trainers are that it is much easier for two people to

- follow the progress and acquisition of knowledge and skills by participants,
- handle the work to be done,
- provide greater variety for participants,
- improve their trainer skills by ensuring ongoing feedback, and
- continue improving designs and session plans for the training program.

The sequence of the workshop sessions follows the same order as the steps in a hygiene education program—from information gathering to planning and implementation. Participants will practice the skills of information collection and analysis, and they will deliver hygiene education sessions. They will also formulate a work plan for a hygiene education program.

The workshop design is based on an active, participatory, experience-based learning approach. Participants are expected to take part actively in a variety of activities, such as case studies, role plays, stories, health talks, and field exercises. This approach also provides time for group discussions of these experiences and their application.

Workshop Goals

The overall goal of this workshop is to better prepare extension agents for developing the capabilities of community-based organizations to carry out hygiene education activities. In most cases, the skills the participants learn are the same skills community members should develop to enable them to promote and sustain hygiene education activities with little outside assistance.

By the end of the workshop, the participants will be better able to assist community members and organizations to develop and sustain their own hygiene education programs by

- (1) Identifying the different perceptions of communities and development agents regarding the relationship between water and health.
- (2) Determining the purpose and the components of an effective hygiene education program.
- (3) Collecting information on behaviors and beliefs of community members regarding hygiene as it relates to water, the environment, and the individual.
- (4) Analyzing this information to determine possible hygiene education actions.
- (5) Selecting appropriate hygiene education actions.
- (6) Developing program goals based on those actions.
- (7) Using selected hygiene education methods effectively.

- (8) Preparing for the successful implementation of a community hygiene education program based on a work plan.
- (9) Developing a plan for monitoring and evaluating a community hygiene education program.
- (10) Developing an outline of a design for a community hygiene education program in their work setting.

Institutional Support

Changing the attitudes of many extension agents is not easy. Many have been trained in very directive methods themselves, and it is only natural that they use the same methods with communities. They often believe that because they have the knowledge, it is their responsibility to tell communities what they should do. Illiteracy among community members is frequently confused with stupidity and inability to learn. Going through this workshop on hygiene education will not automatically change such ingrained attitudes. One of the underlying premises of the workshop is that extension agents responsible for hygiene education programs will be much more effective if they learn to work collaboratively with communities, building on what exists and training the community to take on increasing responsibility in identifying its own harmful hygiene behaviors and finding solutions to remedy them.

This workshop defines the role of the extension agent toward the community and develops a set of skills for working more effectively with communities on hygiene education activities. However, the workshop does not directly address the institutional changes that are needed to support a change in attitude and behavior by the extension agents. These institutional changes include supervision of the extension agents, creation of incentives for acting differently on the job, clear job descriptions that include responsibility for hygiene education, and provision of materials and transportation. The institution for which the extension agent works must, therefore, take responsibility for supporting work in this area and must monitor the performance of each extension agent in working more collaboratively with communities. These institutional changes are not a direct part of the workshop, but they are critical to the successful implementation of what was learned in the workshop.

Training Approach

The workshop uses an approach that is consistent with adult learning needs. The participants will be expected to take an active role in their learning based on their own experiences and their interest in working with communities.

Each of the sessions is designed to walk participants through a series of steps intended to maximize what they are learning by first experiencing a presentation (which may be a case study, a story, or a short interactive lecture) and then analyzing it, drawing conclusions about it, and looking for ways to apply what they have learned to their own situation. Each session is structured as follows:

(1) Introduction

Setting a comfortable learning climate; asking questions to involve participants based on their own experiences.

Presentation of session objectives and a brief overview of the main steps in the session.

(2) Presentation or Exercise

Short lecture, story, case study, group task, discussion, field exercise, etc.

(3) Analysis and Reflection Questions

Asked mostly after a group task, a story, case study, or a field exercise.

(4) Conclusions

Questions to generalize, compare this experience with others, identify the key areas of learning.

(5) Wrap Up

Questions to help participants look at applications of what they have learned.

Brief summary of the main learning points in the session and a review of session objectives.

These steps follow a natural progression in the learning process. Thus, it is important to devote time to each step and to adhere as closely as possible to the recommended times in the guide. It is particularly critical to allow time for Steps 4, Conclusions, and 5, Wrap Up, because they help participants to derive more general meaning from the experience and to think of possible applications.

Trainers should be aware that these learning steps also serve as a model of the way participants themselves will learn to conduct hygiene education sessions. Participants learn these steps in Session 9 of the workshop, entitled "Hygiene Education Methods." Thus, trainers should take great care to model these steps consistently, which will not only prepare participants mentally, but also serve as a basis for examples trainers can use when introducing these steps to participants in Session 9.

Often, trainers and participants get so involved in Step 3, Analysis and Reflection Questions, that there is little or no time left for Steps 4 and 5. One way to avoid this problem is to keep close track of the time and when the allotted time for Step 3 has been reached, to announce that it is necessary to move on.

Workshop Schedule

The workshop schedule follows.

Options for Adapting the Design

As indicated above, the schedule shows a continuous, ten-and-a-half day workshop, with each day lasting seven full training hours. In some situations, workshop organizers may wish to either lengthen the schedule or break it into two workshops. Some possibilities follow:

- (1) Workshop organizers might want to provide more field practice in either or both the information collection and the methods field exercises. In this case, the workshop could be lengthened by one or two days. Each field exercise would then consist of two rounds, preferably in two different communities to give participants the opportunity to compare and contrast them while benefiting from more time to practice their education skills.
- (2) Workshop organizers might want to conduct two shorter workshops with an interval of three to nine months between the first and second workshop. In this case, the first workshop could last six and a half days. It would include all the sessions except Session 9, "Hygiene Education Methods"; Session 10, "Methods Field Exercise"; Session 12, "Program Implementation"; and Session 13, "Monitoring and Evaluation." During the interval after the first workshop, participants would return to their jobs and practice all the steps leading up to and including the development of a work plan.

The second workshop would last six days. Day 1 would include a brief introductory session, followed by a review of what participants have been doing in the field, first by sharing in small groups using success analysis questions. Then, they would report out the most common successes and problems and how they might address the problems they encountered. The trainers would follow with a half-day review session on data collection/analysis and on goal setting, drawing on Sessions 5 through 8 from the first workshop.

Day 2 would begin with Session 9, "Hygiene Education Methods," which would continue through day 3.

Day 4 would be devoted to Session 10, "Methods Field Exercise." Day 5 would include Session 12, "Program Implementation," and Session 13, "Monitoring and Evaluation."

Day 6 would start with an abbreviated version of Session 14, "Developing a Back-at-Work Plan," and then end with Session 15, "Workshop Evaluation and Closing Ceremony."

Preparation for the Workshop

This workshop requires careful planning and many arrangements that must be made prior to the start of training. Well-organized field exercises are particularly critical to the success of the workshop. Workshop organizers must be certain that the communities have enough advance notice of the time and the purpose of the field exercises. They should make sure the exercises do not conflict with work schedules or community events. In some instances, it may be necessary to adjust the workshop schedule to fit the availability of community members. In addition, organizers should make two or three visits in the weeks and days before the field exercises to make sure everything will proceed smoothly during the field exercise. Another critical aspect of preparation is to ensure adequate and reliable transportation to and from the community.

It is essential to gauge the community's willingness and ability to participate in the field exercise. Selection of an appropriate time of day when women are available is another important consideration. For example, a field exercise should probably not be scheduled at 11 a.m., when women may be busy cooking lunch.

Ideally, workshop organizers should conduct the field exercises in at least two communities, depending on the number of participants. Working in two communities would give participants an opportunity to compare and contrast their experiences. It would also keep the number of participants in each community fairly small, so that they do not overwhelm community members with an "invasion" of outsiders. Participants will also be less likely to get in each other's way during the field exercises.

The following list indicates the key steps and time frames in the planning and implementation of the workshop:

<u>Activities for Workshop</u>	<u>Time Completed before the Workshop</u>
Identify learning needs and roles and experiences of participants	4 months
Develop preliminary budget	4 months
Identify and hire workshop trainers	4 months
Review workshop design and decide whether it should be adapted	4 months
Identify potential training sites and establish selection criteria, including proximity to communities willing to participate in field exercises	4 months
Select a training site and initiate contact with community leaders	3 months

Recruit and select participants	2 months
Identify/hire the rest of the training staff (workshop coordinators and site supervisors)	2 months
Continue discussions with community leaders and groups (for the field exercises)	2 months
Send letter to participants that includes the workshop goals, the workshop methodology, and logistic information	1 month
Continue work with community to obtain cooperation and appropriate participation	1 month
Arrange for participant and staff lodging and meals	1 month
Arrange all necessary transportation	1 month
Prepare needed workshop materials and handouts	1 month
Confirm participation of communities	2 weeks
Continue staff preparation for training	2 weeks
Go to training site to conduct final preparations and staff training	1 week
Reconfirm participation of communities	2 days
Begin training	

GUIDE TO SESSION 1

OPENING CEREMONY AND INTRODUCTION TO THE WORKSHOP

Total Time: 3 hours

SUBJECT	PROCEDURE	TIME	HANDOUTS/MATERIALS	FLIPCHARTS REQUIRED
1. Official Opening Comments	Presentation	50 minutes		
2. BREAK		10 minutes		
3. Pair Interviews	Pair Interviews	15 minutes		A. Pairs Interview Questions
4. Introductions	Introductions	20 minutes		
5. Participant Expectations*	Individual and Small Group Task	25 minutes		B. Expectations Task
6. Presentations of Expectations	Presentations and Discussion	15 minutes		
7. Overall Workshop Goals	Presentation and Discussion	15 minutes	Handout 1-1: Overall Workshop Goals	C. Workshop Goals
8. Workshop Schedule	Presentation and Discussion	15 minutes	Handout 1-2: Workshop Schedule	D. Workshop Schedule
9. Workshop Norms	Presentation and Discussion	10 minutes		E. Workshop Norms
10. Wrap Up	Presentation	5 minutes		

* See Trainer Notes at end of session.

SESSION 1

OPENING CEREMONY AND INTRODUCTION TO THE WORKSHOP

Total Time: 3 hours

OBJECTIVES

By the end of this session, the participants will have

- become acquainted,
- clarified their expectations about the workshop,
- reviewed the workshop goals and schedule, and
- discussed norms of behavior for the workshop.

OVERVIEW

The overall purpose of the opening session is to set the tone and the atmosphere for the entire workshop. After the official opening comments and introductions, the participants are given the opportunity to discuss their expectations about the workshop in a small group exercise. This exercise is intended to demonstrate that the trainers value the concerns and hopes of participants and encourage their participation in the workshop. The trainers will present the workshop goals and schedule and review them in light of participants' expectations. Any reactions to the workshop schedule can be discussed at this time. Trainers should discuss with participants which of their expectations will be met and which ones may fall outside the scope of the workshop. Finally, trainers will discuss the norms of behavior intended to create a positive learning environment throughout the workshop.

PROCEDURES

1. Official Opening Comments

50 minutes

Trainers should plan this activity in coordination with the sponsoring agency and appropriate government and community officials. These guests should be given a total of 40 minutes for their speeches. Trainers will need 10 minutes to introduce themselves and explain the purpose of the workshop.

The trainers should discuss the goals of the workshop with the speakers prior to this session so that their opening comments are consistent with

the purpose of the workshop. Trainers may wish to share the following information with the speakers.

The overall purpose of this workshop is to improve the skills of health or community development extension agents in conducting community hygiene education activities. These activities are designed to influence behaviors so the community can realize the full health benefits of safe water supplies and sanitation facilities.

"Community hygiene" refers to the way in which a community becomes actively involved in all aspects of hygiene related to water and sanitation. The community works in close collaboration with health or community development extension agents to identify and plan actions that will result in safer water, thereby improving the health of community members. Thus, the focus in this workshop is primarily on the process of working with communities to improve hygiene-related behaviors rather than on technical content, such as information on specific water-related diseases.

The workshop is structured to involve participants in the learning process. This structure includes classroom and field exercises that will enable participants to share their current knowledge and skills as they learn new ideas and develop new skills.

Thank the guests and permit them to leave so that the workshop may begin.

2. Break *10 minutes*

3. Pair Interviews *15 minutes*

Instruct the participants to form groups of two, preferably with someone they do not know. Explain that this exercise is a way for everyone to meet by making introductions less formal. Add that each person in the pair will interview his or her partner for five minutes. When the interview is over, each participant should be prepared to introduce his or her partner to the rest of the group.

Display *Flipchart A: Pairs Interview Questions* and ask participants to use these questions in their interviews:

- What is your name and what do you like to be called?
- Where are you from?
- Where have you been working, and for how long?
- What is the most interesting part of your work?

Interview your co-trainer while participants interview each other.

If the participants already know each other, you will have to change the questions. An alternate set of questions could be the following:

- What would you like to be called in the workshop?
- What is the most interesting part of your work?
- What is your experience in carrying out hygiene education activities?

4. Introductions

20 minutes

Start by introducing your co-trainer in a light, relaxed manner in less than one minute. Your co-trainer will then introduce you. Then ask participants to introduce their partner in less than one minute.

When the introductions are over, indicate that participants are a very interesting group with a rich background of practical experience. Explain that this exercise was just the start of getting to know each other and that they will get to know each other much better over the course of the workshop.

5. Participant Expectations

25 minutes

Describe the importance of discussing the participants' expectations of the workshop. Explain that you now wish to discuss what participants hope to accomplish during the workshop so that you can assess which parts of the workshop will meet their needs and which needs may either not be addressed or not dealt with in much depth. Tell them that, in addition, their expectations will help identify which topics should be stressed.

Explain the procedure and ask them to take a few minutes to think about their work in the field and how this workshop can help them be more effective in their work. Give them about two minutes to think.

Ask them to write down what they expect to accomplish or get out of this workshop. Give them five minutes to write.

Display *Flipchart B: Expectations Task* and explain it as follows:

- In groups of four, share your expectations.
- Agree on two to four expectations that you all share.
- Select someone to present your list of expectations to the entire group.

Give them 15 minutes to finish this task. Inform them when they have 5 minutes left.

6. Presentations of Expectations

15 minutes

Have someone from each group present the group's expectations. Record the expectations on a flipchart. Do not repeat expectations already listed, but note the one being repeated with a check mark. After all the groups have reported out, continue as follows:

- Point out the most commonly held expectations.
- Ask groups to explain unclear expectations.
- If an expectation is outside the purpose of the workshop, ask if everyone wants to spend some time on it during the evenings or whether they can meet it on their own. (See trainer notes at the end of this session for more on this type of situation.)

Explain that you will now present the workshop goals and compare them with their expectations.

7. Overall Workshop Goals

15 minutes

Distribute *Handout 1-1: Overall Workshop Goals*. Have the same list of goals on *Flipchart C: Workshop Goals*. Ask the participants to read along as you present the goals. Clarify any goals that were not clear and refer to the list of expectations to show which ones are covered by a goal.

Explain that the overall purpose of the workshop is to improve the skills of participants in working with community members to help them develop their own capacity to work with and train other people in the community to improve hygiene-related behaviors through a set of educational activities. These activities are designed to influence behaviors so the community can realize the full health benefits of safe water supplies and sanitation facilities. By the end of the workshop, participants will be better able to assist community members and organizations to develop and sustain hygiene education programs by having achieved the following goals:

- (1) *Identifying the different perceptions and values of communities and development agents regarding the relationship between water and health.*

Indicate that if a development agent is to work effectively with a community on the practices of its members related to water supply and sanitation, the agent must understand the community's perceptions and values regarding the relationship between water and health. It is also important that the development agent examine his or her perceptions and values about what constitutes proper hygiene and how they may differ from those of the community. By developing an awareness of the community's perceptions/values and how they may differ from his or her own, the development agent can be more careful about not promoting practices that clash with community perceptions and values, avoid imposing his or her

values, and encourage the community to build on those hygiene practices that lead to better health.

- (2) *Determining the purpose and the components of an effective hygiene education program.*

Explain that after making the connection between practices and health, the workshop will look at how a hygiene education program is structured. Critical to the success of such a program are assumptions about how the development agent will work with the community at each step in the program.

- (3) *Collecting information on behaviors and beliefs of community members regarding hygiene and its relationship to water, the environment, and the individual.*

Indicate that the development agent must find out what a given community's beliefs and practices are before deciding what actions to take to influence them. In analyzing these beliefs and practices, it is helpful to divide them into three areas: (1) water—at the source, during transportation, and during storage; (2) the environment—sanitation systems, garbage disposal, and other community-level issues; and (3) the individual—sanitation, personal hygiene, and water use, among others. Explain that participants will get experience in collecting this information during a field exercise in a community.

- (4) *Analyzing this information to determine possible hygiene education actions.*

Explain that the analysis of the information collected on behaviors and beliefs will enable them to identify those practices that can be improved or changed, the actions the community might undertake, and who should take those actions.

- (5) *Selecting appropriate hygiene education actions.*

Indicate that if a hygiene education program is to be effective, the community must work on those actions that have the greatest chance for success. Therefore, the development agent and the community should select a few realistic actions that will have the greatest possible impact on improving or changing hygiene-related practices.

- (6) *Developing program goals based on those actions.*

Explain that program goals set targets for the hygiene education actions and help define what activities may be effective in reaching those targets.

(7) *Using selected hygiene education methods effectively.*

Indicate that several educational methods exist to help people learn. This workshop focuses on two methods that community people are most likely to be able to use themselves, with help from development agents: stories and health talks. Participants will have an opportunity to practice these methods in a community during a field exercise.

(8) *Preparing for the successful implementation of a community hygiene education program based on a work plan.*

Explain that the program includes all the steps described up to this point. Participants will design this program by developing a work plan based on their analysis of the information they collected in the community, on the hygiene education actions they selected, and on the educational methods they believe are most appropriate for a given community.

(9) *Developing a plan for monitoring and evaluating a community hygiene education program.*

Indicate that the final element in the design of a program is a system for monitoring and evaluating its progress. The emphasis on this component, as in all the others, is on how the community can monitor and evaluate its own progress.

(10) *Developing an outline of a design for a community hygiene education program in their work setting.*

Explain that after working on a plan aimed at the community or communities selected for workshop field exercises, participants will develop an outline of a plan they can use in their own work setting. This outline will enable them to integrate and to apply all that they have learned in the workshop.

Explain that you will now turn to the workshop schedule to show in which sessions participants' expectations and the workshop goals will be addressed over the course of the workshop.

8. Workshop Schedule

15 minutes

Distribute *Handout 1-2: Workshop Schedule*. Display *Flipchart D: Workshop Schedule* and go over the main session headings in the schedule. Point out the following while going over the schedule:

- time frames
- classroom sessions
- field exercises
- small and large group discussions to encourage active participation

- use of presentations in combination with case studies, stories, and practical tasks to create an active learning environment

Go over the schedule, briefly referring to the goals and expectations and showing where they will be addressed.

9. Workshop Norms

10 minutes

Explain that so far you have looked at *what* participants will learn. However, in order to accomplish the workshop goals within the scheduled time, everyone needs to agree on *how* that learning can be accomplished most effectively. Say that you propose the following norms to help everyone work and learn better together as a group.

Display *Flipchart E: Workshop Norms*, as follows, and discuss:

- sharing responsibility for learning
- participating actively in all session activities
- starting and ending sessions on time
- respecting the views of other participants
- helping one another

Ask participants if they agree with these norms and have any others to add.

10. Wrap Up

5 minutes

Thank the participants for their participation so far in the workshop. Ask them to make an effort to remember the goals, the schedule, and what they have agreed to do to make the workshop run smoothly so that everyone will enjoy themselves and learn.

Introduce the next session by saying that it will be the first opportunity in the workshop to put these agreements into practice while they look at the interrelationship between water and health.

TRAINER NOTES

It is important that workshop participants think about and express their expectations before reviewing the goals and schedule. They will work better together if they realize they have a common set of expectations. They are also more likely to accept the goals and schedule if they are related to their expectations.

Do not spend a lot of time discussing those expectations that are outside the purpose of the workshop. While it is important to discuss these expectations and try to adapt the workshop to meet them if possible, only small changes in the goals or schedule should be made at this time.

The discussion of participant expectations can be made easier by providing the intended participants with information about the purpose and structure of the workshop before they arrive.

Keep the flipcharts of the goals, schedule, and norms posted in the classroom throughout the workshop so that you can refer to them when it is necessary.

MATERIALS

Welcoming package for participants with pads and pencils

Handout 1-1: Overall Workshop Goals

Handout 1-2: Workshop Schedule

Flipchart A: Pairs Interview Questions

Flipchart B: Expectations Task

Flipchart C: Workshop Goals

Flipchart D: Workshop Schedule

Flipchart E: Workshop Norms

OVERALL WORKSHOP GOALS

By the end of the workshop, participants will be better able to assist community members and organizations to develop and sustain their own hygiene education programs by:

1. Identifying the different perceptions and values of communities and development agents regarding the relationship between water and health.
2. Determining the purpose and the components of an effective hygiene education program.
3. Collecting information on behaviors and beliefs of community members regarding hygiene and its relationship to water, the environment, and the individual.
4. Analyzing this information to determine possible hygiene education actions.
5. Selecting appropriate hygiene education actions.
6. Developing program goals based on those actions.
7. Using selected hygiene education methods effectively.
8. Preparing for the successful implementation of a community hygiene education program based on a work plan.
9. Developing a plan for monitoring and evaluating a community hygiene education program.
10. Developing an outline of a design for a community hygiene education program in their work setting.

HYGIENE EDUCATION TRAINING GUIDE

Workshop Schedule

WEEK 1

TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
8:00 am	<p>1. Opening Ceremony and Introduction to the Workshop (3 hours)</p> <p>2. The Inter-relationship between Water and Health (4 hours)</p>	<p>3. Purpose and Components of a Hygiene Education Program (2 hours)</p> <p>4. The Relationship between the Hygiene Educator and the Community (2 hours, 30 min)</p>	<p>5. Information Collection (continued)</p> <p>6. Information Collection Field Exercise (8 hours, 30 min)</p>	<p>6. Information Collection Field Exercise (continued)</p>	<p>7. Information Analysis (continued)</p> <p>8. Hygiene Education Program Goals (4 hrs, 10 min)</p>	<p>9. Hygiene Education Methods (11 hrs, 20 min)</p>
12:00 pm	L	U	N	C	H	
1:30 pm	<p>2. The Inter-relationship between Water and Health (continued)</p>	<p>5. Information Collection: Deciding What Is Needed and How to Collect It (4 hrs, 30 min)</p>	<p>6. Information Collection Field Exercise (continued)</p>	<p>6. Information Collection Field Exercise (continued)</p> <p>7. Information Analysis (3 hrs, 45 min)</p>	<p>8. Hygiene Education Program Goals (continued)</p>	BREAK
5:00 pm						

HYGIENE EDUCATION TRAINING GUIDE

Workshop Schedule

WEEK 2

TIME	DAY 7	DAY 8	DAY 9	DAY 10	DAY 11
8:00 am	9. Hygiene Education Methods (continued)	10. Methods Field Exercise (6 hrs, 15 min)	11. Developing a Work Plan (4 hours)	13. Monitoring and Evaluation (3 hrs, 45 min)	14. Developing a Back-At-Work Plan (continued) 15. Workshop Evaluation and Closing Ceremony (2 hrs, 30 min)
12:00 pm	L	U	N	C	H
1:30 pm 5:00 pm	9. Hygiene Education Methods (continued)	10. Methods Field Exercise (continued)	12. Program Implementation (3 hrs, 15 min)	14. Developing a Back-at-Work Plan (3 hrs, 40 min)	

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GUIDE TO SESSION 2

THE INTERRELATIONSHIP BETWEEN WATER AND HEALTH

Total Time: 4 hours

SUBJECT	PROCEDURE	TIME	HANDOUTS/MATERIALS	FLIPCHARTS REQUIRED
1. Introduction	Questions and Presentation	10 minutes		A. Session 2 Objectives
2. Defining the Inter-relationship	Presentation and Discussion	30 minutes	Handout 2-1: Technical Issues	B. The Myth of the Empty Vessel
3. Case Study about 2 Communities	Case Study and Discussion	45 minutes	Handout 2-2: Case Study— Interrelationship between Water and Health Handout 2-2A: Trainer Guide to Case Study Questions	C. Case Study Task
4. Health Effects of Water	Presentation and Discussion	30 minutes	Handout 2-3: Water-related Diseases	
5. Community/Agent Perceptions	Small Group Work	60 minutes		D. Small Group Task E. Health Benefits F. Negative Water-related Effects G. Discussion Task
6. Role of Women	Brainstorm and Discussion	40 minutes	Handout 2-4: Aspects of Water and Sanitation Hygiene	
7. Conclusions	Discussion	15 minutes		
8. Wrap Up	Discussion	10 minutes		

SESSION 2

THE INTERRELATIONSHIP BETWEEN WATER AND HEALTH

Total Time: 4 hours

OBJECTIVES

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

- identify the differences between the community's and the development agent's perception of the relationship between water and health,
- describe the health effects of consuming unsafe water, coming into contact with unsafe water, and insufficient water, and
- describe the role of women in a hygiene education program.

OVERVIEW

Before discussing ways of protecting water from contamination, we need to make sure that communities can appreciate what safe and plentiful water means. This process begins with a definition of safe and unsafe water. It continues with a discussion of the link between water and health. Then, participants examine a case study of two communities to identify ways water can be contaminated and what the health effects of unsafe or insufficient water can be in a community.

The discussion on health effects continues beyond the case study, with a focus on community perceptions of these effects and how those perceptions differ from those of the development agent. The session ends with a discussion on the role of women in the three target areas for hygiene education action: (1) water, (2) the environment, and (3) the individual.

PROCEDURES

1. Introduction

10 minutes

Ask the following questions, making sure the answers are brief (the answers listed here are only ideas of some possible answers).

- How would you define safe water?

Answers: clean, clear, uncontaminated, etc.

- What do community members see as safe water?

Answers: cool water, water their ancestors have drunk, flowing water, water with the taste of medicine.

- How would you define unsafe water?

Answers: dirty, murky, contaminated, etc.

- How would community members define unsafe water?

Answers: standing water, warm water, muddy water.

Present a brief session overview in your own words and present the objectives on *Flipchart A: Session 2 Objectives*. Ask if the objectives are clear.

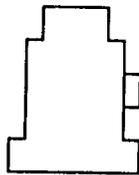
2. Defining the Interrelationship

30 minutes

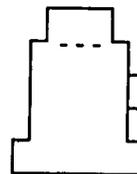
Explain that in many health programs, planners assume that the community has no experience or knowledge of the problem at hand. Display *Flipchart B: The Myth of the Empty Vessel*, as follows:

Community

Health Agent



Empty Vessel



Full Vessel

Explain that many planners and health agents assume that the community's vessel is empty while the health agent's is full. In this frame of mind, hygiene education would consist of pouring the contents of the agent's vessel into the community's empty vessel.

Add that Benjamin Paul, an American anthropologist, was one of the first people to study why many community health programs fail. He found that in many cases program planners had failed to take into account the sociocultural context in which the program was to be introduced. He insisted on the importance of understanding a community's beliefs and practices before developing programs for them. He wrote:

To work effectively with a community, one must try to see the world through their eyes (1955).

Community and agent perceptions of problems often differ. It is important to understand the community's perspective, to know what is in their vessel before developing a hygiene education program. Hygiene education programs based on what is already in the people's vessel (what they already know) are much more effective than those based on what is not in their vessel (what people do not know).

Ask questions about the interrelationship between water and health based on those listed below.

- How do you think water can make you sick?

Possible answers:

- (1) by consuming contaminated water,
- (2) by swimming/bathing/standing in contaminated water,
- (3) by being near contaminated water,
- (4) by not using enough water.

- How do communities think that water can make them sick?

Possible answers:

- (1) They don't think it can make them sick.
- (2) If someone puts something in it.
- (3) If an animal falls and dies in a well.
- (4) If it's too old.

- How can consuming water improve your health?

Possible answers: By consuming

- (1) safe water we can avoid water-borne diseases;
- (2) plenty of water we can avoid dehydration;
- (3) plenty of water we can treat diarrhea, fever, minor urinary infections, coughs, constipation, etc.

- How can using water improve your health?

Possible answers: By using plenty of water for

- (1) bathing, we can avoid skin and eye infections and diseases carried by fleas, lice, mites, or ticks;
- (2) washing hands after defecation, working, or handling dirty things and by washing food and utensils, we can avoid stomach pains, diarrhea, vomiting, and fevers caused by worms or parasites;
- (3) cleaning latrines, homes, and public facilities (schools, health centers), we can avoid many health problems already mentioned.

- What are some traditional uses of water for medicinal/other purposes?

- How do communities see increased quantities of water improving their conditions?

Explain that one important point is that health benefits occur when people use water in large enough quantities. Not all the uses of water require that it be of high levels of purity. What is considered water quality that is "safe" and adequate is a subject of a large and important debate. Indicate that more information on this subject is available in *Handout 2-1: Technical Issues*. Distribute *Handout 2-1* and suggest that people read it after this session is over.

3. Case Study

45 minutes

Introduce the case study by explaining its purpose, using *Handout 2-2: Case Study—Interrelationship between Water and Health*. Describe the task using *Flipchart C: Case Study Task*, as follows:

- (1) Break into groups of four or five people.
- (2) Read the case study (5 minutes).
- (3) Discuss the answers to the five questions (20 minutes).
- (4) Return to the large group and be prepared to discuss your answers.

Ask for examples of answers from the group and discuss them briefly (15 minutes).

Distribute *Handout 2-2: Case Study—Interrelationship between Water and Health*. Keep close track of the time and keep the discussion brief. (Trainers should read *Handout 2-2A: Trainer Guide to Case Study Questions* before this session.)

4. Health Effects of Water

30 minutes

Explain that you will give a presentation intended to describe the various health effects of water, with an emphasis on how a community perceives health problems. You wish to avoid a lengthy discussion about various diseases. The brief description of water-related diseases, including *Handout 2-3: Water-related Diseases*, is intended as a brief overview for the benefit of participants. Emphasize that detailed discussions of specific diseases with community members can lead to confusion. The purpose of this discussion is to make sure that all participants share approximately the same knowledge about water-related diseases.

Ask the following questions and write the responses on a flipchart:

- What are the health effects in your communities that result from:

A. Consuming unsafe water

Possible answers: Diarrhea, intestinal disorders, vomiting, fevers, chills, coughs.

Some water-borne diseases with one or more of these symptoms are: Amebic dysentery, cholera, roundworm, hepatitis, and typhoid.

Guinea worm, another water-borne disease, is found mostly in some parts of Africa. Guinea worm causes itching and burning of the skin, blisters and lesions with the worm rupturing the skin, and often crippling infections.

B. Insufficient water

Possible answers:

- From not washing your body often enough—
Intense itching, lesions (especially in children) from scabies
Fever, attacks of headaches, muscle and chest pain, and rashes from typhus
Red, watery eyes from trachoma
- From not washing your hands, your food, or your utensils—

All of the diseases listed under "A," except guinea worm.

- From having to carry water frequently over long distances (affects mostly women and children)—

Exhaustion, pregnancy problems.

Participants may mention yellow fever and river blindness. Although these diseases also come from contaminated water through vectors, communities cannot easily prevent them through water-related actions. We focus on malaria because communities can help prevent it by eliminating standing water.

C. Being near contaminated water

Possible answers:

High fever, headaches, nausea, chills, profuse sweating from malaria (or dengue fever).

Distribute *Handout 2-3: Water-related Diseases*, which includes most of the water-related diseases. Indicate that this handout is intended solely as a reference for participants and not for diagnosing or teaching communities about these diseases.

5. Community/Agent Perceptions

60 minutes

Explain that so far in this session they have been discussing the relationship between water and sanitation and hygiene mostly from the perspective of the development agent. You want them to start thinking now about the knowledge and practices of communities with regard to those same elements.

Explain that participants will return to the small groups formed for the case study and examine community perceptions of the effects of water on health. Assuming a total of four groups, give two groups the task of examining community perceptions of the health benefits of water, and the other two the task of examining community perceptions of the negative health effects of water.

Display *Flipchart D: Small Group Task*, as follows:

- (1) Return to the same groups formed for the case study. Groups "A" and "B" will:
- Make a list of all the health benefits of water on *Flipchart E: Health Benefits*.
 - For each item on this list, indicate with a "yes" or "no" whether your communities would agree this is a health benefit of water and then explain why or why not.

Flipchart E: Health Benefits

Health Benefits	Do Communities Agree?	Why/Why Not?

- (2) Groups "C" and "D" will:
- Make a list of all the negative water-related health effects on *Flipchart F: Negative Water-related Effects*.
 - For each item on this list, identify what your communities see as the cause for this health effect.

Flipchart F: Negative Water-related Effects

Health Effects	Community Perceptions

- (3) Each group prepares a flipchart with the two or three columns of information and places it on the wall.
- (4) You have 30 minutes to complete this task.

Before they begin their task, and while they are working on their task, remind them that the objective of this exercise is to develop a list of community perceptions, not to decide whether they are right or wrong, and not to figure out how to deal with them.

When the groups have completed their flipcharts, present *Flipchart G: Discussion Task*, as follows:

- (1) Walk around and read the other groups' lists (five minutes).
- (2) After reading the other groups' lists, think of an example from your work setting which illustrates a marked difference between the perception of the community and that of the development agent.

Lead a discussion, asking for three or four examples of differing perceptions. Keep the discussion to no more than 20 minutes.

6. Role of Women

40 minutes

Ask participants which members of a community have the most daily contact with water supplies and sanitation facilities. After a brief discussion, focus on the role of women as the key members of a community with regard to water and sanitation. Emphasize that women are the key people in changing hygiene behaviors at the household level.

Distribute *Handout 2-4: Aspects of Water and Sanitation Hygiene*. Ask them to draw from their own experience and to list individually on a piece of paper the role of women in these three target areas.

- (1) Water -----
 - ┌ at the source
 - ├ during transport
 - └ during storage

- (2) The Environment ----
 - ┌ solid waste disposal
 - ├ water disposal
 - ├ sanitation systems (latrines, etc.)
 - ├ standing water
 - └ animal management

- (3) The Individual -----
 - ┌ water use
 - ├ use and hygiene of latrines
 - ├ personal hygiene
 - ├ water disposal
 - └ food hygiene

Give them 10 minutes to write. Then ask them for examples of their responses and write a few of the examples on a flipchart. Lead a discussion on the importance of considering the role of women when working on a hygiene education activity. Emphasize again the primary role of women in realizing health benefits.

7. Conclusions

15 minutes

If possible, write the answers to the following questions on a flipchart. It will serve to demonstrate to participants that they have learned some new things and that these things are important. It may also be useful for future reference, when health effects and community perceptions of those effects are discussed again.

What are the most important things to remember about

- the difference between safe and unsafe water?
- the health benefits of safe water?
- the health effects of unsafe water?
- the health effects of insufficient water?
- ways that water can become contaminated?

What have you learned regarding community and health agent perceptions about

- the health effects of unsafe water?
- the health effects of insufficient water?

What do we need to remember about the role of women in water and sanitation? Why is the role of women so important in realizing health benefits?

Keep the answers to these questions brief. Remember that the purpose of these questions is to list what participants have learned, not to review all the points in the session.

8. Wrap Up

10 minutes

This wrap up consists of three parts: (1) a question to help participants think about the things they have learned and what those things mean when starting a hygiene education program; (2) a brief summary of the main points presented in the session; and (3) a review of the objectives of the session to make sure they were reached.

Ask them, based on what they have just learned: What are some things you will keep in mind when starting a hygiene education program?

Go over the main learning points of the session. Review the session objectives and ask if they were met.

If there are still some questions, answer them briefly. However, if the questions cannot be answered simply, indicate that participants will have many more opportunities during this workshop to explore these issues. Take note of what seem to be the most pressing questions, and make sure you refer to them in a later session, unless it is a question about a specific disease that will not be covered. In that case, suggest that participants look up the information in a locally available medical reference book or consult a known local medical authority. If it seems urgent to the participants, ask someone to take responsibility for doing the research and provide a brief period for a report sometime during the workshop.

MATERIALS

Handout 2-1: Technical Issues

Handout 2-2: Case Study—Interrelationship between Water and Health

Handout 2-2A: Trainer Guide to Case Study Questions

Handout 2-3: Water-related Diseases

Handout 2-4: Aspects of Water and Sanitation Hygiene

Flipchart A: Session 2 Objectives

Flipchart B: The Myth of the Empty Vessel

Flipchart C: Case Study Task

Flipchart D: Small Group Task

Flipchart E: Health Benefits

Flipchart F: Negative Water-related Effects

Flipchart G: Discussion Task

TECHNICAL ISSUES

TECHNICAL ISSUES FOR CONSIDERATION IN COMMUNITY WATER SUPPLY HYGIENE EDUCATION PROGRAMS

Quantity, Quality, Accessibility, and Convenience—easily remembered as **QQAC**—are four characteristics key to the success of water supply and sanitation programs. Safe water supplies and sanitary means of excreta disposal must be both convenient (as perceived by the users) and reliable (in good working order throughout the year). Water should be available in at least minimum quantity—between 20 and 40 liters per person per day—so as to ensure that health benefits can occur.

Quantity: By far the most important technical aspect of water is that health benefits occur only when people are using it in large enough quantities, assuming water meets at least minimal quality standards. The minimum estimated need for drinking, cooking, and food preparation is about 10 liters per day. Second in priority is sufficient water for bathing and personal hygiene and washing of eating utensils, for which 10 to 15 liters per day is the minimum. Third, if possible, domestic water should be available for washing clothes, watering garden plots, and for livestock or poultry.

Not all the uses of water require that it be of high levels of purity. What is considered water quality that is "safe" and adequate is a subject of a large and important debate.

Water Quality: Many developing countries do not have their own set of water quality standards. They usually rely on the standards set by the World Health Organization (WHO). These guidelines are suitable primarily for developed countries. Sometimes they are also suitable for rural communities in developing countries. Clearly, one cannot generally apply the same standards for both these contexts. For rural areas one of the most important aspects of water quality is the microbiological safety of the supply. The primary indicator chosen for microbiological safety is the fecal coliform group, and specifically *Escherichia coli*. WHO guidelines recommend that untreated water supplies, whether piped or not, contain absolutely no fecal coliforms in any bacteriological testing.

Fecal coliforms are found in large numbers in the feces of humans and any other warm-blooded animals. The presence of fecal coliforms in water supplies is an indication of fecal pollution and is a warning sign of potential health hazards. However, the relationship between the amount of fecal contamination and the health risk to the consumer is not clear. Fecal coliforms are generally found in almost all naturally occurring surface waters, including those originating in "protected" catchment areas. Chlorination and filtration are usually the only way to completely eliminate such organisms.

Most developing countries have avoided the issue of fecal pollution and health by simply adopting WHO guidelines as national standards. As a result, most countries have unrealistically high (zero fecal coliform content) rural water quality standards that cannot be achieved with available resources and, therefore, are basically completely ignored. Such standards provide little guidance for operational activities and contribute to an overall disregard for water quality issues.

The WASH perspective and that of WHO's community water supply division are that developing countries should have quality standards that are appropriate to their level of development, available resources, and the needs of the people. In general, it is accepted that improved water sources are in themselves an improvement over what people had been drinking before.

Accessibility and Convenience: Simply telling people to use more water is unlikely to change their habits. Women have enough work to do without having to carry more water every day. The most important means to ensure increased water use is to provide water closer to people's homes—thus accessibility and convenience play an important role in how much water people will use.

In general, as the water source becomes closer and journey time decreases, water consumption tends to increase. When people don't have to stand in line and when the source is not more than one kilometer from home, consumption increases. However, studies have shown that when water is supplied in the house or yard, consumption is likely to increase by a factor of three or even more.

Closely related to accessibility and convenience is the saving in time and effort spent in water collection. As mentioned earlier in this manual, in most poor communities water collection is a woman's job. In some parts of cities and even in large concentrations of rural communities, women spend 10 percent of a family's income to pay for water delivered to the home. This shows how much they value the time they would have spent in collecting water.

When women save time by not having to haul water, they tend to use it doing household chores that are likely to promote hygiene and bring about health benefits. Or, as one village woman in Togo remarked, "Now that I don't spend so much time carrying water, I have time to talk to my neighbors about improving our community."

CASE STUDY

INTERRELATIONSHIP BETWEEN WATER AND HEALTH

Objective

After examining this case study, the participants will be able to

1. identify ways that water can become contaminated and
2. describe the health effects on community members of consuming unsafe water, coming into contact with unsafe water, and having insufficient water.

Case Study

Many years ago, two communities, Wambila and Amaru, were established on the banks of a small river by people of similar ethnic background. Each has about 500 inhabitants who are mostly farmers. However, the fate of these two communities has been quite different.

At first, both used the river for all their water needs: drinking, bathing, washing clothes, etc. As the communities grew larger, the water from the river wasn't enough, especially during the dry season. Wambila dug two open wells, where women could get water during the rainy season. Amaru decided to join a government program for drilled wells. It cost them much money, but they have two handpumps that never go dry. They also reinforced the sides of an old dug well and added a cover and pulley for the buckets.

Wambila's dug wells have no covers so the rains can fill them up. Sometimes the sides collapse after heavy rains and ground runoff fills them up. When they go dry, the women must walk many miles into the hills to find buckets of muddy water from where the river still flows. When they get home, they use this little bit of water to drink, cook meals, and wash vegetables, clothes, and dishes. There is so little water that the children do not get bathed very often. In the dry season they have itchy skin and bald patches on their heads. Their mothers are too tired to wash the children and do all the other chores, too. Water is so scarce, even adults don't bathe very often. Still, they are grateful for even the muddy water they keep in open jars by the doorway.

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During the wet season, everyone bathes in the river and drinks the water from the open wells. Sometimes the boys who play in the river have blood in their urine. Wambila has no latrines. People defecate in the bushes near the river, and children use the garbage dump nearby. The children have diarrhea frequently during the rainy season. Many of them die following bouts of diarrhea. Their tummies are round, and often full of worms. Bellyaches are a problem for adults, too, and everyone seems to come down with fever.

Ever since Amaru installed the pumps, the people have noticed that children don't have much diarrhea and they eat and learn better in school. They decided only to use the river to wash clothes, not to drink or bathe. This year, several families have begun to construct latrines with the help of a community development worker who also showed them how to bury garbage outside the community in a pit. The adults have told the community worker how the bellyaches and fevers have improved since the pumps were installed. The women have started vegetable gardens using the runoff from the pumps and sell the produce in the market for some extra income. Sometimes they talk about how tired they used to be walking so far for the water.

* * * * *

Questions:

1. What kinds of water supply systems do Wambila and Amaru have? Which ones are safe and unsafe? Why?
2. What kinds of sanitation systems do Wambila and Amaru have? Which ones are adequate and inadequate? Why?
3. Using the case study and other examples, what are ways that water can become contaminated?

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4. What are the health effects of
 - (a) consuming unsafe water?
 - (b) coming into contact with unsafe water?
 - (c) insufficient water?

5. What is the role of women in water and hygiene-related activities in Wambila and Amaru?

* * * * *

TRAINER GUIDE TO CASE STUDY QUESTIONS

Questions:

1. What kinds of water supply systems do Wambila and Amaru have? Which ones are safe and unsafe? Why?

[Both: The river. Unsafe because most surface water is considered contaminated.]

Wambila: Two open wells. Unsafe because uncovered, unprotected.

Amaru: Drilled wells with handpumps, covered dug well with pulley. Safe because covered and protected.]

2. What kinds of sanitation systems do Wambila and Amaru have? Which ones are adequate and inadequate? Why?

[Wambila has no excreta disposal system and people dump garbage near their homes. Inadequate.]

Amaru has some latrines, a good garbage disposal system outside the town. Better than Wambila, but until all families have latrines, it must be considered inadequate.]

3. Using the case study and other examples, what are ways that water can become contaminated?

*[-Fecal matter washed into unprotected source;
-Dirty buckets or other containers used to collect;
-Unprotected, uncovered storage jars in homes;
-People, especially children, urinating in river;
-Animals in and around water sources;
-Baby feces in courtyard getting into stored water;
-Garbage near river.]*

4. What are the health effects of

(a) consuming unsafe water?

[diarrhea, bellyaches, worms, fevers/infections]

(b) coming into contact with unsafe water?

[blood in urine or schistosomiasis]

(c) insufficient water?

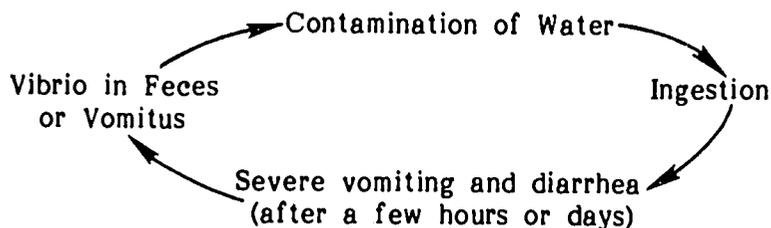
[skin problems, ringworm (scalp patches), fungus, skin infections; secondary effects on women and children from exhaustion and undernutrition]

5. What is the role of women in water- and hygiene-related activities in Wambila and Amaru?

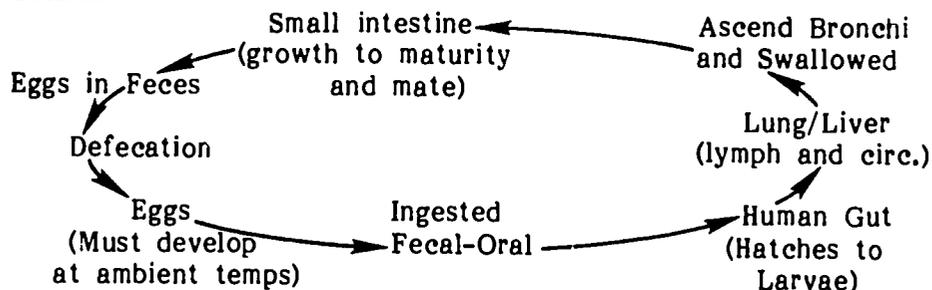
*[—fetching water
—water storage
—laundry
—washing food
—preparing food
—washing babies and children]*

WATER-RELATED DISEASES**DISEASE: CHOLERA**

Infectious Agents:	Vibrio cholerae: comma vibrio bacteria
Vector/Vehicle:	Fecal-Oral by contaminated water (sometimes food, flies, direct contact)
Host:	None
Reservoir:	Humans
Symptoms:	Severe vomiting/diarrhea, rapid dehydration
Treatment:	Fluid rehydration. Drug treatment: antibiotics
Prevention:	Proper latrines/use, sanitary hygiene, improved water supply, vaccination
Long Range Effects:	If untreated, can cause rapid death
Chain of Infection:	

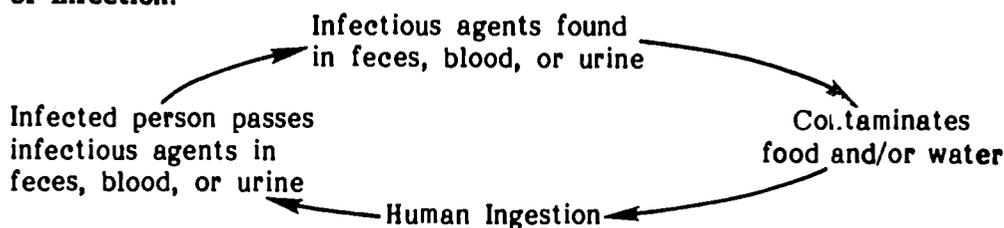
**DISEASE: ASCARIS (ROUNDWORM)**

Infectious Agents:	Ascaris lumbricoides: large intestinal roundworm
Vector/Vehicle:	Fecal-Oral by contaminated food or water
Host:	Humans
Reservoir:	Humans
Symptoms:	Hacky cough, stomach pains, vomiting, digestive problems
Treatment:	Drug treatment: dewormer
Prevention:	Proper latrines and use, sanitary hygiene
Long Range Effects:	Bowel obstruction. Migration of worms to liver, gall bladder, or appendix which can cause death
Chain of Infection:	



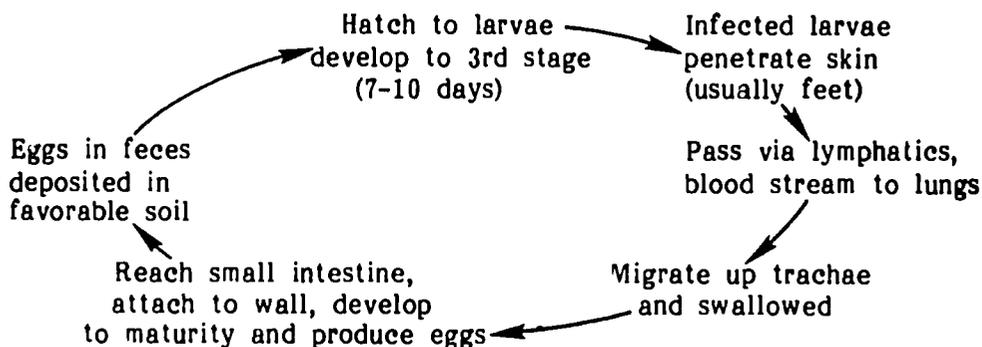
DISEASE: HEPATITIS (TYPE A)

Infectious Agents: Believed to be enterovirus and/or paravovirus
Vector/Vehicle: Fecal-Oral by contaminated water and/or food
Host: None
Reservoir: Humans, chimpanzees
Symptoms: Abrupt fever, malaise, nausea, stomach discomfort, followed by jaundice. Long convalescence with anemia and malaise
Treatment: No specific treatment, rest and proper diet is helpful during convalescence stage
Prevention: Sanitary disposal of feces/urine, personal hygiene, sanitary handling of food, clean water supply
Long Range Effects: Can cause liver damage
Chain of Infection:



DISEASE: ANCYLOSTOMIASIS (HOOKWORM)

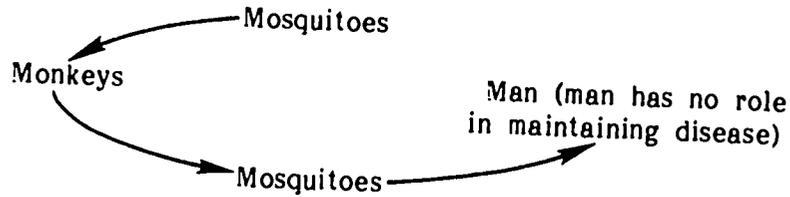
Infectious Agents: *Necator americanus*, *Ancylostoma duodenale*, and *A. ceylanicum*; a nematode worm
Vector/Vehicle: Soil
Host: None
Reservoir: Infected persons discharging eggs into feces, also dogs or cats for *A. ceylanicum*
Symptoms: Chronic anemia, hacky cough, mucus, dermatitis
Treatment: Drug treatment; tetrachlorethylene, bephenium, thiabendazole, or pyrantel pamoate. Protein and iron diet supplement
Prevention: Sanitary disposal of feces, wearing shoes, treatment of infected persons
Long Range Effects: Retarded mental and physical development in children, general debilitation
Chain of Infection:



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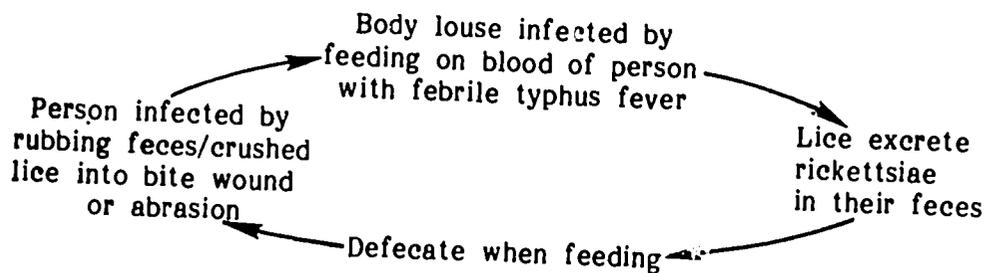
DISEASE: YELLOW FEVER (JUNGLE)

- Infectious Agents:** Togavirus
- Vector/Vehicle:** A. africanus, A. simpsoni, Aedes aegyptim mosquitoes
- Host:** None
- Reservoir:** Monkeys, mosquitoes
- Symptoms:** Fever, headaches, backaches, vomiting, nose bleeds, blood in feces, prostration, slowing pulse rate with fever, jaundice
- Treatment:** None
- Prevention:** Immunization by vaccination, vector control, protective clothing, bed nets, insect repellents, recovery leads to immunity
- Long Range Effects:** Fatality among indigenous population of endemic regions is 5%. Among non-indigenous groups in epidemics, 50%
- Chain of Infection:**



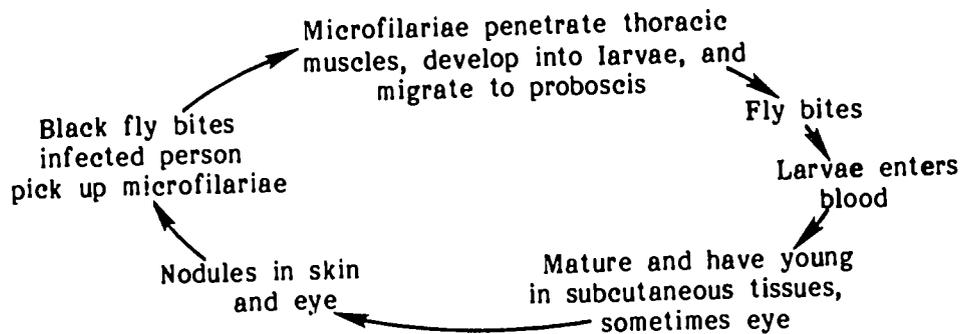
DISEASE: TYPHUS FEVER (EPIDEMIC LOUSE-BORNE)

- Infectious Agents:** Rickettsia, a bacteria
- Vector/Vehicle:** Body louse
- Host:** Humans
- Reservoir:** Infected persons
- Symptoms:** Attacks of headaches, chills, prostration, fever, general pain, and toxemia
- Treatment:** Drug treatment; antibiotics
- Prevention:** Immunization through vaccination, application of residual insecticide to clothes and persons, improved sanitary practices with provisions for frequent bathing and washing clothes.
- Prevention:** Without treatment, fatality rate varies from 10-40%, increasing with age and severity of attack.
- Chain of Infection:**



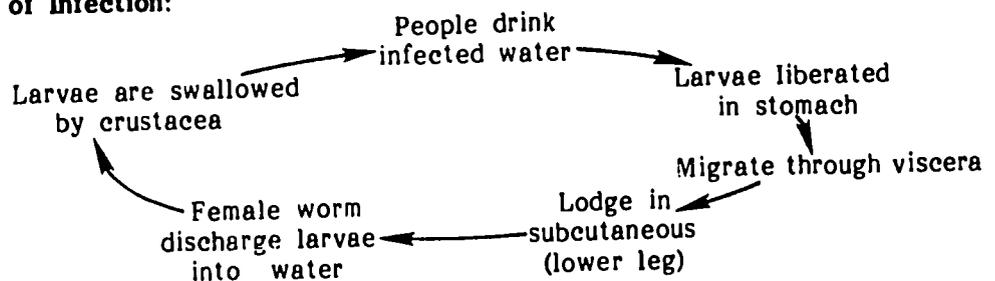
DISEASE: ONCHOCERCIASIS (RIVER BLINDNESS)

Infectious Agents: Onchocerca volvulus; a nematode worm
Vector/Vehicle: Infected female black fly; genus Simulium
Host: Humans
Reservoir: Infected persons
Symptoms: Early stages include; intense itching/rash, atrophy of skin, visual disturbances. Late stages: blindness
Treatment: Drug treatment; hetrazan, naphuride, antrypol
Prevention: Protective headgear/clothing, insect repellent, vector control in fast running water and thick bush river banks
Prevention: Nonfatal yet chronically debilitating dependent on amount of exposure, blindness
Long Range Effects: Nonfatal yet chronically debilitating dependent on amount of exposure, blindness
Chain of Infection:



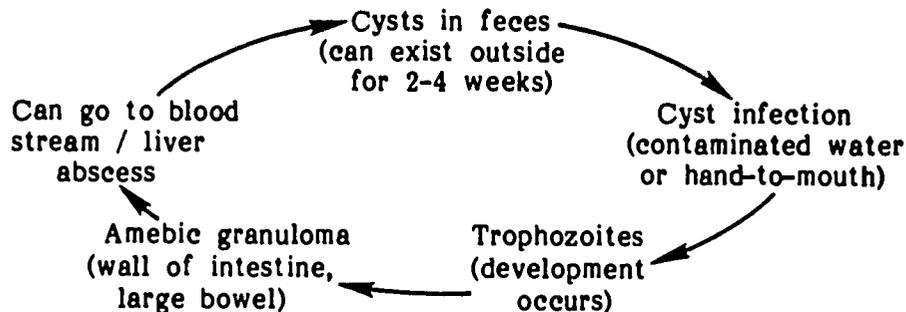
DISEASE: DRACONTIASIS (GUINEA WORM)

Infectious Agents: Dracunculus medinensis; a nematode worm
Vector/Vehicle: Water
Host: Crustacea of genus cyclops
Reservoir: Infected person
Symptoms: Blister on lower extremity, then lesion with burning and itching of skin. Accompanying fever, nausea, vomiting, diarrhea. Worm ruptures skin
Treatment: Drug treatment: antibiotics
Prevention: Boiling of water, filtration of water through fine mesh, chlorination, prevent contamination of drinking water by contact with infected persons
Prevention: Multiple infections can cause severe crippling, lesions can lead to blood infections
Chain of Infection:



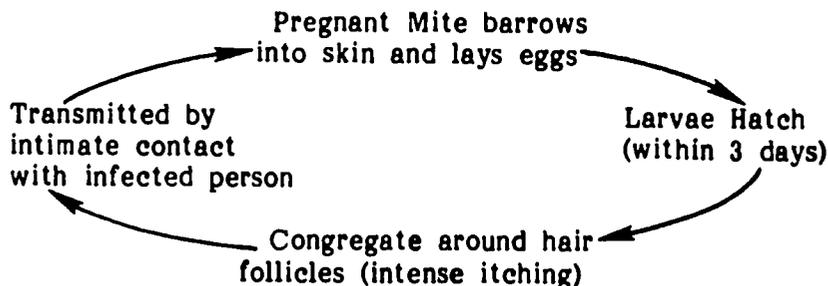
DISEASE: AMEBIASIS (AMEBIC DYSENTERY)

- Infectious Agents:** Entamoeba histolytica; a protozoon
- Vector/Vehicle:** Fecal-Oral by water, food, flies, utensels, food handlers
- Host:** Humans
- Reservoir:** Humans, usually a chronically ill or asymptomatic cyst passer
- Symptoms:** Intestinal disorder, chills, fever, blood/mucoid diarrhea often occuring in cycles of attack and remission
- Treatment:** Drug treatment; flagyl- Fluid rehydration for 18-24 hours, then rice/bread, etc. Avoid milk products.
- Prevention:** Sanitary disposal of feces, clean water supply, personal hygiene, fly control
- Long Range Effects:** Dissemination via blood stream can produce liver abscess. Ulceration of skin from intestinal lesions
- Chain of Infection:**



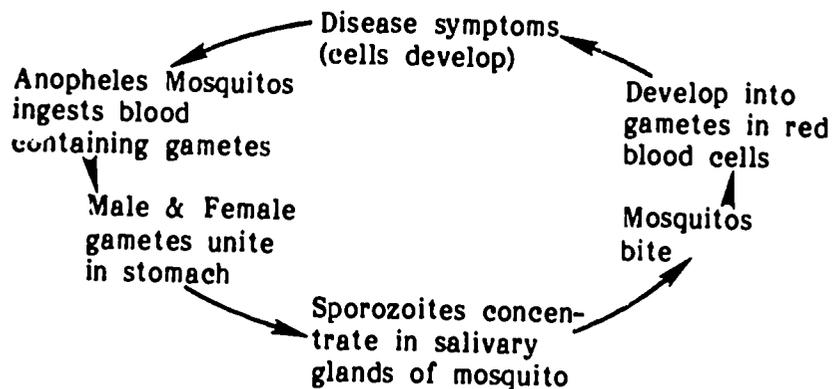
DISEASE: SCABIES

- Infectious Agents:** Sarcoptes scabiei: a microscopic mite
- Vector/Vehicle:** Direct contact, garments, bedclothes
- Host:** None
- Reservoir:** Humans
- Symptoms:** Intense itching, lesions
- Treatment:** Cleansing bath followed by ointment
- Prevention:** Sanitary hygiene, bathing, cleaning of garments/bedclothes.
- Long Range Effects:** Repeated scratching can cause secondary infection
- Chain of Infection:**



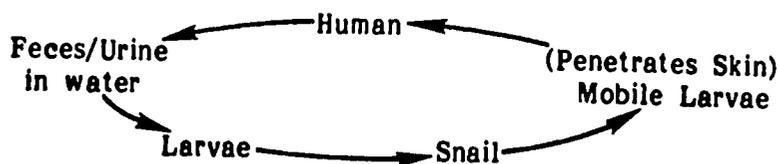
DISEASE: MALARIA

Infectious Agents: Plasmodium Vivax, P. Malariae, P. Falciparum, P. Ovale
Vector/Vehicle: Infective female anopheline mosquito
Host: Humans
Reservoir: Humans
Symptoms: Cycle of chills, profuse sweating, rapid rising temperature, headaches, nausea
Treatment: High doses of suppressive prophylaxis. Fluid rehydration.
Prevention: Regular use of suppressive prophylaxis, mosquito control, insect repellents, use of screens and bed nets, control of mosquito breeding habitats.
Long Range Effects: If untreated, can cause irreversible complications and death
Chain of Infection:



DISEASE: SCHISTOSOMIASIS (BILHARZIASIS)

Infectious Agents: Larval eggs of Schistosoma mansoni, haematobium, and intercalatum
Vector/Vehicle: Water
Host: Appropriate Freshwater Snail Intermediate Host
Reservoir: Human
Symptoms: Chronic infection, stomach pains, blood in urine
Treatment: Long-term intramuscular drug injections
Prevention: Disposal of feces/urine, snail control, protective clothing, brisk toweling after contact.
Long Range Effects; General debilitation, death
Chain of Infection:



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ASPECTS OF WATER AND SANITATION HYGIENE

1. Water -----
 - at the source
 - during transport
 - during storage

2. The Environment ----
 - solid waste disposal
 - water disposal
 - sanitation systems (latrines, etc.)
 - standing water
 - animal management

3. The Individual -----
 - water use
 - use and hygiene of latrines
 - personal hygiene
 - water disposal
 - food hygiene

GUIDE TO SESSION 3

PURPOSE AND COMPONENTS OF A HYGIENE EDUCATION PROGRAM

Total Time: 2 hours

SUBJECT	PROCEDURE	TIME	HANDOUTS/MATERIALS	FLIPCHARTS REQUIRED
1. Introduction	Questions and Presentation	15 minutes		A. Smoking Behaviors B. Session 3 Objectives
2. Purpose of a Hygiene Education Program	Discussion and Presentation	20 minutes		C. Purpose and Strategies of Hygiene Education D. Strategies for Water and Sanitation Hygiene
3. Steps in a Hygiene Education Program	Presentation	25 minutes	Handout 3-1: Steps in a Hygiene Education Program Handout 3-2: Elements of a Good Hygiene Education Program	E. Steps in a Hygiene Education Program
4. List of Community Groups/Members	Pairs Task and Discussion	40 minutes		F. Pairs Task: List of Community Groups
5. Conclusions	Discussion	10 minutes		
6. Wrap Up	Discussion	10 minutes		

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SESSION 3

PURPOSE AND COMPONENTS OF A HYGIENE EDUCATION PROGRAM

Total Time: 2 hours

OBJECTIVES

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

- discuss the difficulty of changing hygiene behaviors,
- define the purpose and strategies of hygiene education,
- identify the steps involved in developing and carrying out a community hygiene education program, and
- list community members or groups that are most likely to have a key role in carrying out a hygiene education program.

OVERVIEW

This session begins by asking participants to analyze smoking as a health-related behavior that is difficult to change. Some participants are or probably have been smokers. By examining such a behavior close to their own experience that is harmful to their health, participants can appreciate the difficulty of changing behaviors through a community hygiene education program. They discover that knowledge is not enough to promote a change in behavior.

The discussion on health behaviors leads to a presentation on the purpose and strategies of hygiene education. Then, trainers ask participants to divide into pairs and to generate a list of community members or groups that are most likely to have a key role in carrying out a hygiene education program.

PROCEDURES

1. Introduction

15 minutes

Ask how many people in the room are smokers. Then ask how many are former smokers. Ask why smokers continue to smoke. Write down their reasons on *Flipchart A: Smoking Behaviors*, under a column entitled "Why People Continue."

Add a second column entitled "Why Stop?" Ask what the reasons are for stopping. Write down their answers in the second column. Make sure the smokers have a chance to contribute to the "Why Stop" list. Then point out that even smokers know why they should stop. Ask the whole group if

out that even smokers know why they should stop. Ask the whole group if knowledge is enough to make people change a harmful health behavior and why/why not.

Next ask them to think of some harmful hygiene behaviors. Ask for one or two examples from the group. Lead a brief discussion on how easy or difficult it would be to change that behavior.

Explain that this discussion is intended to increase awareness of the difficulties involved in changing health and hygiene behaviors. Encourage them to remember how it felt to confront those problems when developing a hygiene education program with community groups.

Give an overview of the session in your own words. Then, present *Flipchart B: Session 3 Objectives*. Ask if they are clear.

2. Purpose of a Hygiene Education Program

20 minutes

Ask what the focus was of the previous session. Encourage answers like: health benefits of water, health effects of water, etc. Explain that the last session leads to the first purpose of a hygiene education program. Display *Flipchart C: Purpose and Strategies of Hygiene Education* and explain that the purpose of a hygiene education program is to

- promote the health benefits of improved water supply and sanitation (WS&S) systems.

Explain that there are two principal strategies used in hygiene education programs, also on *Flipchart C*:

- promotion of individual WS&S behavior change and
- promotion of community WS&S activities/action.

Refer participants to *Handout 2-4: Aspects of Water and Sanitation Hygiene*. Write the same information on *Flipchart D: Strategies for Water and Sanitation Hygiene*. Leave enough space on the right-hand side of the flipchart for two columns. Entitle the first column "Individual Strategy" and the second one "Community Strategy." Ask participants which aspects on the chart require an individual strategy and which ones require a community strategy. Record their answers by placing a check mark in either or both of the columns. For example, the "environment—solid waste disposal" aspect would require both individual and community strategies. Therefore, you would place a check mark in both columns next to that aspect. In fact, most aspects require both strategy levels.

Explain that both individual and community strategies are important. Even when the final objective is individual behavior change, however, community/group strategies are usually more effective in terms of effort-benefits. The individual is often more affected by group action. It is

therefore important to think in terms of how both strategies can be used in any hygiene education program.

The end result is that people who are aware of how important improved water supply and sanitation are to them are more likely to ensure the proper maintenance and operation of a water source or a sanitation facility, thereby leading to greater sustainability of those systems.

3. Steps in a Hygiene Education Program

25 minutes

Describe a hygiene education program using *Handout 3-1: Steps in a Hygiene Education Program*. Display these steps on *Flipchart E: Steps in a Hygiene Education Program*.

Explain that the steps in a hygiene education program listed on Flipchart E closely follow the steps used in the organization of the workshop sessions. Add that you are starting with the assumption that participants have already identified an appropriate community group or organization with which to work. Explain the steps using the following statements or questions as guides.

(1) Introduce Oneself to the Community

Explain the importance of introducing oneself to the community and/or group with an approach appropriate to local customs, stating clearly the reasons for wanting to work with the community/group.

(2) Collect Information

State that accurate information is the basis for developing any hygiene education program. The extension agent/hygiene educator needs to ask what information is needed, from whom to collect it, and how. This information collection among the community has not traditionally been included when developing health/hygiene education programs. However, it is essential to understand a community's beliefs and practices. Remind participants of the reference to Benjamin Paul in Session 2—how important it is to "see the world through [the community's] eyes."

(3) Analyze Data

The objective of analyzing the data/information collected is to formulate conclusions that will guide the hygiene education program.

(4) Develop Program Goals

Ask why one should set program goals. Encourage answers such as: helps to focus on priorities; sets the direction of the program; establishes targets to achieve; provides a way to generate support for the program.

(5) **Develop a Work Plan**

Ask how many of the participants use a work plan in their ongoing activities, and what purpose it serves. Encourage answers such as: sets a schedule for activities; provides monitoring checkpoints; outlines the roles and responsibilities of people who will implement the program.

(6) **Implement the Work Plan**

Explain that you will spend some time working on implementation issues.

(7) **Evaluate Program**

Ask why evaluation is important. Encourage such answers as: assess whether the program goals are being achieved; provide a basis for setting new goals; help decide what activities or methods should be continued, expanded, discontinued, and what new or different activities/methods should be undertaken.

Next, distribute *Handout 3-2: Elements of a Good Hygiene Education Program* and ask participants to read it.

Ask participants if they have any questions about the elements. Indicate that you will not discuss the elements in detail now, but encourage them to refer to the list frequently as you cover each step of a hygiene education program during the workshop.

4. **List of Community Groups/Members**

40 minutes

Explain that a hygiene educator should take advantage of opportunities to work with existing community groups and involved individuals. Add that you now want participants to look at who in a community can help implement a hygiene education program. The hygiene educator needs to work closely with these groups and individuals so that they can eventually take over full responsibility for the activity.

Ask participants to turn to a neighbor, thereby forming groups of two. Write the following task on *Flipchart F: Pairs Task: List of Community Groups*.

- Make a list of community groups with whom you might work in carrying out a hygiene education program.

After five minutes, ask for some examples and write them on a flipchart. Expect answers like: health groups, water groups, women's groups, cooperatives, political organizations, traditional societies/groupings, elected representatives, market organizations, and religious groups.

The main point here is that there are a variety of groups with which to work. Most important, however, is the concept of working closely with these groups. Discuss this concept briefly. Then ask them to look at *Handout 3-1: Steps in a Hygiene Education Program* and identify which groups could be involved at the various steps in a program. For example, you might ask:

- Which groups could or should be involved in Step 1?

Place the number "1" next to each group listed on the flipchart that might be involved in step 1. Ask the same for each of the other six steps, and list the corresponding number next to the groups. Make the point that it is essential to work through existing groups and that certain groups may be more appropriate at different stages.

5. Conclusions

10 minutes

Ask participants what they see as the most important points to remember about the session. Answers should focus on the difficulty of changing health behaviors, the importance of working at the individual and community levels, the sequence of steps in a hygiene education program, and the need to involve appropriate community groups.

6. Wrap Up

10 minutes

Ask what they would now do differently back in their work situations when starting a hygiene education or other similar type of program.

Summarize the main learning point of this session. Then review the session objectives and ask if they have been reached.

MATERIALS

Handout 3-1: Steps in a Hygiene Education Program

Handout 3-2: Elements of a Good Hygiene Education Program

Flipchart A: Smoking Behaviors

Flipchart B: Session 3 Objectives

Flipchart C: Purpose and Strategies of a Hygiene Education Program

Flipchart D: Strategies for Water and Sanitation Hygiene

Flipchart E: Steps in a Hygiene Education Program

Flipchart F: Pairs Task: List of Community Groups

STEPS IN A HYGIENE EDUCATION PROGRAM

1. **Introduce Oneself to the Community**
2. **Collect Information**
3. **Analyze Data**
4. **Develop Program Goals**
5. **Develop a Work Plan**
6. **Implement the Work Plan**
7. **Evaluate Program**

ELEMENTS OF A GOOD HYGIENE EDUCATION PROGRAM

1. It is active rather than passive.
2. It has legitimacy in the eyes of the community.
3. It brings about sustainable change.
4. It weaves a net of messages into which nearly everybody in the community is caught.
5. It gives community hygiene education "teachers" very clear roles to play.
6. It is positive rather than negative in what it asks people to do.
7. It asks people to do things they can afford or reasonably expect to do given their circumstances.
8. It is flexible and always being evaluated; new things are tried, and methods that do not work are discarded.
9. It does not depend upon people's ability to read or give public lectures.
10. It is easy to evaluate using community members or health workers to carry out the evaluation.
11. It has a good system for reporting results.

Adapted from: M. Simpson-Hebert, M. Yacoob. *Guidelines for Designing a Hygiene Education Program in Water Supply and Sanitation for Regional/District Level Personnel*. WASH Field Report No. 218. September 1987.

GUIDE TO SESSION 4

THE RELATIONSHIP BETWEEN THE HYGIENE EDUCATOR AND THE COMMUNITY

Total Time: 2 hours, 30 minutes

SUBJECT	PROCEDURE	TIME	HANDOUTS/MATERIALS	FLIPCHARTS REQUIRED
1. Introduction	Questions and Presentation	5 minutes		A. Session 4 Objectives
2. Assessment of Program Approaches	Administer/Score Inventory and Discussion	50 minutes	Handout 4-1: Assessment of Program Approaches Used by Community Educators Handout 4-2: Scoring Sheet	B. Scoring Sheet Sample C. Small Group Task Instructions
3. Approaches of Hygiene Educators	Presentation	20 minutes	Handout 4-3: Interpretation Sheet	
4. Role of the Educator	Story and Discussion	30 minutes	Handout 4-4: Story: Relationship between Hygiene Educator and the Community	D. Story Objectives
5. Definition of Community Participation	Reading and Discussion	25 minutes	Handout 4-5: A Working Definition of Community Participation	
6. Conclusions	Discussion	10 minutes		
7. Wrap Up	Presentation and Discussion	20 minutes		

SESSION 4

THE RELATIONSHIP BETWEEN THE HYGIENE EDUCATOR AND THE COMMUNITY

Total Time: 2 hours, 30 minutes

OBJECTIVES

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

- examine the approaches used by hygiene educators to work with community groups,
- give a working definition for community participation, and
- list situations in which they can collaborate with a community organization on a hygiene education program.

OVERVIEW

In order to involve a community in a hygiene education program, the hygiene educator must make every possible effort to collaborate. However, in many instances, hygiene educators tend to lecture community members or carry out a program on their own. As a result, the community is distant from the educator and the program. The educators may think they are doing the right thing, that they are adequately involving the community, or that the community is simply not interested.

In this session, participants will examine how hygiene educators work with communities to determine whether they tend naturally to be directive or collaborative. The trainers will help them in this analysis through an instrument called the Assessment of Program Approaches. The emphasis will be on the importance of being collaborative. Then, participants will analyze the role of an educator with a community with the help of a story read by the trainer. The session continues with the discussion of a common definition of community participation. At the end of the session, trainers ask participants to think of ways they can involve communities in hygiene education programs.

PROCEDURES

1. Introduction 5 minutes

Link with the previous session on the purpose and components of a hygiene education program. Add that in this session they will look at some approaches that a hygiene educator can use in order to involve the community in a program.

Display *Flipchart A: Session 4 Objectives*. Read the objectives and ask if they are clear.

2. Assessment of Program Approaches 50 minutes

Explain that you will ask the participants to fill out a short inventory with a set of 19 statements about how a hygiene educator works with community groups. Instruct them to place a mark (or a check) next to the statements that reflect the approach they see most commonly used. Indicate that this is not a test and is intended for discussion purposes only. Emphasize that you want their honest assessment of how community educators work with community groups, not an ideal situation. Distribute *Handout 4-1: Assessment of Program Approaches Used by Community Educators*. Ask them to fill it out. Give them 10 minutes.

Once they have filled out the form, distribute *Handout 4-2: Scoring Sheet*. Ask them to count each mark as one point and enter it on the scoring sheet. Then, they should calculate the total for each of the two columns. Demonstrate how to score the sheet on *Flipchart B: Scoring Sheet Sample* as follows.

Explain that if a participant checks statements number "1" and "5," then those marks would appear on the scoring sheet:

	A	B
1.	<u>1</u>	
2.		<u>1</u>
3.	<u>1</u>	
4.		<u>1</u>
5.		<u>1</u>
.		
.		
.		
.		

Explain that they should add the total number of marks in each column (each with a value of one) to show the total result in Columns "A" and "B." Give them five minutes to write in their marks.

Finally, when they have completed the scoring process, ask how many had the highest score in Column "A"; then, those with the highest score in Column "B." Ask the people with the highest score in "A" to form a group and those in "B" to form another.

Then, give them the following task on *Flipchart C: Small Group Task Instructions*.

- Compare your scores briefly.
- Group A will list and discuss the characteristics of a Type "A" person.
- Group B will list and discuss the characteristics of a Type "B" person.
- You have 25 minutes for this task.

3. Approaches of Hygiene Educators

20 minutes

Ask people in group "A" for their list of "A" characteristics. Record the responses on a flipchart.

Ask people in group "B" for their list of "B" characteristics. Record on a flipchart. Then distribute *Handout 4-3: Interpretation Sheet* and compare it with the list of characteristics generated by the groups.

Discuss how desirable the "B" approach is, but how difficult it is to achieve. Ask why approach "B" is so difficult. Expect answers like "it takes more time," "the community may be at odds with the educator," etc.

An optional question here is to ask whether it is possible and appropriate to use both "A" and "B" at different steps in developing a hygiene education program. Ask participants to review the seven steps from *Handout 3-1: Steps in a Hygiene Education Program* and indicate if each step lends itself to "A" or "B." Make the point that in some cases it may be appropriate to use the "A" approach, but that in general you want to use the "B" approach. State that the "B" approach builds on what the community already knows much more than "A" does.

4. Role of the Educator

30 minutes

Explain that you will read a story about an extension agent and his involvement with a community named Koulika and that after reading the story you will ask them some questions about it. Use *Handout 4-4: Story: Relationship between the Hygiene Educator and the Community*. Do not distribute the story at this time.

Display *Flipchart D: Story Objectives*, as listed in Handout 4-4, then proceed as follows:

- (1) Read the objectives for the story. Ask if they are clear.
- (2) Read the story.
- (3) Ask the questions at the end of the story and discuss the answers in the large group.

Distribute Handout 4-4 after the discussion.

5. Defining Community Participation

25 minutes

Tell participants that community participation is critical to the success of a hygiene education activity, or of any other development activity. Make the point that if community vendors are not involved from the beginning in the planning and construction of a water system, they are unlikely to be interested in the use of the system after it is finished. They are also unlikely to be interested in other environmental sanitation activities. Community participation is therefore the cornerstone of a successful hygiene education program.

Because participants may define community participation in different ways based on their experiences, it is useful to agree on a common working definition for this workshop. Distribute *Handout 4-5: A Working Definition of Community Participation*. Ask participants to read it. Answer any questions. Then ask what problems they see in encouraging community participation, and how it differs from approaches they have used or have seen others use.

6. Conclusions

10 minutes

Ask participants what they have learned in this session about alternative approaches that can be used by hygiene educators when working with communities.

Ask how approaches "A" and "B" compare with their own approach.

7. Wrap Up

20 minutes

Ask what possibilities they see for working in a more collaborative way with their communities.

Some participants may respond by saying that their communities will not participate. Encourage them to think of new ways that they can work with their communities. Return to *Handout 3-1: Steps in a Hygiene Education*

Program. Challenge them to think of steps in which they can involve their communities.

Summarize the main learning points of the session. Review the session objectives and ask if they were achieved.

MATERIALS

Handout 4-1: Assessment of Program Approaches Used by Community Educators

Handout 4-2: Scoring Sheet

Handout 4-3: Interpretation Sheet

Handout 4-4: Story: Relationship between the Hygiene Educator and the Community

Handout 4-5: A Working Definition of Community Participation

Flipchart A: Session 4 Objectives

Flipchart B: Scoring Sheet Sample

Flipchart C: Small Group Task Instructions

Flipchart D: Story Objectives

**ASSESSMENT OF PROGRAM APPROACHES USED BY
COMMUNITY EDUCATORS**

In order to assess how hygiene education and other similar programs are developed and implemented with community groups, think of how most people actually conduct such programs. Read each statement and decide if it applies to the approach you see used most often. If so, place a check mark next to the number in the space provided. If the statement does not describe the approach you see used most often, leave it blank. Remember to describe what actually happens in real life, not what should happen.

- ___ 1. The educator determines the direction of the hygiene education program.
 - ___ 2. The educator participates in identifying program needs with the community group.
 - ___ 3. The educator plans all the activities for the community group.
 - ___ 4. The community group members often make program decisions with little direction from the educator.
 - ___ 5. The educator and the community group share responsibility for the program.
 - ___ 6. The educator's principal role is to encourage the community group to continue identifying hygiene needs and to develop goals for meeting those needs.
 - ___ 7. The educator is expected to provide the community group with a well-detailed plan for a hygiene education program.
 - ___ 8. The educator makes the decisions on how the program will be implemented.
 - ___ 9. The community group spends a good deal of time learning from the educator's expert advice.
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- ___ 10. The community group is told precisely what to expect from the hygiene education program.
- ___ 11. The community group is expected to challenge some of the educator's ideas.
- ___ 12. The community group defines the actions to be taken in the program and takes responsibility for implementing them. The educator only helps in this process.
- ___ 13. The educator decides how successful the program is.
- ___ 14. The community group decides if it will benefit from the educator's help. If it decides to go ahead, the group will take on major responsibilities for implementing the program.
- ___ 15. The community group relies on the knowledge of the educator to answer most of their substantive questions.
- ___ 16. The community group's discussions are always tightly controlled so that the outcomes will be predictable.
- ___ 17. The educator assumes full responsibility for planning the program activity.
- ___ 18. The educator allows the community group to influence the program.
- ___ 19. The community group has a major role in deciding how successful the program is.

SCORING SHEET

DIRECTIONS: For each statement that you marked on *Handout 4-1*, place a mark on the line shown in column A or B opposite the corresponding question number. Count the number of marks that fall in column A, and write the total number at the bottom. Repeat for column B. Each mark has a value of 1.

	A	B
	=====	=====
1.	_____	
2.		_____
3.	_____	
4.		_____
5.		_____
6.		_____
7.		
8.	_____	
9.	_____	
10.	_____	
11.		_____
12.		_____
13.	_____	
14.		_____
15.	_____	
16.	_____	
17.	_____	
18.		_____
19.		_____
TOTALS	A. _____	B. _____

INTERPRETATION SHEET

STYLE

EDUCATOR'S APPROACH

A = DIRECTIVE

Acts as expert
Provides answers
Directs
Sets goals
Gives answers
Does much of the work
Evaluates
Presents plans
Designs materials

B = COLLABORATIVE

Works with group to find solution
Collaborates
Provides technical expertise
Takes on part of the work
Encourages
Helps set goals
Questions
Interacts
Evaluates jointly
Helps identify resources

STORY: RELATIONSHIP BETWEEN THE HYGIENE EDUCATOR AND THE COMMUNITY

Objectives:

Using this story, the participants will be able to

1. list at least one collaborative and one directive behavior of an extension agent working with members of a community and
2. list some strategies for collaborating with a community organization on a hygiene education program.

Story of Ali and the Community Health Committee

Ali was a young extension agent from the Community Development Agency of the Ministry of Public Health. As part of a big national effort to improve the well-being of rural communities, the government was providing drilled wells and other services. Ali was assigned to work with several of the recipient communities on long-term health and hygiene education activities.

His most active community was Koulika, where the Community Health Committee had already worked very hard to prepare for the arrival of the wells and pumps. Ali had given several health talks about the benefits of clean water to the committee, and they were enthusiastic about teaching their fellow villagers about the best way to use the new pumps and water.

Ali's ministry always stressed involving the community and working through local organizations. Ali was ready to do the first steps of his program with Koulika: collect and analyze information about hygiene practices in the community. He would use this information to prepare his community health talks. Ali felt that the inhabitants of Koulika had a lot to learn about hygiene. The kids were always dirty and playing in the mud by the river. Many of the small ones had coughs and looked thin. Ali knew there were no latrines in the community and wondered if the parents knew much about proper child care and personal hygiene.

Ali called a committee meeting to organize the first steps of the hygiene education campaign. The whole group came, and the president began to tell him about their ideas for holding community-wide meetings concerning the use of the new pumps. Ali told the group that now that the community had clean water, it must change some of its more unseemly and unhygienic practices. He decided it was a good time for a little health talk, so he stood up and talked to them for five minutes or so on the perils of fecal contamination of water.

He explained that to start this educational campaign, they would first carry out a survey of current hygiene practices in the community. The committee president told Ali that the committee members knew the information already, but Ali told them they would have to do what he said. He set the date for the survey for the following Thursday, and assigned different roles to different members: two would accompany him for translating and notation, two would inspect the households for water storage and general cleanliness practices, and two would spend time at the pumps and river taking note of how water was being fetched and how the new pumps were being used. Since there wasn't much response from the committee, he assumed everything was understood and said farewell until Thursday.

When Thursday came, Ali arrived at Koulika bright and early, carrying papers and pencils. He was surprised to find no one at their usual meeting place, so he went to the members' houses. Each one was out either in the fields or off on errands in the next town. Ali was very puzzled. Hadn't he clearly said that they were to meet and work together on Thursday?

Questions:

1. How would you describe Ali's working style with the community: directive or collaborative?

[Directive]

2. What are some specific examples of his type of behavior?

[He told the committee what to do without asking their opinion; he stood in front of them and talked down to them during his "health talk"; he decided what was best for the community; he didn't listen to others and made all decisions on his own; he assigned tasks without asking for volunteers.]

3. What are some of the reactions to and consequences of his type of behavior? Give specific examples.

[The committee grew more passive and silent the more Ali tried to control; the committee also "stonewalled" him—did not appear at the appointed time to do the survey. They stopped collaborating.]

4. What could Ali have done that would be more collaborative with the committee? (be specific)

[Ali could have pursued the committee's initiative before his own agenda; he could have asked questions and listened to their opinions; he could have gotten agreement from the committee on the information gathering, or asked them to propose a different approach; he could have asked members to choose their own roles in the information gathering exercise.]

5. What guidelines or "rules" can we establish for working collaboratively as educators with community organizations?

[Refer to Handout 4-3: Interpretation Sheet]

A WORKING DEFINITION OF COMMUNITY PARTICIPATION

Participation and Community

Participation means joining with others to do something. The word is not used to describe someone working alone. The word "participate" means that more than one person is involved in achieving something. The word "community" comes from the word "common." A community is a group of people that has something in common, such as the place they live, the tribe or clan they belong to, the work they do.

Community Participation

Community participation describes a situation in which people who consider themselves members of the same community join together to do something for the community. Community participation in development projects refers to a situation in which as many members of a community as possible are actively involved in planning, carrying out, and evaluating the actions that the community is taking to solve its problems.

Community participation in developing a project does not mean that the project will not have any problems, but the solutions chosen by many people in the community are usually better than those chosen by just a few. Most important, experience in community participation makes the community more able to solve its own problems in the future. The community no longer has to depend on someone from outside to help it look at its problems and do something about them.

The ways in which members of a community can participate or work together are many. Some communities rely on traditional leaders, such as a council of elders or a chief to make decisions for them. Others organize new means of making decisions, such as village development committees or village health committees. Still other communities prefer not to develop a new organization but instead work through existing family and neighborhood groups.

For community participation to work, the way it is organized must fit in with the wishes and capabilities of the community. Where possible, rather than creating something new, community participation should be adapted to the organizations that already make decisions on behalf of the community. In development projects in many countries, it is common for field workers from outside the community to help the community participate in all stages of project development.

How can we begin to look at community participation? We can ask several basic questions.

1. *Who* has been participating? Men, women; old, young; different tribal, clan, or religious groups; traditional-minded, modern-minded people? Who is being left out?
2. *What* has participation been about? Water supply and sanitation, primary health care, agriculture, integrated rural development, etc.?
3. *How* has the participation been organized? Does the participation come immediately from the community members or does someone from outside the community have to get it started? If assistance is coming from outside the community, who is responsible and how is this assistance being organized?

A Working Definition of Community Participation in the Context of Hygiene Education

Looking at what has been said so far, we can come to a definition of "community participation" for use in this workshop:

1. We, as field workers, can influence the amount and type of community participation in planning, carrying out, and maintaining water supply and sanitation projects. We can promote it by making things easier, organizing groups, and training community members.
2. Participation means involvement by the community in all aspects of the development of a project, from its very beginning to its very end. Providing materials and labor is not all there is to community participation.
3. Through community participation, we not only end up with water supplies, latrines, and improved health behaviors, we also end up with communities more capable of solving problems for themselves. We end up with communities that are less dependent on outsiders and the government.
4. When talking about community participation, we need to ask three basic questions: *who* is participating, *what* are they participating for, and *how* is the participation being organized?
5. The ultimate aim of community participation in the context of hygiene education is sustainability of the water system. The goal is the system's proper use, efficient maintenance, and effective management with minimum outside assistance.

GUIDE TO SESSION 5

INFORMATION COLLECTION: DECIDING WHAT IS NEEDED AND HOW TO COLLECT IT

Total Time: 4 hours, 30 minutes

SUBJECT	PROCEDURE	TIME	HANDOUTS/MATERIALS	FLIPCHARTS REQUIRED
1. Introduction	Questions and Presentation	10 minutes		(Session 3, Flipchart E: Steps in a Hygiene Education Program) A. Session 5 Objectives
2. Information Collection Overview	Questions and Discussion	30 minutes	Handout 5-1: Methodology for Data Collection with the Community	(Session 3, Flipchart D: Strategies for Water and Sanitation Hygiene)
3. Practicing Information Collection/Recording	Case Study in Small Groups	60 minutes	Handout 5-2: Case Study- Information Collection Handout 5-3: Case Study Information Collection Work Sheet	B. Case Study Task
4. Discussion of Case Study	Discussion with Entire Group	30 minutes	Handout 5-4: Sample Work Sheet	
(Likely End of Day 2)				
5. Interviewing	Demonstration and Presentation	40 minutes	Handout 5-5: Interviewing and Observing	C. Interviewing
6. Communication Skills-Paraphrasing	Presentation	20 minutes		D. Paraphrasing
7. Communication Skills-Asking Questions	Presentation and Role Play	60 minutes	Handout 5-6A: Extension Agent Role Play Sheet Handout 5-6B: Committee President Role Play Sheet	E. Closed- and Open-ended Questions F. Role Play Instructions
8. Conclusions	Discussion	10 minutes		
9. Wrap Up	Discussion and Presentation	10 minutes		

SESSION 5

INFORMATION COLLECTION: DECIDING WHAT IS NEEDED AND HOW TO COLLECT IT

Total Time: 4 hours, 30 minutes

OBJECTIVES

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

- decide what basic information is needed for an education program directed at improving hygiene practices related to water, the environment, and the individual,
- identify groups and individuals from whom this information can be collected,
- determine what methods are best suited for collecting the information,
- identify a community's behaviors and beliefs about hygiene related to water, the environment, and the individual, and
- use two key communication skills in conducting interviews: paraphrasing and asking questions.

OVERVIEW

Collecting and analyzing information in a community prior to designing a hygiene education program leads the educator to an understanding of the current hygiene practices related to water collection and use, the environment, and the individual. It also helps to avoid false assumptions about beliefs and attitudes and to establish a baseline against which change and progress can be measured. When community members are involved in the process of collecting information, they have a chance to discover problems and see habits in a new light.

During this session, participants learn to use a structured approach to information collection, first by identifying what information to collect and from whom the information should be collected and then by reviewing collection methods and selecting those which are most appropriate for their purposes. They practice this approach to information collection in small groups. Then, they learn some interviewing techniques and practice them in a role play.

PROCEDURES

1. Introduction 10 minutes

Refer to *Session 3, Flipchart E: Steps in a Hygiene Education Program* and explain that this session will deal with Step 2: Community Information Collection.

Ask participants how they would define hygiene education. Look for answers such as improving health by influencing hygiene behaviors related to water, the environment, and the individual.

Discuss the reasons for and importance of information collection by focusing on the need to

- avoid making too many assumptions about beliefs and practices,
- base activities on realities,
- establish baselines against which to measure change, and
- help community members discover problems on their own.

Present the objectives on *Flipchart A: Session 5 Objectives* and ask if they are clear.

2. Information Collection Overview 30 minutes

Explain that when planning to collect information in a community, one must decide

- what type of information to collect,
- from whom, and
- which method of data collection to use.

A. What type of information to collect—

For developing hygiene education programs, data should be collected on each of the three aspects of hygiene discussed in Session 3. Display *Session 3, Flipchart D: Strategies for Water and Sanitation Hygiene* and refer participants to *Handout 2-4: Aspects of Water and Sanitation Hygiene*. Explain that data should be collected on practices and beliefs regarding each of the three major aspects: water, the environment, and the individual.

B. From whom—

One should collect data from those directly involved with the activity of interest (young women, men, children, grandmothers). However, one must be careful to ask the appropriate people about tasks that concern them. For example, it is not appropriate to ask

men about household cleaning routines if women have the sole responsibility for carrying them out.

C. Which method—

Explain that there are several methods for collecting data:

- (1) observations of ---

[situations, things
]	people's behavior/practices
- (2) individual interviews
- (3) community group interviews—drawing a community map

Use the information in *Handout 5-1: Methodology for Data Collection with the Community* to explain point (3) further. Then distribute the handout.

Encourage participants to ask questions. Keep the discussion brief, however, by explaining that they will soon have a chance to go into much greater detail and put some of these concepts into practice.

3. Practice Information Collection/Recording

60 minutes

Distribute *Handout 5-2: Case Study—Information Collection*. Ask them to read it briefly. Then distribute *Handout 5-3: Case Study Information Collection Work Sheet*. Explain that on this work sheet they will record their decisions on from whom/where and how they will collect data and write down the data they identify from the case study. Note that the first column, the information to be collected, is already filled out in order to save time and to make their task a bit easier.

Give them the following instructions on *Flipchart B: Case Study Task*:

- Work in groups of four or five people.
- Fill out the work sheet, basing your answers on the case study.
- Take 50 minutes for this task.

Provide an example for filling out the work sheet.

<u>What Information to Collect</u>	<u>From Whom</u>	<u>How to Collect It</u>	<u>Data Collected</u>
What sources exist?	Women; leaders	Observe; ask	River; a dug well

4. Discussion of Case Study

30 minutes

Distribute *Handout 5-4: Sample Work Sheet*.

Ask them to read it and compare it with the one they just filled out. Ask if there are any questions. Avoid a lengthy discussion at this point, or a discussion about whether the information in Handout 5-4 or on their own work sheets is "right" or "wrong."

Ask each small group to share what was the biggest problem they had in completing the exercise. Then ask which of these problems are similar to those they would face in collecting the information from a community and which ones might be different.

Ask them if they found the case study useful. Explain that it is intended to prepare them for the field exercise in the next session.

NOTE: This step is likely to conclude day 2 of the workshop; the rest of the session can be finished on the next day.

5. Interviewing

40 minutes

Say that one of the critical skills in collecting information is interviewing and that we are now going to practice it.

Conduct a demonstration showing an extension agent interviewing a community person. Play the role of the extension agent. Use either the other trainer or a participant to play the role of the community person. Make sure the other person in the demonstration has had some time to prepare for the interview. If you use a participant, you will need to brief him or her beforehand.

The purpose of this demonstration is to show how to paraphrase and how to ask open-ended and follow-up questions; therefore, you should take care to demonstrate those techniques. Ask the participants to observe your approach and the communication techniques you use in the interview. A suggested procedure follows:

- Greet according to local customs/introduce yourself.
- Explain why you are there—to learn how people use water.
- Ask for their permission to ask them a few questions.
- Ask:
 - where they get their drinking water
 - how much is available
 - how they store it
 - how much they drink every day

- where they get their bathing water
 - how much is available
 - how much they use every day
 - if they use soap
 - where they dispose of their bathing water
 - what is considered "good, clean water"
- Thank them for their help and bid farewell according to local customs.

Take notes discreetly during the interview to demonstrate the importance of note taking. The entire demonstration should last no more than 10 minutes.

Ask the participants to describe what they heard during the interview. See if they can identify open-ended questions, paraphrasing, follow-up questions, as well as the way you set the climate and closed the interview. Then make a brief presentation on the sequence of an interview as outlined in *Handout 5-5: Interviewing and Observing*. Place the key points from "Part A: Steps for Conducting an Interview" from this handout on *Flipchart C: Interviewing* and use them in your presentation.

Distribute *Handout 5-5: Interviewing and Observing*. Briefly explain "Part B: Principles for Gathering Information through Observation."

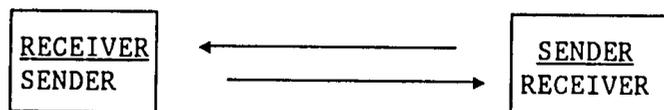
6. Communication Skills—Paraphrasing

20 minutes

Tell the participants that in the demonstration you used two critical communication skills: paraphrasing and asking questions. Say that you want to spend more time on these two communication skills.

Tell them that in the demonstration they heard you paraphrase what the other person said. Explain that paraphrasing is an important communication skill and deliver a lecturette, including the following points.

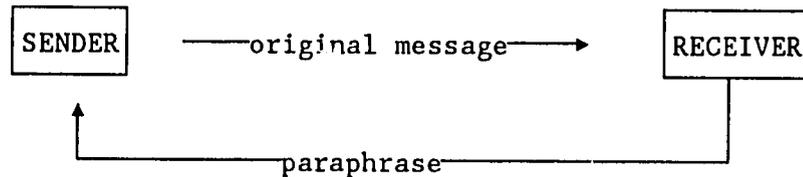
- Communication seems like a simple process of sending and receiving information among people:



- But it is one of the more complex things that humans do. We may think we are sending a clear message, but the person who receives it often hears it differently from the way it was intended. Sometimes we are distracted and do not "hear" or

listen very carefully. One way to ensure that communication is really taking place is to use *paraphrasing*.

- Display the following as *Flipchart D: Paraphrasing*. Paraphrasing is "capturing the meaning of a statement and saying it back to the other person in your own words":



Demonstrate the process of paraphrasing by asking for a volunteer to discuss a subject of your choosing, for example, "How is the work going in your region?" As you talk with the participant, make a conscious effort to paraphrase at appropriate times using different phrases, such as:

- "You are saying..." [then say in your own words what has been said]
- "In other words..."
- "I gather that..."
- "If I understand what you are saying..."
- "You mean..."

Ask them to identify the phrases you used to introduce paraphrasing and write them down on a flipchart. Ask them for other examples of introductory phrases.

To wrap up paraphrasing, ask a few questions, such as:

- What does using paraphrasing do to the communication process?
- What do you think is useful about paraphrasing?

7. Communication Skills—Asking Questions

60 minutes

The second key communication skill is asking questions. Begin by asking them several closed-ended questions in rapid succession, allowing them to answer "yes" or "no," or even give a nonverbal response. Some examples of questions you may ask:

- Are you feeling tired right now?
- Isn't today a nice day?
- Was this last activity useful?
- Would you like to become an excellent hygiene educator?

Ask them to remember the questions you just asked. Then ask some open-ended questions, such as:

- What did you think of the demonstration in interviewing?
- How are you feeling right now?
- When should we take our next break?
- Why am I asking you so many questions?

Keep the discussion after each question short, but allow one or two people to respond to each one.

Ask participants for examples from your first set of questions and what kind of responses those questions elicited from participants. They should describe brief, "yes" or "no" responses.

Ask for examples of the second set of questions you just asked them and what kind of responses those questions elicited. They should describe longer responses. Then ask which questions involved participants more, and what the difference is between the two sets of questions.

Explain that the first set of questions were closed ended and did not involve participants much at all, while the second set consisted of open-ended questions that elicited much greater participation.

Display *Flipchart E: Closed- and Open-ended Questions*, listing the closed- and open-ended questions you used earlier. Ask what is a feature of open-ended questions. Encourage them to think of starting with question words, such as "what, who, how, where, why, when." List these words on a flipchart. Then ask them to rephrase some of the closed-ended questions on the flipchart to make them open ended.

Ask for suggestions of ways that could help them remember to ask open-ended questions. Some examples might be writing them down before asking

them, thinking about question words before asking someone a question, deciding what kind of answer they want and whether the question will elicit the desired response.

Explain that in the next exercise they will have a chance to practice preparing and asking open-ended questions.

- A. Ask them to divide into groups of four to six and explain that you want to give them a chance to practice using these communication skills. Indicate that you will ask two people in each group to volunteer—one will play the role of an extension agent and the other the role of a community health committee president. Explain that this interchange is not really an interview, but that it is related to preparing the community for a set of interviews.
- B. Give half of the people in each group *Handout 5-6A: Extension Agent Role Play Sheet* and the other half *Handout 5-6B: Committee President Role Play Sheet*.
- C. Allow the subgroups a few minutes to read and discuss their respective situations. However, they should not discuss the situation given to them with people in the other subgroup. Then ask if there are any clarifications needed.
- D. Explain how the role play works using *Flipchart F: Role Play Instructions*:
 - One person volunteers from each subgroup to play a role.
 - When playing his or her role, each player should practice using open-ended questions and paraphrasing.
 - The others in the subgroup are observers, noting the use of paraphrasing and open-ended questions by each player.
 - The discussion between the two players should last no more than five minutes.
 - The observers give feedback to the players on their use of paraphrasing and open-ended questions for no more than five minutes.

Each group should do three role plays. Sit in on the role plays as much as possible and make notes both on how the extension agent approaches the community person and on the use of paraphrasing and open-ended questions.

After the role plays are over, ask the group if they had any difficulty in practicing paraphrasing and open-ended questions. Ask if it felt natural and, if not, what they could do to use those skills more comfortably.

8. **Conclusions** *10 minutes*

Ask participants what are the most important things they learned in this session.

9. **Wrap Up** *10 minutes*

Review the main learning points from this session. Then go over the session objectives and ask if they were reached.

MATERIALS

Handout 5-1: Methodology for Data Collection with the Community

Handout 5-2: Case Study—Information Collection

Handout 5-3: Case Study Information Collection Work Sheet

Handout 5-4: Sample Work Sheet

Handout 5-5: Interviewing and Observing

Handout 5-6A: Extension Agent Role Play Sheet

Handout 5-6B: Committee President Role Play Sheet

Flipchart A: Session 5 Objectives

Flipchart B: Case Study Task

Flipchart C: Interviewing

Flipchart D: Paraphrasing

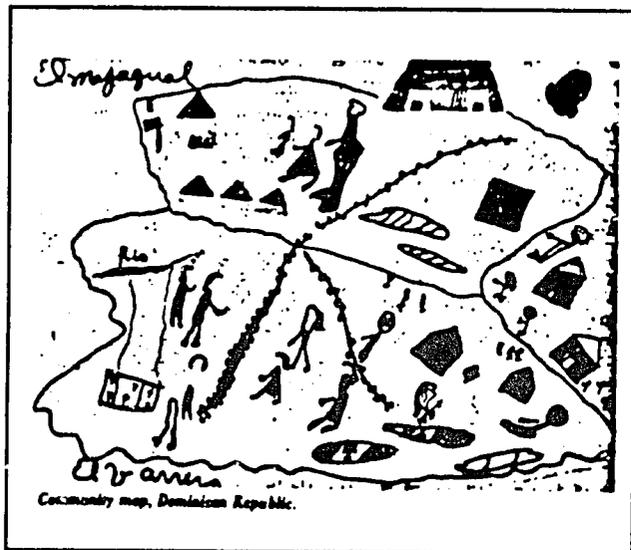
Flipchart E: Closed- and Open-ended Questions

Flipchart F: Role Play Instructions

Session 3, Flipchart D: Strategies for Water and Sanitation Hygiene

Session 3, Flipchart E: Steps in a Hygiene Education Program

METHODOLOGY FOR DATA COLLECTION WITH THE COMMUNITY



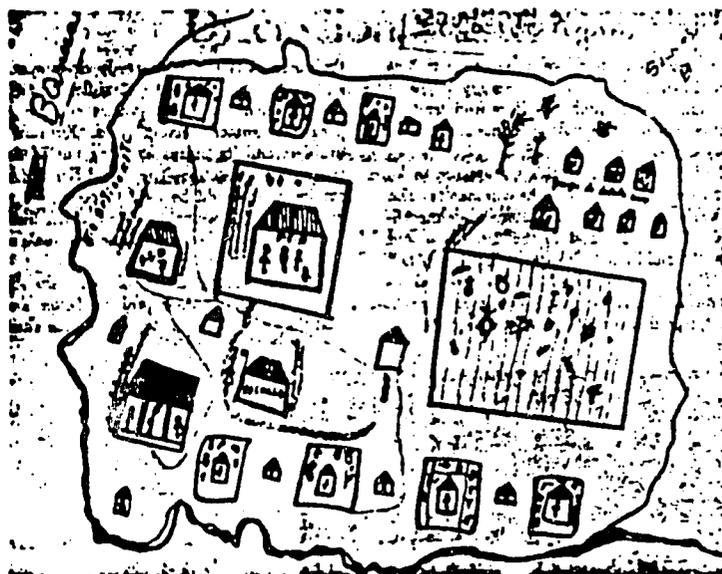
Community Map*

Purpose: To develop with community members the physical characteristics relevant to water resources and environmental health issues as perceived by the community.

Preparation: The extension agent will need to prepare newsprint paper, marker, pencil.

Procedure: Prepare a basic map with the basic features of the community—road, meeting place, etc., so that community people can orient themselves.

1. Ask the community to think about what resources they have in their community that could be drawn on the map. These would include schools, mosques/churches, clinic, gardens, rivers. These can be drawn by different people.
2. Ask community members to think about the problems that exist and either draw them on the map or ask someone to draw them. These might include contaminated water source, dry land, even burial grounds that are too far.
3. Discuss what has been depicted on the map and what people perceive might be the causes of the problems. You may want to return to any points made about water and sanitation and its health/illness effects.



Cocumndy map, Dominican Republic.

* Adapted from *Bridging the Gap: A Participatory Approach to Health and Nutrition Education*. Save the Children Foundation, 1982.

CASE STUDY–INFORMATION COLLECTION

Objectives:

At the end of this case study, participants will be able to

1. list from whom, where, and how information can be collected in a community on hygiene practices and beliefs; and
2. identify some community practices and beliefs related to hygiene.

Case Study:

Akato, a hamlet of about 500 inhabitants, is located near a small river which comes down from a spring in the hills. Traditionally, the people of Akato used the river for all their water needs, but the dry seasons have been getting worse and it tends to dry up. They now have two dug wells which yield a little water in the dry season. These wells are not covered. Women line their basins and buckets up for yards on the ground to get water, and there is much splashing. Animals like to come drink from the puddles which lie around the wells.

When the river water is abundant, people use it for bathing and washing clothes. All the children swim in it. The people say that river water tastes the best, maybe because it is sacred. When they can, they drink only that. They store their household water in uncovered clay jars. People help themselves with cups or even their hands.

Akato is divided into four sections and each one has a general area for dumping solid household refuse, although most often old cans and other trash simply get thrown over compound walls. Small children use these dumps as their favorite defecation sites, while adults go out into the bushes near the river. They have strong feelings against men and women using the same locations for defecating, so separate river areas are roughly designated for men and for women. Until they are about three, young children defecate in the earth courtyards and their mothers or caretakers cover the infants' stools with dirt. They believe that babies' stools are harmless until about four years of age.

When the dry season comes, water is scarce. Even during the rest of the year, there never seems to be enough and people are cautious about using it. Bathing is not a priority unless the river is full. They believe that children should not be washed too often or a protective layer from the earth spirits will disappear.

When bathing is done in the home, wastewater is thrown out into the street where it runs off in rivulets. Soap is scarce although prized. A few women make it but usually sell it in the markets nearby. It is far too precious to be used for handwashing, which is only done when coming back from the fields.

CASE STUDY INFORMATION COLLECTION WORK SHEET

What Information to Collect	From Whom/Where	How to Collect It	Data Collected
<p>1. <u>WATER</u></p> <p>a. What sources exist?</p> <p>b. Which are safe, unsafe?</p> <p>c. How much is available?</p> <p>d. How is area around source sustained?</p> <p>e. What do people use to drink?</p> <p>f. How is water stored?</p> <p>g. What is considered "good, clean" water?</p>	<p>1. <u>WATER</u></p>	<p>1. <u>WATER</u></p>	<p>1. <u>WATER</u></p>
<p>2. <u>ENVIRONMENT</u></p> <p>a. What sanitation systems exist?</p> <p>b. What solid waste disposal systems exist?</p> <p>c. How are animals managed?</p> <p>d. Where do adults defecate?</p> <p>e. Where do children/infants defecate?</p> <p>f. What do people believe regarding danger of adult/children feces?</p> <p>g. How is water disposed of?</p>	<p>2. <u>ENVIRONMENT</u></p>	<p>2. <u>ENVIRONMENT</u></p>	<p>2. <u>ENVIRONMENT</u></p>

What Information to Collect	From Whom/Where	How to Collect It	Data Collected
<p>3. <u>PERSONAL HYGIENE</u></p> <p>a. What are water use priorities?</p> <p>b. When do people wash hands?</p> <p>c. Do they use soap?</p> <p>d. Is bathing frequent, infrequent?</p> <p>e. Do people think bathing/handwashing is important?</p>	<p>3. <u>PERSONAL HYGIENE</u></p>	<p>3. <u>PERSONAL HYGIENE</u></p>	<p>3. <u>PERSONAL HYGIENE</u></p>

SAMPLE WORK SHEET

What Information to Collect	From Whom/Where	How to Collect It	Data Collected
<p><u>1. WATER</u></p> <p>a. What sources exist?</p> <p>b. Which are safe, unsafe?</p> <p>c. How much is available?</p> <p>d. How is area around source maintained?</p> <p>e. What do people use to drink?</p> <p>f. How is water transported?</p> <p>g. How is water stored?</p> <p>h. What is considered "good, clean" water?</p>	<p><u>1. WATER</u></p> <p>a. women, leaders</p> <p>b. water sources</p> <p>c. women</p> <p>d. water sources</p> <p>e. adults and children</p> <p>f. women</p> <p>g. adults</p> <p>h. adults, religious leaders</p>	<p><u>1. WATER</u></p> <p>a. observe, ask</p> <p>b. observe</p> <p>c. ask, observe</p> <p>d. observe</p> <p>e. ask</p> <p>f. observe, ask</p> <p>g. observe</p> <p>h. ask</p>	<p><u>1. WATER</u></p> <p>a. river, 2 dug wells</p> <p>b. both unsafe</p> <p>c. scarce during dry season</p> <p>d. no drainage or protection from animals and puddles</p> <p>e. river water</p> <p>f. basins and buckets</p> <p>g. open clay jars in homes—dipped with cup or hand</p> <p>h. river water because it is sacred</p>
<p><u>2. ENVIRONMENT</u></p> <p>a. What sanitation systems exist?</p> <p>b. What solid waste disposal systems exist?</p> <p>c. How are animals managed?</p> <p>d. Where do adults defecate?</p> <p>e. Where do children/infants defecate?</p> <p>f. What do people believe regarding danger of adult/children feces?</p> <p>g. How is water disposed of?</p>	<p><u>2. ENVIRONMENT</u></p> <p>a. heads of households</p> <p>b. village leaders, heads of households</p> <p>c. households, village</p> <p>d. adult men, women</p> <p>e. mothers</p> <p>f. mothers, men, adolescents</p> <p>g. women</p>	<p><u>2. ENVIRONMENT</u></p> <p>a. observe, ask</p> <p>b. observe, ask</p> <p>c. observe</p> <p>d. ask</p> <p>e. ask</p> <p>f. ask</p> <p>g. observe/ask</p>	<p><u>2. ENVIRONMENT</u></p> <p>a. no latrines</p> <p>b. designated garbage disposal but not well used</p> <p>c. animals roam freely</p> <p>d. in special areas near river</p> <p>e. in courtyards (inf) in trashheaps (child)</p> <p>f. men and women must use separate areas, children's and babies' feces are harmless</p> <p>g. thrown out into the street to run off</p>

What Information to Collect	From Whom/Where	How to Collect It	Data Collected
<p>3. PERSONAL HYGIENE</p> <p>a. What are water use priorities?</p> <p>b. When do people wash hands?</p> <p>c. Do they use soap?</p> <p>d. Is bathing frequent, infrequent?</p> <p>e. Do people think bathing/handwashing is important?</p>	<p>3. PERSONAL HYGIENE</p> <p>a. adult men and women</p> <p>b. mothers, adult men and women</p> <p>c. adult men and women</p> <p>d. adult men and women, mothers of young children</p> <p>e. adult men and women, mothers of young children</p>	<p>3. PERSONAL HYGIENE</p> <p>a. ask</p> <p>b. ask, observe</p> <p>c. ask, observe</p> <p>d. ask</p> <p>e. ask</p>	<p>3. PERSONAL HYGIENE</p> <p>a. drinking and cooking</p> <p>b. when coming back from fields</p> <p>c. only when returning from the fields</p> <p>d. not frequent, especially in dry season and especially children</p> <p>e. not really—dangerous for children to bathe too much</p>

INTERVIEWING AND OBSERVING

A. STEPS FOR CONDUCTING AN INTERVIEW

1. Introduction of visit

Greetings; explain objective of visit and how information will be used—be informal, friendly.

2. Approach to asking the question

Pleasant tone of voice, simple language.

3. Reaction of interviewer to responses given

Show interest in all answers. Make both verbal and nonverbal responses neutral to all answers.

Ask follow-up questions when needed and appropriate—paraphrase to make sure you have understood correctly.

4. Conclude the interview

Thank the interviewees. Explain that the information they have provided will help to develop programs for their community and others in their country.

B. PRINCIPLES FOR GATHERING INFORMATION THROUGH OBSERVATION

1. Ask to be accompanied by a man or a woman from the community, depending on the situation being observed.
2. Explain objective of the visit and how information will be used.
3. Be discreet by not giving your opinion about what is being observed.
4. Be discreet about taking notes in front of people so as not to raise suspicion.

EXTENSION AGENT ROLE PLAY SHEET

You are an extension agent from the Community Development Agency of the Ministry of Public Health. One of the communities where you work is Koulika, where the Community Health Committee has worked very hard to prepare for the arrival of the wells and pumps. You want to begin a hygiene education program in Koulika to make sure that people in the community will keep the water from these new wells as safe as possible and make the best use of it.

You feel that it is very important to carry out a survey of current hygiene practices in the community in order to plan appropriate hygiene education activities. The committee president thinks he knows that information already, but you feel this person is not in touch with many parts of the community; therefore, you do not trust the information he claims to have. You feel the survey should be conducted in a very organized manner and you have specific ideas about what should be done and who should help you do it.

You want to do this survey next week, starting on Tuesday. It will take five days. On each of these days you will need two people to accompany you to translate and take notes, two to inspect households for water storage and general cleanliness practices, and two to spend time taking note of how water is being fetched and carried. You have to conduct the survey on these days because you are committed to work in another community the following week.

You are about to meet with the committee president to gain his support for the survey.

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COMMITTEE PRESIDENT ROLE PLAY SHEET

You are the president of the Community Health Committee in Koulika. You and others on the committee have worked very hard to prepare for the arrival of new wells and pumps in your community. You are one of the elders in the community, and your role as president has made you very popular with other people in the community.

You have been working with a young extension agent from the Ministry of Public Health to prepare for these wells. He is well intentioned, but his suggestions always seem unnecessarily complicated. For example, before receiving approval for the new wells, he insisted on meeting not only with your committee but with several other individuals in the community. He asked these people a lot of questions which you felt were not important. In any case, you could have given him all of the information he needed and saved everyone a lot of time and trouble.

Now this extension agent wants to start some kind of an educational program. You do not see the need to educate people about wells, since they obviously know how to use water—they have been doing it all of their lives. But you are willing to let him organize a few sessions, just to keep him happy. After all, it is important to maintain good relations with the Ministry of Public Health. However, he insists on talking to several people once again, even before he starts the educational program.

You are annoyed with this insistence and you plan to talk him out of bothering more people in the community with a bunch of questions. You would be willing to give him all the information he needs yourself, since, after all, you represent the community, and they trust you.

You are about to meet with the extension agent to discuss your views on what he wants to do to prepare for the educational program.

GUIDE TO SESSION 6

INFORMATION COLLECTION FIELD EXERCISE

Total Time: 8 hours, 30 minutes

SUBJECT	PROCEDURE	TIME	HANDOUTS/MATERIALS	FLIPCHARTS REQUIRED
1. Introduction*	Presentation and Discussion	10 minutes		A. Session 6 Objectives
2. Review: Data Collection Work Sheet	Discussion	30 minutes	Handout 6-1: Information Collection Work Sheet Handout 6-2: Quantitative and Qualitative Data	
3. Preparation for Field Exercise	Small Group Work	80 minutes	Handout 6-3: Preparing the Information Collection Plan	
4. Finalize Preparation	Presentations and Discussion	75 minutes		B. Presentation on Information Collection Plan
5. Set Up Field Exercise	Presentation	10 minutes		
(End of Day 3)				
6. Travel to Site	Travel	20 minutes		
7. Introductions	Introductions	25 minutes		
8. Information Gathering	Small Groups Practice: Observation, Asking Questions	2.5 hours		
9. Travel from Site	Travel	20 minutes		
10. Analysis of the Exercise	Presentations and Discussion	60 minutes		C. Analysis of the Exercise
11. Conclusions	Discussion	20 minutes		
12. Wrap Up	Discussion and Presentation	10 minutes		

* See Trainer Notes at end of session.

SESSION 6

INFORMATION COLLECTION FIELD EXERCISE

Total Time: 8 hours, 30 minutes

OBJECTIVES

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

- decide what hygiene-related information to collect in a community and from whom,
- select appropriate methods for collecting this information, and
- gather information in a community on hygiene practices related to water, the environment, and the individual.

OVERVIEW

The two field exercises in this workshop provide participants the opportunity to practice certain aspects of developing and delivering a community hygiene education program: (1) collecting information and (2) practicing hygiene education methods on topics identified as a result of classroom analysis of the information collected.

This session on information collection builds on Session 5. The participants will form groups of four or five people and within each group decide what information to collect, from whom and where, what collection methods to use, and how to divide the responsibilities among group members. They will be asked to cover hygiene related to water collection and use, the environment, and, to the extent possible in this exercise, the individual.

The participants will spend a half day in one or two communities previously selected and prepared by the training staff (see Trainer Notes at end of session). They will collect information on the hygiene of the community's water source, on water collection and use habits, on the hygiene of the community environment, and, to the extent possible, on individual hygiene practices. They will work in small groups and follow the plans they developed in the session. The trainers will facilitate the group's introduction to the community and help with any interviewing or group discussions with community members.

PROCEDURES

1. Introduction

10 minutes

Explain that this session is divided into three parts:

- Preparation for the field exercise - 2.5 hours
- Information collection field exercise - 4.25 hours
- Analysis of the field exercise - 1.75 hours

Display *Flipchart A: Session 6 Objectives*, go over the objectives, and explain that participants will work in four teams throughout the exercise. Then describe logistical details, such as transportation and location of the communities.

2. Review Data Collection Work Sheet

30 minutes

Briefly describe the community where they will be collecting information (overall population, when water system was installed, what sanitation facilities have been installed).

Distribute *Handout 6-1: Information Collection Work Sheet* and explain that they will use these work sheets to collect information individually in the field exercise. Ask them to take five minutes to review the work sheets and think of what information they might want to collect. Tell them to refer to *Handout 2-4: Aspects of Water and Sanitation Hygiene* and *Handout 5-4: Sample Work Sheet* as a basis for identifying the information they will collect.

Ask them for some examples of what information they might want to collect. Keep the discussion brief. Then, explain that in developing hygiene education programs it is particularly important to understand what people think and why they do what they do with regard to water supply and sanitation practices. Therefore, they should try to collect as much qualitative data as possible in the community field exercise.

Distribute *Handout 6-2: Quantitative and Qualitative Data* and explain the differences between qualitative and quantitative data by reading and discussing the items in the handout. Highlight the importance of asking "why" questions in their qualitative questions in order to obtain more in-depth information about behaviors.

Ask for some additional examples of qualitative data and comment on them if necessary.

3. Preparation for Field Exercise

80 minutes

The first step in the preparation is to divide into teams of four or five people. If appropriate, divide participants into teams of people from the same geographic region who might have opportunities to work together in the field after the workshop is over. Distribute *Handout 6-3: Preparing the Information Collection Plan* and go over the task with the participants.

4. Finalize Preparation

75 minutes

Ask each team to make a five-minute presentation on its information collection plan. Ask the participants to help review each other's work by keeping in mind the points on *Flipchart B: Presentation on Information Collection Plan*:

- clarify unclear points
- explain why you chose your plan
- assess how well the plan will enable you to obtain the information you need

Ask the participants how some plans could be improved. Allow them to make recommendations for improving each other's plans before adding your own comments. Allow about five minutes for reviewing each team's presentation. Make sure to probe, asking why they have chosen a particular question or approach. After the presentations, give each group 10 minutes to get back together to make any final revisions in their plans.

5. Set Up Field Exercise

10 minutes

Go over any other logistics for the field exercise. Remind the group they will have about three hours in the community to carry out their plans. This should include 30 minutes for meeting the community member who will accompany them and reviewing the information collection plan with him or her. Explain where each team will be in the community, and how they can get there (or how they will get there if transportation is needed and provided).

NOTE: This is a good breaking point to end day 3. It also allows the field visit to take place in the morning, which is generally preferable to the afternoon.

6. Travel to Site

20 minutes

7. Introductions 25 minutes

Once at the site, the trainers and other organizers (where applicable) of the field exercise introduce each team to the appropriate leaders of the community or of the subdivision of the community. Then, each team will spend about 15 minutes introducing themselves to the community member who will walk around with them and explaining in general terms what kind of information they need. At this point, the trainers are still available for last-minute questions or comments. If two communities are used, the introductions are also conducted in the second community.

8. Information Gathering 2.5 hours

Workshop participants should go over their plans with their community counterparts to verify the appropriateness of their proposed approach before beginning to gather information.

9. Travel from Site 20 minutes

The rest of the session should be held after lunch.

10. Analysis of the Exercise 60 minutes

Explain that, first, you will discuss how the field exercise went in terms of the information collection process. Analysis of the information collection will come in the next session.

Once everyone has returned, ask each team to meet to discuss the following questions and to write their answers for the class on a flipchart, if possible. Present the task on *Flipchart C: Analysis of the Exercise*:

- (1) What did we do that was successful? Why?
- (2) What problems did we encounter? How did we overcome them?
- (3) What problems remain unresolved? How can we resolve them?
- (4) You have 25 minutes for this task.

Next, ask each group to share one answer to the first question; then move on to the other questions in the same manner.

Keep the discussion brief. Focus on the following points:

- The major points of agreement.
- Significant points made by one group but not the others.
- Points that need clarification.

Then ask how they felt overall about the field exercise: whether it was useful; what was easy/difficult.

11. Conclusions

20 minutes

Ask the participants the following questions:

- What are the most important things you learned about collecting information in a community?
- What is most difficult in collecting information about hygiene?
- What did you learn about working with a community counterpart? What were the advantages/disadvantages?

Write their answers on a flipchart.

12. Wrap Up

10 minutes

Summarize what the participants learned from the field exercise. Then ask what they might do differently in the communities where they work when they collect data.

Return to the session objectives and ask if they were reached.

TRAINER NOTES

Prior preparation of the community for this field exercise is essential. The community should understand the purpose and structure of the field exercise and what is expected of them. If possible, four members of the community should be designated to work with the teams, one per team. These community members can make the team's access to the community easier as well as give team members some thoughts on how they might involve community members in information collection.

Given the tight schedule of the field exercise, it is recommended that a representative of the training staff visit the community the day before the field exercise to remind people of the exercise and when it will start (assuming the community has been prepared several weeks earlier). It would also be helpful for the same person to return to the community an hour before the scheduled start of the field exercise.

MATERIALS

- Handout 6-1: Information Collection Work Sheet*
- Handout 6-2: Quantitative and Qualitative Data*
- Handout 6-3: Preparing the Information Collection Plan*

- Flipchart A: Session 6 Objectives*
- Flipchart B: Presentation on Information Collection Plan*
- Flipchart C: Analysis of the Exercise*

INFORMATION COLLECTION WORK SHEET

What Information to Collect	From Whom/Where	How to Collect It	Data Collected
1. <u>WATER</u>	1. <u>WATER</u>	1. <u>WATER</u>	1. <u>WATER</u>
2. <u>ENVIRONMENT</u>	2. <u>ENVIRONMENT</u>	2. <u>ENVIRONMENT</u>	2. <u>ENVIRONMENT</u>

What Information to Collect	From Whom/Where	How to Collect It	Data Collected
3. <u>PERSONAL HYGIENE</u>	3. <u>PERSONAL HYGIENE</u>	3. <u>PERSONAL HYGIENE</u>	3. <u>PERSONAL HYGIENE</u>

QUANTITATIVE AND QUALITATIVE DATA

QUANTITATIVE DATA

- to quantify/count certain things (latrines, pumps, etc.)
- the frequency of certain practices (times per week that latrine is cleaned)
- percentage of people's knowledge (16% know that dirty water can cause diarrhea)
- percentage of people's practices (22% do not use their latrines; 44% wash their hands before eating)
- usually a large sample but information is superficial rather than in depth
- method: usually a survey
- survey instrument is rigid; must be used in same fashion by all interviewers

QUALITATIVE DATA

- to explain certain practices, beliefs in detail:
 - why the latrine is cleaned once every two weeks; how it is cleaned
 - explanations of the causes of diarrhea
 - why 22% of the people do not use their latrines
 - why 44% of the people wash their hands before eating; why 56% do not
- usually a small sample but information is in depth
- methods: observations, individual or group interviews
- Methods are flexible. Initial questions and points to observe are defined by interviewer/observer. He/she must be alert and use creativity to ask additional questions or observe additional points as work proceeds.
- Typical qualitative questions:
 - why...?
 - how does...?
 - what are the advantages and disadvantages of...?
 - what is your opinion as to...?

PREPARING THE INFORMATION COLLECTION PLAN

[You will have three hours in the community. The first 30 minutes will be for introductions and reviewing your plan with a community member who will accompany you.]

TASK INSTRUCTIONS

1. Divide into teams of four or five people
2. Using the work sheets, decide what information you want to collect on the hygiene of: water, the environment, and the individual.
3. Decide from whom, where, and how you will collect the information, making sure that the methods of observation and asking questions are included.
4. Decide exactly how you will carry out the plan. You may want to divide up into pairs for certain tasks.
5. Write down the interviewing and observation plan, using *Handout 5-5: Interviewing and Observing* as a guide.
6. Prepare to make a brief presentation of your information collection plan. Use a flipchart for your presentation.

You have 75 minutes to develop the plan.

GUIDE TO SESSION 7

INFORMATION ANALYSIS

Total Time: 3 hours, 45 minutes

SUBJECT	PROCEDURE	TIME	HANDOUTS/MATERIALS	FLIPCHARTS REQUIRED
1. Introduction	Discussion and Presentation	10 minutes		A. Session 7 Objectives
2. Synthesis of Information	Group Exercise	60 minutes	Handout 7-1: Information Analysis Work Sheet	B. Synthesis Task
3. Analysis of Field Exercise Information	Small Group Task	60 minutes	Handout 7-2: Possible Community Actions	C. Information Analysis Task
(End of Day 4)				
4. Present Results of Information Analysis	Presentations from Small Groups	60 minutes		
5. Conclusions	Discussion	25 minutes		
6. Wrap Up	Discussion and Presentation	10 minutes		

SESSION 7

INFORMATION ANALYSIS

Total Time: 3 hours, 45 minutes

OBJECTIVES

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

- analyze community hygiene-related behaviors to determine which are harmful and which are helpful and
- identify possible actions to influence those hygiene behaviors.

OVERVIEW

The next step after the information has been collected in the community is to analyze it in order to establish the basis and direction for the hygiene education program. The trainer will explain how the information will be analyzed: participants will decide (1) which behaviors are harmful and which are helpful and (2) what possible actions may be taken to build on helpful behaviors or to change harmful ones.

The trainer will introduce a work sheet for the analysis, and the participants will return to their work groups to analyze their data from the field exercise. Each group will present the results of its work, as well as a list of possible community actions to be undertaken.

PROCEDURES

1. Introduction 10 minutes

Indicate that the analysis of information is the next step in a hygiene education program, after information collection. Then ask what is meant by data analysis and what should be the results of the analysis.

Read the objectives from *Flipchart A: Session 7 Objectives* and ask if there are any questions.

2. Synthesis of Information Collected 60 minutes

Ask each of the groups that were formed for the field exercise to synthesize the information collected during the community exercise. Distribute *Handout 7-1: Information Analysis Work Sheet*. Ask them to use

the information collected based on *Handout 6-1: Information Collection Work Sheet* to complete *Handout 7-1* following these instructions (*Flipchart B: Synthesis Task*):

- Discuss the information collected under each of the following headings: Water/Environment/Personal Hygiene.
- Record the conclusions for each heading in the first column of the work sheet only.
- Prepare to summarize your conclusions.
- You have 40 minutes for this task.

Ask for a brief report from each group of their conclusions once they have completed their task.

3. Analysis of Field Exercise Information

60 minutes

Tell the participants that you now want to move to the last two columns of the work sheet. Give an example of harmful and helpful behavior. An example of a harmful behavior could be children defecating near a well; a helpful behavior could be the washing of water containers.

Encourage them to think of "group/community" actions as well as "individual" actions. Distribute *Handout 7-2: Possible Community Actions* to help them identify corrective actions.

Display *Flipchart C: Information Analysis Task*:

In the same work groups:

- Analyze the information collected during the field exercise for
 - helpful/harmful behaviors
 - possible corrective actions.
- Write down your results in the second and third columns of your work sheets.
- Write down the key points on a flipchart using the work sheet to organize your presentation.
- Take 50 minutes.

NOTE: This is likely to be the end of day 4.

4. Present Results of Information Analysis 60 minutes

Each group presents its results in a 5-minute presentation and the class discusses them for 5 to 10 minutes. Probe to make sure they asked enough "why" questions and that they got some information on the "why" of behaviors. After each group gives its presentation, ask how feasible the proposed actions are.

Explain that they will analyze these possible actions in greater depth during the next session to determine their feasibility and appropriateness.

5. Conclusions 25 minutes

Ask participants the following:

- What conclusions can we now draw about analyzing information in general?
- What do we need to keep in mind when we analyze information about hygiene-related behaviors?

6. Wrap Up 10 minutes

Summarize the learning points from this session. Ask them how the community can be involved in information analysis and when. Ask how they would work with their communities to analyze information.

Review the objectives and ask if they have been reached.

MATERIALS

Handout 7-1: Information Analysis Work Sheet

Handout 7-2: Possible Community Actions

Flipchart A: Session 7 Objectives

Flipchart B: Synthesis Task

Flipchart C: Information Analysis Task

INFORMATION ANALYSIS WORK SHEET

SYNTHESIS/CONCLUSION	HARMFUL/HELPFUL	POSSIBLE ACTIONS
<p><u>WATER</u></p> <p><u>ENVIRONMENT</u></p> <p><u>PERSONAL HYGIENE</u></p>		

POSSIBLE COMMUNITY ACTIONS

1. Hygiene of Water

a. At the Source:

- build a fence
- build a drainage facility (rocks, cement apron, pipe) and keep it clear/clean
- cover the well or spring
- keep foreign matter out of the source
- set up a water-lifting device (pulley or other system to keep buckets out of the mud)
- organize a monitoring system (a person, committee, teachers or others guarding the source to keep animals away/avoid water waste/ensure proper behavior around the source)

b. During Transportation:

- use clean containers
- keep foreign matter out of the containers

c. During Storage:

- use clean containers
- use clean dippers
- cover the containers
- keep foreign matter out of the containers

2. Hygiene of the Environment in the Community

a. Latrines:

- should be at least 30 meters from a water source and 6 meters from any house
- should be properly constructed (at least 2 meters deep)
- make sure they are covered
- make sure they are kept clean

b. Garbage:

- Dig ditches or pits for garbage disposal
- Organize garbage pick up/disposal

c. Standing Water:

- Fill in places where water stands

3. Individual and Domestic Hygiene

a. Latrines:

- make sure people have and use latrines
- make sure people know how to cover them/keep them clean and that they do it
- make sure children's feces are properly disposed of in latrines

b. Wash Water Disposal:

- construct proper drainage for bathing, dish and clothes washing and cooking areas (soakage pits, drainage ditches)

c. Use of Water:

- drinking plenty of water
- washing hands before eating, cooking, and after defecating, working, handling dirty things
- taking frequent baths or showers
- washing clothes often and thoroughly
- washing dishes and cooking utensils after every use

d. Avoiding Standing Water:

- keeping cans and other containers from accidentally collecting water by throwing them away or covering them
- filling in holes and ditches that collect water

e. Garbage Disposal:

- frequent disposal in community dumping area
- digging ditches and covering garbage

GUIDE TO SESSION 8

HYGIENE EDUCATION PROGRAM GOALS

Total Time: 4 hours, 10 minutes

SUBJECT	PROCEDURE	TIME	HANDOUTS/MATERIALS	FLIPCHARTS REQUIRED
1. Introduction	Questions and Presentation	5 minutes		A. Session 8 Objectives
2. Analyze and Put Actions in Order	Presentation and Work Groups	80 minutes	Handout 8-1: Steps in Selecting Actions	B. Selecting Actions C. Analyzing Actions
3. Writing Program Goals	Presentation	30 minutes	Handout 8-2: Examples of Hygiene Education Goals	D. Goal Characteristics
4. Developing Program Goals	Work Groups	2 hours		E. Goal Writing Task
5. Conclusions	Discussion	10 minutes		
6. Wrap Up	Presentation	5 minutes		

SESSION 8

HYGIENE EDUCATION PROGRAM GOALS

Total Time: 4 hours, 10 minutes

OBJECTIVES

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

- analyze possible actions,
- compare the actions and choose the most feasible and effective ones, and
- set achievable goals with criteria.

OVERVIEW

The final step prior to writing program goals is to select priority actions from those identified after analyzing the data collected in the field exercise. In this session, participants examine the list of actions to put them in order by determining (1) whether the impact of a given action on hygiene will be great or minimal, (2) how easy the action will be technically for the community, and (3) whether the community is willing to take the action. Then, participants compare all the actions listed and choose those that are most feasible and effective.

These actions form the basis for the program goals. Before writing the goals, however, participants first define the characteristics of a well-written goal.

PROCEDURES

1. Introduction 5 minutes

Give the overview of the session in your own words. Then read the objectives from *Flipchart A: Session 8 Objectives* and ask if they are clear.

2. Analyze and Put Actions in Order 80 minutes

Explain that in most communities water and sanitation problems are numerous, as are possible actions for addressing them. So far,

participants have collected information about water/sanitation beliefs, behaviors, and facilities in a community. Now, it is time to look further at those problems to identify those which seem to be of greater priority and then to assess the possible alternative actions and identify those which seem to be the most appropriate and feasible. This process should be carried out with the community. However, because this is a training session with limited time, the exercise will be carried out in the classroom without community input.

Indicate that two steps can make it easier for a community to select appropriate/feasible actions. Display *Flipchart B: Selecting Actions*, as follows:

- analyzing in order
- comparing and choosing actions

Next, distribute *Handout 8-1: Steps in Selecting Actions*. Discuss each question in section 1, giving an example, as follows:

(1) How much of an impact will this action have on hygiene?

Example: —holding education sessions to encourage people to clean their latrines once a week.

Refer them to the scale under this question in the handout. Ask for a show of hands in answer to each of the four questions in the handout and write down for each one the number from the scale with the largest number of responses:

For example, for question (a) 15 people may choose "2: some impact" and 5 may choose "3: a great impact." Write down "2" as the answer with the largest number of responses, and so on for questions (b), (c), and (d).

Add up the scores from the shows of hands. They should total between 0 and 12.

Then give participants the following instructions from *Flipchart C: Analyzing Actions*:

- Return to your teams.
- Analyze your list of actions using the scale in the handout. Cross off the list the actions with a score of "0" for any of the questions.
- Calculate the total score for each action.
- List the actions in order starting with the highest score.
- You have 40 minutes for this task.

Return to the large group and ask the teams to report briefly on the various actions that they have analyzed. Remind them that in a real life situation in a community, they would be helping the community to analyze and rate all the actions.

3. Writing Program Goals

30 minutes

Indicate that the community actions they have selected must now be stated in terms of goals for a hygiene education program.

Ask what are the main characteristics of goals and display *Flipchart D: Goal Characteristics*:

Characteristics of Good Program Goals	_____	time bound
	_____	measurable
	_____	observable
	_____	action verb
	_____	achievable

Point out an example of a goal that is clearly laid out and easy to measure in *Handout 8-2: Examples of Hygiene Education Goals*.

Ask participants to identify the characteristics of a good program goal in this example. Then ask them to read the other goals in *Handout 8-2* and identify their characteristics.

Finally, ask for a volunteer to give you an example of a program goal. Write it on a flipchart and analyze it with the help of the participants.

4. Developing Program Goals

2 hours

Ask participants to join their teams again for the task on *Flipchart E: Goal Writing Task*:

- Review the five top actions you selected.
- Write one or more program goals for each action on a flipchart.
- Remember the characteristics of a good program goal.
- You have 50 minutes for this task.

Make yourself available to assist the teams and check the progress of their work.

Ask each group to report its goals. Review their goals with the help of the other participants, making suggestions on ways they could be improved. Use the criteria for a good program goal to analyze their goals. Take no more than 50 minutes to review their goals.

Give them 20 minutes to return to their groups and revise their program goals.

5. Conclusions 10 minutes

Have participants return to the large group and ask them the following:

- What was the most difficult thing about writing program goals?
- Did the process of selecting actions help you write your goals?
- Do you usually develop program goals in this way in your work settings?
- What is the most important thing to remember about preparing program goals?

6. Wrap Up 5 minutes

Summarize the main learning points in this session. Add that they will be able to use their goals on the next day to develop specific objectives for hygiene education sessions.

Review the objectives and ask if they were reached.

MATERIALS

Handout 8-1: Steps in Selecting Actions

Handout 8-2: Examples of Hygiene Education Goals

Flipchart A: Session 8 Objectives

Flipchart B: Selecting Actions

Flipchart C: Analyzing Actions

Flipchart D: Goal Characteristics

Flipchart E: Goal Writing Task

STEPS IN SELECTING ACTIONS

After collecting and analyzing information about a community's hygiene behaviors and identifying possible actions, we need to choose appropriate and feasible actions that will improve those behaviors. These actions should be analyzed and compared by community members so that they can choose those actions which make the most sense.

The two steps that will make it easier for a community to choose actions are

1. analyzing actions
2. comparing and choosing actions

1. Analyzing Actions

a. How much of an impact will this action have on hygiene?

0	1	2	3
no impact on hygiene	little impact	some impact	a great impact

b. How easy technically will it be to carry out this action?

0	1	2	3
not possible	very hard	not too hard	very easy

c. How easy will it be for the community or for individuals to carry it out?

0	1	2	3
not possible	very hard	not too hard	very easy

d. How willing is the community to do it?

0	1	2	3
not at all	reluctantly	somewhat	very willing

(The scores should total between 0 and 12)

2. Comparing and Choosing Actions

Hygiene educators can help communities analyze and rate all the actions by going through the following steps.

- Put the results of the analysis of actions down in a list with the highest total first, then the next total, and so on.
- Ask the community members to analyze this list and decide which actions they want to pursue.

The chosen actions are ranked in order by priority. The next step is to set goals outlining the desired outcomes of these actions.

12/1

EXAMPLES OF HYGIENE EDUCATION GOALS

Specific goals to measure the progress of a hygiene education program should be clearly laid out and easy to measure. For example, if the program aims to get people in a community to keep covers on their water storage jars, then the following can be stated as a specific measurable goal:

"One year from the start of the program, 100 percent of the households having water storage jars will own lids for them."

A second specific measurable goal should also be stated:

"One year from the start of the program, 100 percent of those households owning storage jar lids will use them to cover their jars daily."

A community member with responsibilities for hygiene education can go from house to house to check what percentage of the households have lids at the beginning of the program and after one year. This person could also conduct spot checks three or four times a year on those using and not using lids.

Other examples of goals:

"The community garbage committee will collect garbage at neighborhood points once a week."

"100 percent of the community has access to a latrine for use every day."

"90 percent of the households with latrines keep them clean on a regular basis."

"100 percent of school latrines are kept clean every day."

"50 percent of children aged four and five and 90 percent of children aged six are trained to use the latrine at all times."

"100 percent of the households and schools have soap or detergent and water available for washing hands."

GUIDE TO SESSION 9

HYGIENE EDUCATION METHODS

Total Time: 11 hours, 20 minutes

SUBJECT	PROCEDURE	TIME	HANDOUTS/MATERIALS	FLIPCHARTS REQUIRED
1. Introduction*	Questions and Presentation	25 minutes		A. WHO Health Education Definition B. Session 9 Objectives C. Session 9 Outline
2. Group Facilitation	Presentation	45 minutes	Handout 9-1: Group Functions	
3. Practice Group Facilitation Skills	Individual and Group Work	60 minutes	Handout 9-2: Individual Task Instructions	
4. Storytelling Demonstration	Presentation and Discussion	40 minutes	Handout 9-3: Storytelling Demonstration (trainer only)	
5. Characteristics of a Good Story	Discussion	50 minutes	Handout 9-3: Storytelling Demonstration Handout 9-4: Suggestions on Writing Stories Handout 9-5: Session Plan Sequence	
(End of Day 6)				
6. Health Talk Demonstration	Presentation and Discussion	30 minutes	Handout 9-6: Health Talk Demonstration (trainer only)	
7. Characteristics of a Good Health Talk	Discussion	25 minutes	Handout 9-6: Health Talk Demonstration	
8. Demonstration of a Demonstration	Demonstration	30 minutes	Handout 9-7: Demonstration—"Keeping Water Safe" (trainer only)	

* See Trainer Notes at end of session.

(continued)

GUIDE TO SESSION 9 (continued)

HYGIENE EDUCATION METHODS

Total Time: 11 hours, 20 minutes

9.	Demonstration Characteristics	Discussion	25 minutes	Handout 9-7: Demonstration-- "Keeping Water Safe"	
10.	Develop Session Objectives	Presentation and Discussion	20 minutes		
11.	Practice Writing Objectives	Pairs Work	30 minutes		D. Objective Writing Task
12.	Present Three Objectives	Presentation and Discussion	30 minutes		
13.	Write a Session Plan	Pairs Work	90 minutes		E. Session Plan Writing Task
14.	Present Session Outlines	Presentation and Discussion	45 minutes		
15.	Complete Session Designs	Pairs and Small Group Work	2 hours		
16.	Wrap Up	Discussion	15 minutes		

SESSION 9

HYGIENE EDUCATION METHODS

Total Time: 11 hours, 20 minutes

OBJECTIVES

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

- demonstrate basic facilitation skills, such as paraphrasing, summarizing, asking questions, and paying attention to group task and maintenance functions;
- list the characteristics of a good story, health talk, and demonstration;
- write session objectives appropriate to each of these methods;
- design a session that uses one of these methods; and
- prepare to carry out a hygiene education session.

OVERVIEW

Hygiene educators are often responsible for helping communities develop presentations aimed at influencing the hygiene-related behavior of people in the community. The people to whom the presentations are made should be active participants in the discussion. Thus, hygiene educators must develop group facilitation skills. Further, in order to deliver a presentation that involves community members, hygiene educators must know how to prepare a session and what methods are effective for addressing hygiene behaviors.

This session begins with a skill-building exercise in group facilitation skills. It continues with a demonstration of three methods: a story, a health talk, and a demonstration. After identifying what makes these types of sessions effective, participants work in pairs to prepare a session using one of these three methods. Once they have prepared their sessions, participants practice their session on other participants. In Session 10, participants will practice their prepared sessions on a real community group.

PROCEDURES

1. Introduction

25 minutes

Ask participants what methods they normally use for communicating with groups and with individuals in their work setting. Then ask what works well and not so well with their methods.

Explain that in this session participants will explore ways of communicating with community members that encourage their participation.

Refer to the World Health Organization's Committee of Experts on Health Education, which wrote a definition of health education in 1984. This definition is on *Flipchart A: WHO Health Education Definition*:

Health education should be an exchange between the health educator and the community rather than a simple transfer of information in one direction. In this case, the health educator is taught at the same time that he/she teaches. Likewise, the community teaches at the same time that it is taught.

Ask what this definition implies about the role of a hygiene educator (explain that this definition applies equally to hygiene and health educators). Refer back to Session 4 on the relationship between a hygiene educator and the community. Then ask to what extent the approach they have used in hygiene education corresponds to this definition.

Display *Flipchart B: Session 9 Objectives*. Ask if they are clear, and then outline the session for them on *Flipchart C: Session 9 Outline*:

- (1) Skill-building session in group facilitation
- (2) Demonstrations and discussions of storytelling and health talk sessions
- (3) How to write and select appropriate session objectives
- (4) Practice writing session objectives
- (5) Practice writing session designs in groups of two
- (6) Present session outlines to participants
- (7) Revise session outlines in preparation for the field exercise

2. Group Facilitation

45 minutes

- A. Explain that hygiene educators must work with groups of people in order to get their message across efficiently to a significant number of people. Working one-on-one is a valuable approach, but it cannot be the only approach because it is so time consuming and reaches only a small number of people.

Ask participants for examples of types of groups with which they have worked. Then ask them to state briefly the kinds of problems they have encountered that kept those groups from working effectively together. Encourage answers such as:

- domination by one person
- conflicts due to differing points of view
- personality conflicts
- interruptions
- going off on tangents
- confusion over the task at hand
- taking too much time
- not reaching conclusions
- confusion over next steps

Write their answers on a flipchart and keep the discussion brief.

- B. Explain that groups can work more effectively if they pay attention to *what* they are doing (the task at hand) and *how* they are doing it (the process used to maintain an effective group). Using a car as an analogy, the task could be to provide transportation to get from point A to point B. The task would be to identify what is the itinerary from point A to B. However, if the car used on this trip is not adequately maintained—oil and gas added, brakes checked, water and tire pressure examined, etc.—the car may not reach its final destination, or it may arrive after serious delays or damage to its internal mechanisms.

The same phenomenon is true for groups. They need to perform both task and maintenance functions in order to be effective. Distribute *Handout 9-1: Group Functions* and explain each function to participants. Indicate that there are many more functions and ways of looking at groups. This list was adapted in order to make it simple and practical.

Explain that a hygiene educator must act as a group facilitator in order to help groups stay focused on tasks while making sure that their maintenance needs are met. Thus, a hygiene educator should be aware of group functions and use group facilitation skills.

Ask for examples of what skills would be useful to a hygiene educator to help groups perform these tasks and maintenance functions. Encourage answers such as the following:

- paraphrasing
- asking open-ended questions
- summarizing
- listening

Remind them that they learned and practiced some of these skills when they interviewed people in the community (Sessions 5 and 6).

3. Practice Group Facilitation Skills

60 minutes

- A. Distribute *Handout 9-2: Individual Task Instructions* and explain the task. State that this exercise is an opportunity for them to practice group facilitation skills. These skills include asking questions, paraphrasing, summarizing, and paying attention to group task and maintenance functions. Allow 10 minutes for the individual work.
- B. When their individual preparation is completed, break participants into two groups, each with one trainer. Then, in each group, ask for a volunteer who is willing to lead the discussion. Have the volunteer lead the discussion for about 10 minutes; then ask the volunteer to summarize the discussion. Watch for examples of paraphrasing, open-ended questions, and summarizing.

After the person has finished leading the discussion, conduct a brief feedback session. Ask the group for examples they heard of open-ended questions, paraphrasing, and summarizing. Focus mostly on what worked well. Allow this entire discussion to last five minutes, then ask for another volunteer to lead the discussion, either using the questions that person has prepared or picking up where the other person stopped.

- C. Allow the second volunteer to lead the discussion for about 5 to 10 minutes. Then, conduct a brief feedback session similar to the first one. Have three or four volunteers try facilitating the discussion.
- D. Summarize the main points in this session.

Explain that you will be demonstrating the use of group facilitation skills in the context of three hygiene education methods. The first one will be storytelling.

4. Storytelling Demonstration

40 minutes

Use the following procedure to demonstrate storytelling:

- Tell participants that they will now experience the story as if they were community members. Ask them to act as though they were a group of mothers in a community for the purpose of making this demonstration more realistic.
- Introduce yourself as a health worker who would like to discuss with them some aspects of sanitation.
- Describe the objective of the story from *Handout 9-3: Storytelling Demonstration* (trainer only).
- Read the story from Handout 9-3, stopping briefly at the end of each paragraph to make sure people understand what you have read.
- Ask the group, still acting as community members, what they learned from this story.
- Ask what solutions might address the problems discussed in the story.
- Summarize the main points and possible solutions.

5. Characteristics of a Good Story

50 minutes

Distribute *Handout 9-3: Storytelling Demonstration* and ask:

- What were the steps in the storytelling session?

Encourage the following responses and write them on a flipchart:

- a. Greetings
- b. Introduction to explain the theme of the story
- c. Tell the story
- d. Ask questions about the story
- e. Ask participants what they have learned
- f. Ask how the things they learned could be applied
- g. Summarize the main point of the story

Then ask:

- What was the objective of this story? Was it clear?
- How long did it take to read the story?
- How many characters are in this story?

- What aspects of the community's knowledge and practices were in the story?
- How many different problems are there in the story?
- Were the solutions laid out in the story?

Distribute *Handout 9-4: Suggestions on Writing Stories*. Ask them to read it. Then go over the major points, emphasizing the importance of not providing an obvious solution in the story. A story should generate a lively discussion. Giving an obvious solution will not encourage discussion. People need to be able to come up with their own solutions and discuss them.

Based on this discussion, ask them what they think are the characteristics of a good story. Write down their ideas on a flipchart, making sure the following elements are included:

- Clear objectives
- Brief, length of story not more than five minutes
- Small number of characters (preferably two)
- Simple, not too many elements
- Leads to problem solving
- All conclusions not explicit in the story
- Recognizable situation and characters
- Includes elements of the community's knowledge and practices

Indicate how important it is to ask questions in any hygiene education session so that people can ultimately relate the story to their own lives. Emphasize the importance of using open-ended questions, paraphrasing, and summarizing. Ask the group when open-ended questions, paraphrasing, and summarizing were used after telling the story. To reinforce this point, distribute *Handout 9-5: Session Plan Sequence* and use it to describe the progression of a storytelling session.

NOTE: End of day 6.

6. Health Talk Demonstration

30 minutes

Ask participants to act once again as though they were a group of mothers in a community. Then describe the health talk and its objective using *Handout 9-6: Health Talk Demonstration* (trainer only). Then give a presentation based on *Handout 9-6*.

If you have access to posters showing the consequences of not using enough water and on the results of using plenty of water, use them to illustrate the health talk. As you present each point, refer to the poster.

7. Characteristics of a Good Health Talk

25 minutes

Distribute *Handout 9-6: Health Talk Demonstration* and ask whether the steps outlined in *Handout 9-5: Session Plan Sequence* were followed. Then ask:

- What was the objective of this session? Was it clear?
- How long did the talk last?
- Who did most of the talking?
- What communications techniques were used and when?
- What were the main points of the talk itself? How many points were there? (four)

Ask what conclusions they can draw about what makes a health talk effective. Encourage the following answers and write them on a flipchart:

- Ask introductory questions to involve participants.
- Have clear objective.
- Be brief and to the point.
- Proceed using three steps:

(1) Introduction

- describe what you will discuss
- ask related questions

(2) Talk (use open-ended questions and paraphrasing)

- focus on three or four main points
- ask questions to bring out points

(3) Conclusion

- review key points
- ask questions to draw conclusions (summarize)
- discuss how to apply main points

8. Demonstration of a Demonstration

30 minutes

Ask participants to resume once again their roles as mothers in a community. Then describe the demonstration and its objective using *Handout 9-7: Demonstration—"Keeping Water Safe" (trainer only)*. Then give a presentation based on *Handout 9-7*.

Make sure you have all the materials ready for this demonstration, as listed in *Handout 9-7*.

9. Demonstration Characteristics

25 minutes

Distribute *Handout 9-7: Demonstration—"Keeping Water Safe"* and ask if the steps outlined in *Handout 9-5* were followed. Then ask the same questions and make the same points as in Step 7, Characteristics of a Good Health Talk, above.

Explain that the approaches to conducting a demonstration and a health talk are the same. However, a demonstration also requires the following:

- Materials ready beforehand
- Use of materials appropriate to the audience
- Involving participants by having at least one person:
 - repeat instructions
 - practice following the instructions

10. Develop Session Objectives

20 minutes

Explain that the rest of this session will focus on developing a hygiene education session that they will deliver in the community tomorrow. The first step in developing the session is developing session objectives. Explain the importance of session objectives to the success of a storytelling session or health talk. Ask what participants think a clear objective contributes to these sessions. Encourage answers similar to the following and write them on a flipchart:

- builds on a general overall hygiene education goal
- defines what participants will learn
- helps to focus the content of the story or health talk
- keeps the discussion questions closely aligned with the learning points in the session

Ask participants to recall the main features of a good program goal from Session 8, *Flipchart D: Goal Characteristics*. Indicate that all of those features apply to session objectives. In addition, write the following on a flipchart.

- The participant is the subject.
- Describe what the participant will be able to say or do at the end of the session.

Then go over the objectives for the storytelling session and the health talk you just presented and analyze them to show how the emphasis is placed on participants. Indicate how much this factor, combined with the brevity of such sessions, limits how much you can accomplish in a session.

11. Practice Writing Objectives

30 minutes

Ask participants to form groups of two (maximum three) with someone from their information-gathering team. Then give them the following task using *Flipchart D: Objective Writing Task*:

- Select a program goal on which you can base a session.
- Write two objectives, each for a 30-minute session.
- Be prepared to present your objective to the class.
- You have 20 minutes for this task.

Explain that you will ask for volunteers to present their objectives. Ask for these volunteers about halfway through the exercise and give them flipchart paper on which to write their objectives.

Circulate among the participants to help them with their objectives.

12. Present Three Objectives

30 minutes

Ask the three volunteers to present their objectives. Ask the group for their impressions, based on the criteria for writing goals and objectives. Then add your comments.

13. Write a Session Plan

90 minutes

The second step in developing a hygiene education session is writing the session plan.

At this point, pairs of participants will design a session based on one of their objectives. Give participants the task instructions from *Flipchart E: Session Plan Writing Task*:

- In pairs, write a session outline that includes the content and a presentation plan. The session should be for no more than 30 minutes.
- Select the method (story, health talk, demonstration) that corresponds best with your objective.
- Prepare to present your session outline to the class.
- Include in the presentation of your outline how you will divide up responsibilities with your co-presenter.
- You have 80 minutes.

Explain that, as in the previous exercise, you will ask for three pairs of volunteers to present their outlines. Once again, identify them after about an hour so they can prepare their outline on a flipchart.

14. Present Session Outlines

45 minutes

Ask the three pairs of volunteers to present the outline of their session plan (not the entire session). Give them each five minutes. Ask the group for their impressions, based on the characteristics outlined earlier for each method. Then add your comments, pointing out successful use of communications skills learned earlier.

15. Complete Session Designs

2 hours

Give the pairs 30 minutes to return to their session outlines in order to make changes to the outlines based on the exercise in which they just participated. Make yourself available to them. Remind them that this preparation is critical to the success of their field exercise, during which they will practice their sessions on real community members.

Then ask participants to form groups of four so that each pair can practice presenting its session to another pair. Tell them to spend 30 minutes giving a presentation and 15 minutes providing feedback. Give them a total of 1 hour and 30 minutes so that both pairs can practice and receive feedback. Ask them to pay particular attention to the use of open-ended questions, paraphrasing, and summarizing during the presentations.

16. Wrap Up

15 minutes

Ask them what was the easiest/most difficult part of writing and presenting their session plans and what they need to keep in mind when presenting their sessions in the field exercise.

Go over the session objectives and ask if they were reached.

TRAINER NOTES

Thorough trainer preparation for this session is essential to its success. Each demonstration should closely follow the outline in the session plan for purposes of consistency. Participants should be encouraged to base their session plans on one of the program goals previously identified in their teams.

In addition, it is important to carefully set up the sessions in the community for the participants' presentations on the next training day. The health talks and stories can be delivered in a health center (well-baby clinic) as well as with a community group. During the field exercise participants should try to include the community counterparts with whom they worked in the information collection session.

MATERIALS

Handout 9-1: Group Functions
Handout 9-2: Individual Task Instructions
Handout 9-3: Storytelling Demonstration
Handout 9-4: Suggestions on Writing Stories
Handout 9-5: Session Plan Sequence
Handout 9-6: Health Talk Demonstration
Handout 9-7: Demonstration—"Keeping Water Safe"

Flipchart A: WHO Health Education Definition
Flipchart B: Session 9 Objectives
Flipchart C: Session 9 Outline
Flipchart D: Objective Writing Task
Flipchart E: Session Plan Writing Task

GROUP FUNCTIONS

A. Group Maintenance Functions

1. **Gatekeeping:** Inviting others to talk; suggesting time limits or other procedures to permit wide participation; keeping talk flowing; avoiding domination by one person.
2. **Mediating:** Harmonizing; conciliating differences in points of view; suggesting compromises; disagreeing comfortably.
3. **Listening:** Going along with the group; being a good listener; demonstrating that others' statements are heard; avoiding inappropriate interruptions.
4. **Encouraging:** Being friendly, warm, responsive through words or facial expressions; being supportive even when disagreeing.
5. **Relieving Tension:** Using humor; throwing oil on troubled waters; asking for a "cooling off" period.

B. Group Task Functions

1. **Clarifying:** Defining terms; clearing up confusion; working to get the task clear; verifying time constraints for doing the task.
2. **Focusing:** Staying on target; avoiding jumping from one topic to another or going off on tangents.
3. **Seeking Information:** Asking questions, asking for clarification.
4. **Giving Information:** Offering facts or opinions; stating beliefs or ideas; making suggestions.
5. **Moving Toward Action:** Reviewing; bringing related ideas together; restating suggestions and positions; checking if the group is ready to decide.

Adapted from J. McCaffery. "Helping Groups Work More Effectively." Training Resources Group (unpublished article).

INDIVIDUAL TASK INSTRUCTIONS

1. You will soon be asked to lead a group discussion on the subject of hygiene education. In particular, you want to hear from the group their impressions of the approach to hygiene education used so far in this workshop, for example, its advantages, disadvantages, or some specific questions you would like answered about hygiene education.
2. Write down a list of four or five questions on this subject. Then, think of what might be some possible answers and check your questions again.
3. As you prepare to lead this group discussion, read *Handout 9-1: Group Functions* and think of how you will use your paraphrasing, summarizing, listening, and question-asking skills to involve participants and manage the forward progress of the discussion.
4. Finally, think of how you will introduce your questions and what will be the first question you ask the group.
5. You have 10 minutes to prepare these questions.

STORYTELLING DEMONSTRATION

Objective: Using this story, the participants will be able to

- a. discuss the importance of proper disposal of children's feces and
- b. identify at least three ways to do so.

AMINATA AND HER CHILDREN

Aminata had five children, ages seven years to six months. She and her husband lived in a compound with her younger sister. They shared a latrine with three other families. Only adults used it—children used the courtyard or the garbage heap behind the wall. Aminata's sister often watched the children while Aminata sold fruit in the market with the baby. Her oldest child, Lamine, went to school. Like all children, hers had colds and diarrhea often: if one got sick, so did all the others.

Lamine, the oldest, came home from school one day and told Aminata about health class. His teacher had said that it was important for children to use latrines, and to clean up small children's feces carefully. The teacher said that these feces were very dangerous. They carried germs which can give others worms and diarrhea if left in the open. Aminata thought this was funny. How could small innocent children have dangerous feces? She asked a neighbor who had been to school what she thought. The neighbor said her children always used latrines and all of them washed their hands afterwards. Her children didn't get diarrhea so much anymore.

Aminata decided to give it a try. She told Lamine to use the shared latrine from now on, and to help the younger children to do so, too. She told her sister to take the children to the latrine during the day, and to clean up any accidents in the courtyard. The first day they tried this, Lamine came back from the latrine with his little sister, who was crying loudly. She was too scared of falling into the dark hole. Lamine was, too, but acted brave. Aminata's sister couldn't persuade the others to try it. She tried to clean up the courtyard, but had too much work to do to be careful. When Aminata heard about the day's misadventures with the latrine, she decided to drop the matter. Soon, her children came down with bad diarrhea and her baby almost died from it.

Questions

1. What did Aminata learn from Lamine about baby and small children's feces?
 - They contain many germs and if deposited close to the house can transmit diseases, such as worms and diarrhea.

2. What problems came out in the story related to proper disposal of children's feces?
 - People's beliefs that they are not dangerous.
 - Disposal system geared toward adults—inappropriate for children (big latrines, dark and scary and far away).
 - Untrained caretakers of small children.

3. What could Aminata (or others) do to overcome these problems?
 - Talk to a teacher or other informed person.
 - Make (or purchase) children's potties.
 - Spend more time supervising caretaker (e.g., younger sister).
 - Go to the latrine with children for the first few times to reassure them.
 - Make latrines less scary for children (special seats, open windows, clean out).
 - Build child-sized latrines.

4. How are children's feces disposed of in the community in the story?

5. What can we learn from this story that can help us deal with the problem here?

SUGGESTIONS ON WRITING STORIES

A story is a narrative account of events or a series of events related to a specific problem or problems. These problems could include consequences of certain practices, conflicts about beliefs or practices, relationship difficulties between people, etc.

One way to organize your thoughts as you prepare to write your narrative is to think of what you will include at the beginning, middle, and at the end, as follows:

1. Beginning

- What is your objective and what do you hope to accomplish through this story?
- Is a story the best way to accomplish your objective?
- Who are the major characters and what is their relationship to each other?
- What is the situation of these characters at the beginning of the story, what issues or problems do they face, and what are their thoughts and feelings about these issues or problems?

2. Middle

- What problems are developing, what events or factors are contributing to these problems?
- Where are the major characters and what are they doing?
- What is happening to the relationships between the characters?

3. End

- What is the status of the problems now?
- What are the major characters doing and what are their thoughts/feelings?
- What has happened to the relationship between the major characters?
- How can the story end so as to allow for differing interpretations?

SESSION PLAN SEQUENCE

1. *Present* a story, health talk, or demonstration.

- Introductory questions to involve participants
 - Clear objectives
 - Simple, not too many elements
 - Brief
- Length of Story: more than five minutes
Length of Health Talk: not more than ten minutes

2. *Reflect* on the main points in the presentation.

Questions leading to

- description of the main points outlined in the session and
- ideas for solving the problems under each point.

3. *Draw conclusions* to generalize about these points.

Questions leading to conclusions about

- what was important to remember about these points and
- how the problems addressed can generally be overcome.

4. *Apply* to our own lives what was learned about these points.

Questions leading to ideas for how to

- apply these points in our work or home situation.

HEALTH TALK DEMONSTRATION

"ADVANTAGES OF USING PLENTY OF WATER"

Objective: Participants will be able to identify at least four advantages of using plenty of water.

1. Introduction

a. Describe the subject of the talk

- Now that we have an improved water source, we not only have clean water, but plenty of it.
- We will be talking about how to make having plenty of water do the most for your health.

b. Ask questions related to talk

- What are the main uses you have for water?
- When water was in short supply, how did you use it? What was your priority activity?
- What has changed in your water use habits now that you have plenty of water?
- What are some problems caused by insufficient water?

2. Talk

- We use water for many things: drinking, bathing, cooking, cleaning, healing, gardening, etc.
- When water is in short supply, we tend to conserve it for direct life-sustaining activities: drinking, cooking.
- There are harmful consequences, though, when we stop or reduce certain activities:
 1. Lack of bathing/handwashing can cause: skin diseases, diarrheal disease, infections.

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2. Lack of clothes washing can cause: skin problems and infestations of parasites.
 3. Reduced or improper dishwashing can cause: intestinal infections, diarrhea (esp. in small children).
 4. Reduced use for healing can cause: wounds/sores to become infected, slower healing, fevers to be untreated.
- If we have a sufficient water supply, we should use plenty of it to bathe, clean clothes, wash dishes well, wash hands often (after latrine use and before eating), cleanse wounds and sores, and treat fevers. That way we can prevent infections, skin diseases, diarrhea, and unpleasant smells.

3. Conclusion

- a. Ask group what were main points of talk
 - Water is important for health through bathing, washing dishes and clothes, cleaning and healing.
 - We can improve our health by using plenty of water for these activities. We shouldn't skimp on water when it's available.
- b. Ask group how they can do these things in their homes
 - Make sure plenty of water is stored for daily use.
 - Give clear instructions to other family members about using plenty of water.
 - Give special attention to children: Make sure they are well-bathed and their cuts washed out.
 - Keep water for handwashing near the latrine or in another accessible place.

DEMONSTRATION

"KEEPING WATER SAFE"

Objective: At the end of this demonstration, participants will be able to show at least three ways to keep water safe once it is in the home.

Materials needed:

- *container commonly used to store water in the home*
- *clean water from the improved source*
- *cup or dipper*
- *piece of string*
- *tray or other locally available item which can serve as a cover for the water container (preferably with a handle where the string and dipper can be attached)*
- *soap powder and brush (or similar item) to scrub out container*
- *small amount of bleach (eau de javel)*
- *white powder (sticky, such as cassava)*

1. Introduction

- a. Describe what you will be doing with the group:
 - demonstrating a few simple ways to keep safe water safe once it is in the home.
- b. Set up the area in front of the group as follows:
 - an open container full of water in one corner
 - a damp dipper on the floor next to the container
 - a drinking cup next to the dipper
 - powder in two/three areas on the floor, some near the dipper
- c. Explain that the powder is fecal matter left by animals (and/or a baby) on the floor or ground.

- d. Walk on top of the powder, saying that you are going to the kitchen to fetch some drinking water. Make sure plenty of powder falls off your shoes next to the dipper. Place the dipper in the water, then pour a small amount into the drinking cup. Put the dipper back down on top of some powder. Drink the water, then put the dipper back into the water and pour some more into the cup. Ask if anyone would like to drink this water. Then ask why or why not.
- e. Put the cup down and ask them to describe what they saw. Then ask them what they would do to make sure the powder (or fecal matter) does not get into the water.

2. Demonstration

- a. Ask the group what specific things they know of that can be done to protect safe water once it is in the home.
- b. Show the group how to scrub out the drinking water container once a week with soap powder and locally available scrubber (brush, natural fibers, etc.) and rinse it well.
- c. Fill the container with clean water and add a few drops of bleach to completely disinfect it.
- d. Show the group how to cover a water jar with a clean metal tray or other appropriate lid.
- e. Show the group how to attach a dipper to the lid or to the handles of the container with string so it does not fall on the ground. Ask them for other ideas on keeping the dipper clean.
- f. Ask for a volunteer participant to come up and demonstrate cleaning the container, covering it with a lid and attaching a dipper with string. The volunteer should describe each action as he or she does it.

3. Conclusion

- a. Ask the participants what main points to keep in mind about keeping water safe in the home.
[clean drinking water containers, cover with lid, use clean dippers]
- b. Ask the group what they will do when they get home to ensure that their water supply remains safe.

GUIDE TO SESSION 10

METHODS FIELD EXERCISE

Total Time: 6 hours, 15 minutes

SUBJECT	PROCEDURE	TIME	HANDOUTS/MATERIALS	FLIPCHARTS REQUIRED
1. Introduction	Presentation	15 minutes		A. Session 10 Objectives
2. Travel to Site and Introductions	Travel and Introductions	25 minutes		
3. Session Exercise	Session Presentations in Pairs	3 hours		
4. Travel from Site	Travel	20 minutes		
5. Analysis of Presentations	Pairs Discussion	45 minutes		B. Team Analysis Task
6. Review of Team Analysis	Full Group Discussion	60 minutes		
7. Wrap Up	Discussion	30 minutes		C. Wrap-up Questions

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SESSION 10

METHODS FIELD EXERCISE

Total Time: 6 hours, 15 minutes

OBJECTIVES

By the end of this session, each participant will be able to

- present a session together with another participant to a group or to an individual in a community and
- analyze the design and delivery of the session with the help of his or her team.

OVERVIEW

This methods field exercise provides the workshop participants with an opportunity to experience what it is like to run part of a hygiene education program with a community. It also provides the people in a community with a chance to learn something concrete from the workshop participants that they can use to improve their hygiene situation.

After a brief introduction to the session in the classroom to prepare participants, everyone will travel to the sites selected for the hygiene education sessions. Participants will work in two groups, preferably in two communities. The trainer should have arranged in advance for community members to participate in these education sessions. If only one community is available, the community members should be split into two groups so all the workshop participants can practice their sessions. The ideal number of community members in each group is 15 to 20.

The participants will first introduce themselves and explain the purpose of this field exercise, then present the sessions they planned in Session 9. The trainers will monitor their work. While each group of two or three participants is making a presentation, the other participants in their group will take notes to prepare for giving feedback to them.

Once everyone has returned to the training site, participants will analyze the effectiveness of their design together, and then divide into their teams to analyze their own effectiveness in implementing the design.

PROCEDURES

1. Introduction 15 minutes

Remind participants that this is the day for the methods practice field exercise. Display *Flipchart A: Session 10 Objectives*, go over the objectives, and ask if they are clear. Then describe the schedule for the day and tell participants that they will be divided into two groups. Explain the set-up for the practice sessions as described in the Overview. Include in the explanation how many community members will be in each group, what the participants should do when not presenting, and how the training should go. Finally, provide logistical details, such as transportation and where each of the two groups will make its presentation.

2. Travel to Site and Introductions 25 minutes

Travel to the site and make any necessary introductions. These introductions should not be as lengthy as in the first field exercise because the same community groups are involved.

3. Session Exercise 3 hours

Each pair or trio of presenters takes 30 minutes for its session.

4. Travel from Site 20 minutes

Lunch

5. Analysis of Presentations 45 minutes

Once everyone has returned, ask each pair to meet and consider the questions listed on *Flipchart B: Team Analysis Task*:

- What worked well in the presentations you gave?
- What were the difficulties you experienced?
- How did you overcome them?
- What difficulties could you not overcome?
- How might you overcome them?
- What things might you do differently if you were to do it again?

Give them 40 minutes for this task.

6. Review of Team Analysis

60 minutes

Lead a discussion focusing on the following:

- major points of agreement
- significant points made by one team but not another
- points that need clarification

7. Wrap Up

30 minutes

Ask participants to take 10 minutes to write down individually their answers to the questions on *Flipchart C: Wrap-up Questions*, as follows:

- What are the most significant things you have learned about hygiene education and communication methods?
- In what situations would these various methods be useful?
- Which of these methods could a community member learn to use?
- How can you work with community members so that they can learn to use some of these methods?

Then ask for examples of their answers. Discuss them briefly. Go over the objectives for this session and ask if they were achieved. Finally, give participants another five minutes to write down further thoughts about how to apply these methods in their own situations.

MATERIALS

Flipchart A: Session 10 Objectives

Flipchart B: Team Analysis Task

Flipchart C: Wrap-up Questions

GUIDE TO SESSION 11

DEVELOPING A WORK PLAN

Total Time: 4 hours

SUBJECT	PROCEDURE	TIME	HANDOUTS/MATERIALS	FLIPCHARTS REQUIRED
1. Introduction*	Presentation	10 minutes		A. Session 11 Objectives
2. Developing a Work Plan	Reading, Presentation, and Discussion	40 minutes	Handout 11-1: How to Develop a Work Plan Handout 11-2: Work Plan Handout 11-3: Sample Work Plan	B. Developing a Work Plan
3. Developing Steps and Time Lines	Small Group Task	70 minutes		C. Task—Developing Steps and Time Lines
4. Review Steps and Time Lines	Review of Group Flipcharts	25 minutes		
5. Determining Resources	Small Group Task	45 minutes		D. Task—Determining Resources
6. Reviewing Work Plans	Discussion	30 minutes		
7. Wrap Up	Presentation and Discussion	20 minutes		

* See Trainer Note at end of session.

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SESSION 11

DEVELOPING A WORK PLAN

Total Time: 4 hours

OBJECTIVES

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

- list the steps needed to develop a work plan,
- develop a work plan, and
- describe how to help a community develop its own work plan.

OVERVIEW

A work plan is a document used by the community for stating and carrying out its program goals. The work plan helps communities to work out realistic times for each task and to estimate the resources needed to accomplish each task. It also provides a basis for monitoring the progress made in reaching a hygiene education program goal. All this information can be organized on a work plan form.

This session begins with a discussion of the steps needed to develop a work plan. In small groups, the participants will review the program goals chosen in Session 8, based on the information collected and analyzed in the field exercise. They will select one of those goals, break it into the steps needed to achieve the goal, and identify time lines for each step. After a discussion with the full group of the kinds of resources usually needed to implement a hygiene education work plan, participants will return to their small groups and identify the resources required for their plan.

The participants will record the information they have on a blank work plan form and discuss how to use it. They will review their forms with the rest of the group and discuss the problems that arise in helping a community develop a work plan.

PROCEDURES

1. Introduction

10 minutes

Indicate that this session will help them look at ways that they can organize themselves to better achieve program goals. Display *Flipchart A: Session 11 Objectives*. Read the objectives and ask if they are clear. Then give an overview of the session in your own words.

2. Developing a Work Plan

40 minutes

Ask the participants what a work plan should contain and write their answers on a flipchart. Distribute *Handout 11-1: How to Develop a Work Plan* and ask them to compare their list with the one in the handout. Have the following questions ready on *Flipchart B: Developing a Work Plan* to help in the discussion of the five questions in the handout:

- (1) What steps will we have to take in order to reach a program goal?
- (2) When will we take each step?
- (3) What materials and equipment do we need for each step?
- (4) Who will be responsible for doing the work?
- (5) Who will supervise each step?

When they have finished reading the handout, distribute *Handout 11-2: Work Plan* (two copies each) and identify where the above questions are addressed on the work plan. Then distribute *Handout 11-3: Sample Work Plan* and show them how it can be filled out for a sanitation activity. Explain that they will study the implementation of this plan in the next session, which is on program implementation.

3. Developing Steps and Time Lines

70 minutes

Tell participants that you want them to practice filling out a work plan. Present the following task on *Flipchart C: Task—Developing Steps and Time Lines*.

- Return to your teams and select one program goal you developed in Session 8 that you would like to work on.
- Break that program goal into at least five implementation steps.
- Set a start and an end time for each step.
- Write your goal, the steps, and the start and end times on a flipchart.
- Post your flipcharts in front of the training room.

Give them 60 minutes for this task.

4. Review Steps and Time Lines

25 minutes

Ask the participants to review the posted flipcharts; do not have each group report on its plan. Ask if there are any questions or comments. Concentrate on the commonalities rather than the differences on each flipchart. Comment on the importance of proper sequencing and timing.

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5. Determining Resources

45 minutes

Ask participants, based on their experiences, what kinds of resources are generally required for community actions. These should include materials, equipment, labor, money, etc.

Ask for examples from the participants' own work.

Read the instructions from *Flipchart D: Task—Determining Resources*.

- Return to your teams.
- Review the implementation steps you developed in the previous exercise.
- Identify the resources the community will need to carry out these steps:
 - materials and equipment
 - who will do the work
 - who will supervise
- Write them on your work plan.
- Review your time lines to make sure they are realistic.

Give them 35 minutes for this task.

6. Review Work Plans

30 minutes

Ask each group for examples of resources they identified for two different steps. Comment on these examples. Then ask the entire group how many had to change their time lines when they added resources to their work plans. For those who answer "yes", ask them why they had to make changes.

7. Wrap Up

20 minutes

Ask the entire group the following questions:

- What are the most difficult aspects of developing a work plan?
- How can you overcome those difficulties?
- What are the most important things to remember about work plans?
- How can you develop a work plan with your communities?

Be sure to emphasize that work plans should be developed collaboratively with communities. This is difficult to do in a workshop setting but should be the normal practice.

Ask them to take a couple of minutes to write down how they might use work plans in their communities. Then ask for a few examples.

Review the main points discussed in this session. Then go over the objectives and ask if they were met.

TRAINER NOTE

If circumstances allow, it would be useful to involve a representative of one or more of the communities taking part in the field exercise in developing the work plan. This approach would closely resemble the situation participants would encounter in their everyday work. It would also make the point that it is critical to involve community members in developing their work plan.

MATERIALS

Handout 11-1: How to Develop a Work Plan

Handout 11-2: Work Plan (two copies)

Handout 11-3: Sample Work Plan

Flipchart A: Session 11 Objectives

Flipchart B: Developing a Work Plan

Flipchart C: Task—Developing Steps and Time Lines

Flipchart D: Task—Determining Resources

HOW TO DEVELOP A WORK PLAN

A work plan can be used by the community to define the steps and time lines needed to reach a program goal. A community develops a work plan so that it has all the information it needs to prepare for the work, start work, and complete all the steps as planned.

The work plan answers the following questions for the community:

1. What steps will we have to take to reach a program goal? (implementation steps)

Each program goal should be broken down into implementation steps so that the community members can plan ahead. We all have many experiences doing things in steps in order to complete a big project. Community people can describe the steps needed to plant a crop, build a home, organize a marriage, and so forth.

2. When will we take each step? (time lines)

Each step should have a beginning and ending date to help in the planning process. These dates should be realistic and take into account the availability of people and other resources.

3. What materials and equipment do we need for each step? (resources)

Work plans can include a detailed list of all the resources needed to finish the project. Resources include materials and tools and equipment. With such a resource list, one can make a budget for the project and see what materials, tools, and equipment have to be collected or bought and transported to the work site.

4. Who will be responsible for doing the work? (who does it)

Community groups must identify groups and individuals at each step who can do the work. In doing so, they should take into account the skills, the credibility with the community, and the availability of these groups and individuals.

5. Who will supervise each step? (who supervises)

Community groups should give the responsibility and authority to specific people to supervise the work of the groups and individuals assigned to implement each step.

Community members can develop a work plan by answering these questions and filling out each part of the work plan as they go along. Handout 11-2 is an example of a work plan.



WORK PLAN

Goal: _____ Community: _____ Hygiene Educator: _____ Date Filled Out: _____
 Objective _____ Group: _____ Community Supervisor: _____

IMPLEMENTATION STEPS	TIME LINES		R E S O U R C E S			NOTES AND COMMENTS
	DATE STARTED	ENDED	MATERIALS AND EQUIPMENT	WHO DOES IT	WHO SUPERVISES	

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WORK PLAN

Goal: _____ Community: _____ Hygiene Educator: _____ Date Filled Out: _____
 Objective _____ Group: _____ Community Supervisor: _____

IMPLEMENTATION STEPS	TIME LINES		R E S O U R C E S			NOTES AND COMMENTS
	DATE STARTED	ENDED	MATERIALS AND EQUIPMENT	WHO DOES IT	WHO SUPERVISES	

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SAMPLE WORK PLAN

The sample work plan on the next page is based on the assumption that Mary, a hygiene educator, has worked with a Health Committee developing the following overall program goals for the community of Abakora.

Program Goals

1. Health Committee members are able to lead sessions for community members on four or five behaviors.
2. Community members protect the source from contamination.
3. Community members protect the water during transport and in the house.
4. All community members use and maintain latrines.

The following sample work plan outlines the implementation steps for Goal No. 1.

SAMPLE WORK PLAN

Goal: Health Committee members are able to lead sessions for community members addressing 4-5 behaviors

Community: Abakora Hygiene Educator: Mary

Date Filled Out: January 1

Group: Health Committee Community Supervisor: Peter

IMPLEMENTATION STEPS	TIME LINES		R E S O U R C E S			NOTES AND COMMENTS
	DATE STARTED	ENDED	MATERIALS AND EQUIPMENT	WHO DOES IT	WHO SUPERVISES	
1. Discuss/agree with the committee on the goals of the program and on their roles in implementing them	Jan. 15	Jan. 15		Mary		
2. Choose dates for conducting sessions	Jan. 15	Jan. 20		Committee President		
3. Choose 4-5 behaviors and test them with the Health Committee for acceptance						
4. Lead a session with the 4-5 behaviors	Feb. 15	Feb. 15	Flipchart, Markers	Mary		
5. Lead a session on delivery skills and practice of these skills	Mar. 1	Mar. 1	Flipcharts, markers	Mary	Peter	
6. Develop a work plan for implementing their own sessions	Mar.15	Mar.15	Flipcharts, markers	Health Committee	Mary	
7. Implement the work plan	Apr. 1	June 1	Flipcharts, markers	Health Committee	Committee President and Mary	
8. Evaluate success of the work plan	June 1	June 15		Committee President and Mary	Peter	

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GUIDE TO SESSION 12

PROGRAM IMPLEMENTATION

Total Time: 3 hours, 15 minutes

SUBJECT	PROCEDURE	TIME	HANDOUTS/MATERIALS	FLIPCHARTS REQUIRED
1. Introduction	Presentation	5 minutes		A. Session 12 Objectives
2. Implementation Problems	Discussion and Presentation	60 minutes	Handout 12-1: Problem-Solving Work Sheet	B. Problem-Solving Work Sheet
3. Case Study Analysis	Case Study Analysis in Small Groups	50 minutes	Handout 12-2: Case Study: Latrine Hygiene in Kabora	C. Case Study Task
4. Discussion of Case Study	Discussion	30 minutes		
5. Community Supervision	Discussion	30 minutes		
6. Wrap Up	Discussion and Presentation	20 minutes		

SESSION 12

PROGRAM IMPLEMENTATION

Total Time: 3 hours, 15 minutes

OBJECTIVES

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

- identify the kinds of problems that arise when implementing a program,
- describe supervisory tasks and how they can facilitate the implementation of a community hygiene education program, and
- discuss the role of the hygiene educator in helping communities supervise programs.

OVERVIEW

The focus in this session is on common implementation problems in a hygiene education program and how effective community follow-up can address them. Participants will first make a list of the common implementation problems they have encountered and look both at how those problems might have been avoided and how they might be solved. Next, they will examine a list of common supervisory tasks that can facilitate implementation of a project. Participants will then analyze a story that provides a context for these supervisory issues. The trainers will then lead a discussion based on one of the work plans developed in the previous session to determine who should be involved, how these supervisory issues can be addressed, and what the role of the hygiene educator should be in helping a community supervise a program.

PROCEDURES

1. Introduction

5 minutes

Say that in the last session they looked at how to develop a work plan and that in this session they will look at the implementation of a plan.

Display *Flipchart A: Session 12 Objectives*, read the objectives, and ask if they are clear.

2. Implementation Problems

60 minutes

- A. Ask participants, based on their own experience, for examples of problems that arise during the implementation of a project.

Write their answers on a flipchart without commenting. Then, review the list and ask for a show of hands to judge which problems are most common. Write a maximum of the six most common problems in the left column of *Flipchart B: Problem-Solving Work Sheet* (also Handout 12-1). Next, ask how each problem can be avoided and write the answer in the next column. Finally, ask how that problem can be solved. Distribute *Handout 12-1: Problem-Solving Work Sheet* so they can note the answers for themselves.

Build on their responses by pointing out that many of the problems could have been solved by careful supervision of the activities by the designated members of the community group or by the hygiene educator.

- B. Ask what the function of supervision should be: to ensure that elements of a plan are happening when they should be; to provide support to those who are carrying out tasks; to coordinate various activities; to resolve problems as they arise before they become obstacles to successful completion of a job.

Ask the group to list some tasks that a supervisor would carry out. These might include

- visiting people while they are working,
- providing positive feedback and suggestions for improvement,
- holding group meetings to discuss progress and problems,
- helping to identify and resolve problems quickly, and
- encouraging those carrying out tasks.

3. Case Study Analysis

50 minutes

Divide participants into four groups. Tell them the story is about a hygiene education program in the community of Kabora. Distribute *Handout 12-2: Case Study: Latrine Hygiene in Kabora*. Ask them to read the case study individually. (10 minutes)

Then give the following task on *Flipchart C: Case Study Task*:

- Discuss the questions at the end of the study.
- Come up with a group response to each question.
- Be prepared to discuss the responses.

Give them 35 minutes for the task.

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4. Discussion of Case Study

30 minutes

In the full group, discuss the answers to the questions. Responses might be as follows:

- (1) What problems related to implementing a program occur in this case study?
- School officials and clinic staff reacted unfavorably to CHC plans for hygiene campaigns and probably won't cooperate.
 - CHC members duplicated each other's efforts.
 - Families reacted negatively and complained about CHC member home visits.
 - CHC members began squabbling and accusing each other.

Discuss all the responses to Question 1, then go to Question 2.

- (2) How could these problems have been avoided in the first place?
- Schools and clinics could have membership in the CHC; at the very least they should have been invited to participate in campaign planning.
 - Work plans should have been clearer; more effective supervision should have been required.
 - CHC should have held informational community meetings before carrying out home visits; families should have been asked to participate.
 - Shanti should have supported Amu and generally guided and supervised the activities of the CHC.
- (3) How should these problems be solved?
- Replan the campaign with the participation of the school and clinic.
 - Revise the work plan to clarify CHC members' tasks and the time frame and to specify who supervises the tasks.
 - Hold a community-wide meeting to explain the campaign to everyone and to get agreement and support from the community.

- Strengthen and improve Shanti's role as facilitator of the CHC's actions.

(4) What specifically should Shanti's role have been in program planning and implementation?

She should have helped the group to be clearer about their work plan. She should have been an active supervisor and helped Amu to do her job of president well by holding meetings, discussing problems as they arose, and being present during the campaign start-up. She would have ensured and enabled full participation of designated community leaders/members.

5. Community Supervision

30 minutes

Point out to the group that throughout the session, implementation problems have been linked to inadequate supervision. Supervising community projects is a big part of the hygiene educator's job. Remind the group of the session on the role of the hygiene educator, in which the group identified two styles of working with communities (directive and collaborative) and different behaviors for each style. Explain that they will now look at supervisory tasks for each style and decide which is the most effective.

Ask the group how a directive hygiene educator might supervise a community group. Write responses on a flipchart. These might include—

- takes over jobs when they're not being done right (or quickly),
- criticizes people without positive comments,
- tells people exactly what to do and when to do it, and
- makes decisions about program changes without consulting others.

Then ask for examples of what a collaborative community supervisor might do and write those on another flipchart:

- encourages and compliments work that is well done,
- delegates supervisory tasks to members of the community group,
- proposes changes or adjustments without imposing them,
- seeks others' opinions on how work plan is progressing and how to resolve certain problems, and
- gets agreement from others on how supervision is to be carried out and what role of supervisors should be.

Once all ideas are listed, propose any others you may want to add. Ask the group which style they feel is most desirable and why.

6. Wrap Up

20 minutes

Ask the following questions:

- What are the most important points you have learned about implementation?
- What are the best ways to avoid common implementation problems?
- What is the supervisor's role in implementation?
- To what extent can communities take responsibility for supervising their own hygiene education activities?

Ask the group what they might now do differently to apply what they learned in this session.

Review the objectives to determine if they were met.

MATERIALS

Handout 12-1: Problem-Solving Work Sheet

Handout 12-2: Case Study: Latrine Hygiene in Kabora

Flipchart A: Session 12 Objectives

Flipchart B: Problem-Solving Work Sheet

Flipchart C: Case Study Task

PROBLEM-SOLVING WORK SHEET

PROBLEM	HOW TO AVOID	HOW TO SOLVE

CASE STUDY

Latrine Hygiene in Kabora

Objectives: To develop some strategies for resolving hygiene education program implementation problems.

To identify the proper role of the hygiene educator in program planning and implementation.

Shanti is a hygiene educator who is responsible for activities in the community of Kabora. Kabora is participating in a big water supply and sanitation program, and it has received two new, drilled wells with handpumps. Also, many families have signed up for latrine construction, and to date, about half the compounds have latrines. The mobilization of the community and the organization of the work has come from the Community Health Committee (CHC) led by its president, Amu, and helped by Shanti.

To start off their hygiene education activities, CHC conducted a survey of health habits in Kabora; they found that people wanted latrines more for status symbols than for hygiene and health reasons. Once the latrines were built, they were used and maintained only haphazardly. Children were permitted to defecate anywhere, even in the courtyard. Very few people washed their hands after defecating or before eating. CHC decided to organize a variety of educational activities in order to get people to keep their latrines clean, to encourage children to use them, and to get everyone to wash their hands after using the latrines.

During a recent planning meeting, they discussed all the possible actions, including campaigns at the primary school and at the Maternal and Child Health (MCH) clinic, periodic inspections of the latrines and handwashing habits, and home visits for educational sessions with families who have latrines. Most of these activities would be carried out by the committee members after Shanti had trained them in hygiene education techniques.

When Shanti had conducted the training for CHC, she felt that they could proceed on their own and that she could concentrate on other communities. Amu went off to the school to propose a latrine hygiene campaign to the headmaster. He said he would discuss it with the teachers, but in fact was not pleased that CHC thought his school had a hygiene problem, especially because they had worked so hard to construct the latrines. Two other CHC

members went to the MCH clinic to offer to conduct hygiene education sessions for mothers in the waiting room. The clinic staff thanked them and explained that they held their own sessions regularly.

Since Shanti was not scheduled to come back for several months, the committee postponed meeting again and the members went off to do different parts of the hygiene education plan they developed. Two members went on home visits to families with latrines. After visiting a few families, they discovered that other CHC members had already been there. They went to see Amu to ask her to schedule people's home visits so there would not be any duplication. Amu said she would call a meeting, but that for the next few weeks she was too busy. Shortly thereafter, she received a visit from several of the families who wanted to know why CHC members had been coming to inspect their latrines and to ask them questions about when they use soap and water to wash their hands. They felt they should have been informed beforehand or asked to give their permission.

Amu called a CHC meeting and soon the members were accusing each other of duplicating efforts and blaming Amu for not organizing the work. Amu was very unhappy about the situation, and decided to explain all these problems to Shanti. The next time Shanti came to Kabora, Amu told her she wanted to resign from her position as CHC president. Shanti tried to persuade her not to quit but to help her get the hygiene education campaign off to a new start.

Discussion Questions

1. What problems related to program implementation occur in this case study?
2. How could these problems have been avoided in the first place?
3. How should these problems be solved?
4. What specifically should the role of the hygiene educator be in program planning and implementation?

GUIDE TO SESSION 13

MONITORING AND EVALUATION

Total Time: 3 hours, 45 minutes

SUBJECT	PROCEDURE	TIME	HANDOUTS/MATERIALS	FLIPCHARTS REQUIRED
1. Introduction	Discussion and Presentation	10 minutes		A. Session 13 Objectives
2. What to Monitor and Evaluate	Presentation	25 minutes	Handout 13-1: What Can We Evaluate and What Can We Monitor When We Do Hygiene Education?	B. What to Monitor and Evaluate
3. Monitoring	Presentation and Discussion	45 minutes	Handout 13-2: Using Success Analysis	C. Success Analysis—Questions D. Success Analysis
4. Group Task	Small Group Task	100 minutes		E. Task Instructions—Monitoring Checklists
5. Evaluation	Presentation	30 minutes		F. Key Points in Evaluation
6. Wrap Up	Discussion	15 minutes		

SESSION 13

MONITORING AND EVALUATION

Total Time: 3 hours, 45 minutes

OBJECTIVES

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

- explain the distinction between monitoring and evaluation in hygiene education programs,
- identify appropriate items to monitor and evaluate in an educational program,
- develop a monitoring checklist to include in a hygiene education work plan, and
- develop a plan for evaluating a hygiene education program.

OVERVIEW

Monitoring a program's progress, that is, checking whether it is "on track" or having problems is crucial to good program implementation. Evaluating it at the end to see whether program goals were achieved is the essential last step. Thus, planning for both monitoring and evaluation should be included in a good program plan.

In this session, the participants will use the case study from Session 12 to identify the items to be monitored in a hygiene education program. Using the work plans developed during Session 11, the participants will return to their small groups to develop monitoring checklists.

The trainers will define evaluation criteria and present success analysis as an approach to conducting evaluations. Participants will then develop evaluation plans based on their work plans. Finally, the trainers will lead a group discussion on how best to ensure community participation in the monitoring and evaluation process.

PROCEDURES

1. Introduction

10 minutes

Refer to the previous session on implementation and ask what the purpose is of monitoring in program implementation.

Possible answers—monitoring:

- measures whether the program is *on track*
- is concerned with project activities, with short-term performance
- is a continuous process
- allows for mid-course corrections

Then, ask what makes monitoring distinct from evaluation.

Possible answers—evaluation:

- questions whether the program is on the *right track*
- looks more at overall goals and examines long-term effects of the program
- is a periodic event covering a longer time span

Display the objectives from *Flipchart A: Session 13 Objectives*. Read them and ask if they are clear.

2. What to Monitor and Evaluate

25 minutes

Make a presentation based on *Handout 13-1: What Can We Evaluate and What Can We Monitor When We Do Hygiene Education?* Highlight the following points on *Flipchart B: What to Monitor and Evaluate*:

Focus on behavior changes, such as—

- household water uses
- household sanitation practices
- community support activities

Distribute Handout 13-1.

Make the point that the community should be involved in monitoring and evaluation of hygiene education programs. Monitoring and evaluation should not be the sole responsibility of the hygiene educator.

3. Monitoring

45 minutes

Refer to the case study in Session 12, *Handout 12-2: Latrine Hygiene in Kabora*, and ask what items should be monitored during implementation of the program in Kabora. Write responses on a flipchart.

Responses might include the following:

- Are all planned project steps being implemented?
- Are implementation dates being respected?
- How many families are participating in the education program?
- What kinds of educational activities are being held at the schools? MCH clinic?
- How many people are attending these sessions?
- Are CHC members carrying out hygiene education sessions effectively?
- Was the content and methodology of their training appropriate?
- Are educational materials available for the sessions?
- Are they appropriate?
- How many home visits have been carried out by CHC members?

After reviewing the list, ask what other items they could use as benchmarks of progress for a hygiene education program.

Possible answers:

- committees formed
- meetings/training held
- tasks accomplished
- number of session/lessons held
- number of people contacted
- number of jar lids in use
- number of families with covered latrines
- number of drainage ditches
- number of soakage pits
- number of garbage pits

Ask how these items can be monitored, and who should do it. Point out that regular supervision is one of the most effective ways to monitor a program. Regular meetings of the community group and chats with community members are also good monitoring methods. One specific technique is success analysis.

Read the introduction to success analysis from *Handout 13-2: Using Success Analysis* and explain the purpose of success analysis. Then, post *Flipchart C: Success Analysis—Questions*, with the following questions listed for review:

- What have we done that was successful? Why were we successful?
- What problems did we meet? How did we overcome those problems?
- What problems still remain? What have we learned that can help us plan to overcome them?

Finally, go over *Flipchart D: Success Analysis* and discuss when success analysis can be used:

- every day after work
- at the end of every meeting of a community group
- at the end of every general community meeting
- at the end of every step in a project
- whenever major problems come up
- at the end of a project
- at regular intervals (monthly, quarterly, annually)

Distribute *Handout 13-2: Using Success Analysis*. Emphasize that success analysis is a useful tool for leading a monitoring discussion with a community.

4. Group Task

1 hour 40 minutes

Ask the participants to return to their teams and give them the following task instructions using *Flipchart E: Task Instructions—Monitoring Checklists*.

- Review the steps in your work plan.
- Determine what will be monitored.
- Determine who will monitor the progress of each step. Make sure the community is involved.
- Record your responses in the "Notes and Comments" column of your work plan.

Give them 40 minutes for this task and then ask each group to present its plans.

5. Evaluation

30 minutes

Remind the participants that monitoring is the regular checking of progress against program goals. It is a continuous process during the life of a program. Ask the participants how evaluation differs from monitoring. Make sure the point is made that evaluation is a periodic event, which is generally done at key points during the program. It also draws on the data collected during the monitoring process.

Display *Flipchart F: Key Points in Evaluation*, as follows:

- Focus on behavioral changes, not specific reduction in incidence of disease.
- Evaluation should be carried out by the key community members involved in the program along with the hygiene educator.
- Evaluations should be conducted every six months or so.
- Evaluations in this context are no more than a meeting.
- The meeting should review the program goals and revise the work plan, if necessary.

Go over the key points on the flipchart, using the following for explanation.

Ask for some examples of the kind of behavioral changes that might be evaluated in a hygiene education program.

Examples include:

- increased use of latrines
- hand-washing
- regular cleaning of latrines
- availability of soap and water

Ask participants who should carry out an evaluation. Ask if it should be the same people who are responsible for the planning and implementation of the program. Be sure to make the point that the evaluation should be done by the community members responsible for the hygiene education program and the hygiene educator, the same people who have been involved all along.

Say that the evaluation is really no more than a formal meeting in which you step back and ask if you achieved the program goals which you set in the beginning. (Refer to Session 8.) These goals were all measurable and based on behavioral changes. If regular monitoring has occurred, then this discussion will not be difficult. Some data may have to be collected to evaluate the specific measurable targets.

After the community members and the hygiene educator determine how well they have done in reaching the goals, they then need to look at the work plan to see if any changes are needed. These changes should be agreed upon and provide the basis for a new work plan.

6. Wrap Up

15 minutes

Ask what a hygiene educator can do to get full community participation in monitoring and evaluation.

Review the main points presented in this session. Then review the session objectives and ask if they were reached.

MATERIALS

Handout 13-1: What Can We Evaluate and What Can We Monitor When We Do Hygiene Education?

Handout 13-2: Using Success Analysis

Flipchart A: Session 13 Objectives

Flipchart B: What to Monitor and Evaluate

Flipchart C: Success Analysis—Questions

Flipchart D: Success Analysis

Flipchart E: Task Instructions—Monitoring Checklists

Flipchart F: Key Points in Evaluation

WHAT CAN WE EVALUATE AND WHAT CAN WE MONITOR WHEN WE DO HYGIENE EDUCATION?

The natural tendency of health professionals conducting hygiene education programs in water supply and sanitation projects is to look for the results of their efforts in terms of reductions in mortality and morbidity of water- and sanitation-related diseases. For some diseases, this objective for evaluation and monitoring is possible. For example, diseases such as scabies, eye infections, and guinea worm are diseases for which the actual reductions are useful benchmarks for evaluation of hygiene education programs. Here, the practices of hygiene education programs can be the reason for the reductions in prevalence of these diseases. Other diseases, however, specifically those related to diarrhea are somewhat more complex and harder to attribute to the success or failure of your hygiene education program. In the case of diarrhea, is it the reduction in family income or the lack of hygiene practices that had greater effect? In other words, there are so many other behaviors and inputs—called confounding variables—that are likely to affect diarrheal disease outcomes besides your hygiene education program.

Over the past decade, professionals working in the water and sanitation sector have concluded that the adoption of intermediate behavioral changes are a very practical and useful tool in monitoring the progress of your hygiene education program. Behavioral aspects provide the most realistic and reasonable indicators for monitoring progress. Over the longer term, that is, three, five, or ten years, we can realistically expect to see sustained reductions in the prevalence of most water and sanitation diseases.

Behavioral changes, however, can be linked to water and sanitation interventions and are relatively easy to observe and measure. It is important to realize that the existence of new facilities does not signify project success or the creation of project benefits. Until people use the facilities, which requires behavioral changes, they will derive no benefits from them.

When people begin using the "inputs" of the project—that is, the water systems, what they learned in training sessions, etc., then behavioral changes can be expected to take place. It is the *utilization* of the project inputs that yields the behavioral change.

Key elements one might expect to see in observing behavioral changes are the following:

- Household water uses—Are people bathing more? Are people cleaning and guarding eating utensils?
- Household sanitation practices—Are more people building latrines and using them? Are soap or other cleansing materials readily available in the kitchen? Are more people covering and taking care of their domestic drinking water supply?
- Community support activities—Are people caring and maintaining the source? Are funds being collected? Are more women participating in the various functions associated with improved facilities?

These are all changes that can be observed and quantified. If these behavioral changes become permanent, one can reasonably assume that the ultimate benefits in the health, economic, and social spheres will also occur.

By assessing behavioral changes and linking them to water and sanitation interventions, a project can make strong inferences about the types of health-related benefits that are likely to occur. For example, the increased use of latrines and the use of cleansing materials—soap and water for personal hygiene—cannot help but reduce the transmission of oral fecal diseases and have an effect on diarrheal diseases. The use of larger quantities of water for bathing and clothes washing will reduce the incidence of skin diseases.

The ultimate impacts of the project—decreased mortality and morbidity—are difficult to trace and measure. Although these impacts are usually stated as the overall goals of the project, they are rarely practical to use as measures for project monitoring and, sometimes even, evaluations.

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USING SUCCESS ANALYSIS

You and the communities you work with both have to judge how well your work is going. You should not wait until you have finished a project to look at what has happened. It is better to look at what is happening on a regular basis, such as at the end of every day, every week, or every month. You need to know what you have done well, what mistakes have occurred, and what problems need to be solved.

Success analysis is a helpful way of reviewing and evaluating what you have been doing on a regular basis. Success analysis looks at your successes and not just at your failures. It reviews the problems that came up and how you overcame them. It looks at what problems remain and how you might overcome them, too. To use success analysis, you or the community members should ask yourselves these questions:

1. What have we done that was successful? Why were we successful?
2. What problems did we meet? How did we overcome those problems?
3. What problems still remain? What have we learned that can help us plan to overcome them, too?

Success analysis can be done-

- every day after work
- at the end of every meeting of a community group
- at the end of every general community meeting
- at the end of every step in a project
- whenever major problems come up
- at regular times (monthly, quarterly, annually)
- at the end of a project

From R.B. Isely and D. Yohalem. *A Workshop Design for Community Participation*. WASH Technical Report No. 33. September 1986 (draft).

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GUIDE TO SESSION 14

DEVELOPING A BACK-AT-WORK PLAN

Total Time: 3 hours, 40 minutes

SUBJECT	PROCEDURE	TIME	HANDOUTS/MATERIALS	FLIPCHARTS REQUIRED
1. Introduction*	Presentation	5 minutes		A. Session 14 Objectives
2. Review of Program Steps	Discussion and Presentation	45 minutes		B. Major Program Steps
3. Developing a Back-at-Work Plan	Groups of Two or More	70 minutes	Handout 14-1: Back-at-Work Plan	C. Task—Developing a Back-at-Work Plan
4. Sharing Plans	Groups Meet in Pairs	55 minutes		
5. Wrap Up	Discussion	45 minutes		

* See Trainer Note at end of session.

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SESSION 14

DEVELOPING A BACK-AT-WORK PLAN

Total Time: 3 hours, 40 minutes

OBJECTIVES

By the end of this session, the participants will have

- prepared a plan for carrying out a hygiene information collection and analysis activity in their own work situation.

OVERVIEW

This session provides an opportunity for participants to review the workshop and to examine how they might start a hygiene education program in their own work situation.

The session is designed largely to give participants an opportunity to develop their plans either in groups of two or in larger work groups, if there are colleagues who normally work together. Once these plans are completed, participants will share them with another group.

When the groups have finished sharing their plans, the trainers will lead a discussion on starting a hygiene education program.

PROCEDURES

1. Introduction

5 minutes

Explain that this session will enable them to integrate all that they have learned in the workshop by examining how to apply these lessons to their own work situations. Explain that this session will focus on developing a plan that they can use after the workshop. The plan will focus primarily on the information collection and analysis steps, both of which are essential to starting up a program.

Display *Flipchart A: Session 14 Objectives* and ask if they are clear.

2. Review the Program Steps

45 minutes

Tell participants you want to review some of the key points of the workshop. Display *Flipchart B: Major Program Steps*:

- (1) Establish a relationship with a community
- (2) Collect information
- (3) Analyze information
- (4) Develop hygiene education goals
- (5) Develop a work plan
- (6) Conduct hygiene education activities
- (7) Monitor and evaluate
- (8) Develop a new work plan, or modify an existing one, to increase community involvement

Go over the steps briefly; then ask the following questions to review some of the key points covered in the workshop. Tie the questions to the steps listed above.

- What are some common perceptions by communities of the health benefits of water?
- What are the three aspects of hygiene regarding which we want to influence behaviors? (water, the environment, individual)
- What are the steps in a hygiene education program?
- In a few words, how would you describe the ideal relationship between a hygiene educator and a community?
- What are the major categories that guide us in information collection? (water/hygiene resources and structures, people's beliefs about hygiene, different people's behavior)
- What are some methods for information collection? (interviewing, observation, etc.)
- What are the main steps in information analysis? (identify helpful and harmful hygiene-related behavior and possible actions to influence them)
- What are the two major steps in preparing goals? (choosing most feasible and effective actions and setting goals based on them)
- What are some examples of hygiene education methods? (story-telling, health talks, and demonstration)

- What are the key elements of a work plan? (goal, steps, resources, who implements and who supervises)
- What are two examples of possible implementation problems?
- What is the main difference between monitoring and evaluation?
(monitoring = ongoing with short-term outlook;
evaluation = periodic with long-term perspective)

3. Developing a Back-at-Work Plan

70 minutes

Ask participants to divide into groups of two by geographic region or by organization, or divide into groups of three, four at the most, if they are part of the same team in the field. Then, present the task on *Flipchart C: Task—Developing a Back-at-Work Plan*:

- Review the eight program steps in a hygiene education program.
- Develop a plan showing how you intend to start a hygiene education program in your communities.
- Prepare to share your plan with another group.

Give them 60 minutes for the task.

Distribute *Handout 14-1: Back-at-Work Plan* for use in writing down their plan.

4. Sharing Plans

55 minutes

Ask each group to pair up with another group and share their plan. Each group should take no longer than 25 minutes, including questions.

NOTE: You may want to end day 10 here and finish the session the next day.

5. Wrap Up

45 minutes

Ask the teams to look back over their plans now that they have had a chance to share them and to discuss how they might change their plans. Give them 15 minutes to go over their plans and make any changes.

Then ask them the following questions:

- What was the easiest part of preparing your plan?
- What was the most difficult part of preparing your plan?

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- What are the things that you now feel confident about in starting a hygiene education program?
- What are some things you are concerned about?

Tell participants that this session is the last one before the workshop evaluation and that you hope they now understand what is involved in putting a hygiene education program together. Go over the session objectives and ask if they were achieved.

TRAINER NOTE

At this point, if possible, it would be useful to involve the participants' supervisors in the session, at least in Step 4, when plans are presented. They may wish to be involved in Step 3, Developing a Back-at-Work Plan.

MATERIALS

Handout 14-1: Back-at-Work Plan

Flipchart A: Session 14 Objectives

Flipchart B: Major Program Steps

Flipchart C: Task—Developing a Back-at-Work Plan

GUIDE TO SESSION 15

WORKSHOP EVALUATION AND CLOSING CEREMONY

Total Time: 2 hours, 30 minutes

SUBJECT	PROCEDURE	TIME	HANDOUTS/MATERIALS	FLIPCHARTS REQUIRED
1. Introduction	Presentation	10 minutes		
2. Written Evaluation	Individual Task	40 minutes		
3. Participant Suggestions	Group Discussion	20 minutes	Handout 15-1: Workshop Evaluation Form	
4. Wrap Up	Presentation	5 minutes		
5. BREAK		15 minutes		
6. Closing Ceremony	To be developed by trainers, participants, and the community	60 minutes (maximum)	Certificates (if desired)	

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BACK-AT-WORK PLAN

STEPS	BY WHEN	PERSONS TO INVOLVE

SESSION 15

WORKSHOP EVALUATION AND CLOSING CEREMONY

Total Time: 2 hours, 30 minutes

OBJECTIVES

By the end of this session, the participants will have

- used success analysis to evaluate the workshop and
- heard formal closing statements by trainers and appropriate officials, community members, and participant representatives (as appropriate).

OVERVIEW

The workshop evaluation form asks the participants to indicate how well each overall workshop goal was attained and to provide their comments on the workshop in response to questions based on success analysis. In addition, the session calls for participants to share their suggestions openly with trainers so that areas not covered by the evaluation form can be discussed and participants can better explain some of their comments.

The closing ceremony should be an appropriate ending to the workshop and provide opportunities for all the people involved in the training program (including trainers, participants, health ministry or other officials, and community members) to participate as appropriate. The ceremony should allow for formal statements, votes of thanks, certificates of awards, if possible, and farewells.

The trainers should plan the closing ceremony with all those involved (except participants) before the start of the workshop and make arrangements for producing certificates, informing officials, and taking care of logistics. Then, two or three days before the end of the workshop, trainers should ask participants to select one or two persons who can speak on their behalf.

PROCEDURES

1. Introduction

10 minutes

Describe the overall schedule for this last session, which is divided into two parts:

- (1) Workshop evaluation—1 hour
- (2) Closing Ceremonies—30 to 60 minutes

Introduce the workshop evaluation by saying how important it is for trainers to be able to receive the honest evaluation of workshop participants of the work they have done together. Mention that their comments will help you improve the workshop in the future.

Point out that the written evaluation form they will receive is an example of how to adapt success analysis to the specific needs of a training event. Evaluations are anonymous to encourage the greatest degree of openness, although people may sign their names if they wish. It is divided into two parts:

- Part I: How well each of the workshop goals was achieved. It uses a four-point scale to measure how well the goals were attained. Participants should circle the number that best expresses how well they thought the goal was accomplished.
- Part II: Several open-ended questions about the workshop drawn from success analysis.

Finally, tell participants you will ask for some group discussion of the workshop so that areas not covered by the form may be brought up and so that participants may expand on their comments and share them with the group.

2. Written Evaluation Form 40 minutes

Distribute *Handout 15-1: Workshop Evaluation Form* and review it with the participants. Give them 35 minutes to fill it out.

3. Participant Suggestions 20 minutes

Ask the participants to review their answers to questions in Part II. Ask them if they would be willing to share some of their suggestions for improving the workshop with you.

Find out which suggestions are most commonly held and most important to the participants.

4. Wrap Up 5 minutes

Review the key suggestions. Thank the participants for their comments and their active participation throughout the workshop.

5. Break 15 minutes

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6. Closing Ceremony

30-60 minutes

Activities to be decided upon by training staff. This part of the session should last no more than 60 minutes.

MATERIALS

Handout 15-1: Workshop Evaluation

Certificate (if desired)

WORKSHOP EVALUATION FORM

Part I: Goal Attainment

Please circle the appropriate number to indicate to what degree the workshop has succeeded in improving your ability to do the following:

1. Identify the different perceptions of communities and development agents regarding the relationship between water and health.

1	2	3	4
Very Little	Somewhat	Well	Very Well

2. Determine the purpose and the components of an effective hygiene education program.

1	2	3	4
Very Little	Somewhat	Well	Very Well

3. Collect information on behaviors and beliefs of community members regarding hygiene as it relates to water, the environment, and the individual.

1	2	3	4
Very Little	Somewhat	Well	Very Well

4. Analyze this information to determine possible hygiene education actions.

1	2	3	4
Very Little	Somewhat	Well	Very Well

5. Select appropriate hygiene education actions.

1	2	3	4
Very Little	Somewhat	Well	Very Well

6. Develop program goals based on those actions.

1	2	3	4
Very Little	Somewhat	Well	Very Well

7. Use selected hygiene education methods effectively.

1	2	3	4
Very Little	Somewhat	Well	Very Well

8. Prepare for the successful implementation of a community hygiene education program based on a work plan.

1	2	3	4
Very Little	Somewhat	Well	Very Well

9. Develop a plan for monitoring and evaluating a community hygiene education program.

1	2	3	4
Very Little	Somewhat	Well	Very Well

10. Develop an outline of a design for a community hygiene education program in your work setting.

1	2	3	4
Very Little	Somewhat	Well	Very Well

OVERALL WORKSHOP GOALS

By the end of the workshop, participants will be better able to assist community members and organizations to develop and sustain their own hygiene education programs by:

1. Identifying the different perceptions and values of communities and development agents regarding the relationship between water and health.
2. Determining the purpose and the components of an effective hygiene education program.
3. Collecting information on behaviors and beliefs of community members regarding hygiene and its relationship to water, the environment, and the individual.
4. Analyzing this information to determine possible hygiene education actions.
5. Selecting appropriate hygiene education actions.
6. Developing program goals based on those actions.
7. Using selected hygiene education methods effectively.
8. Preparing for the successful implementation of a community hygiene education program based on a work plan.
9. Developing a plan for monitoring and evaluating a community hygiene education program.
10. Developing an outline of a design for a community hygiene education program in their work setting.

HYGIENE EDUCATION TRAINING GUIDE

Workshop Schedule

WEEK 1

TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
8:00 am	<p>1. Opening Ceremony and Introduction to the Workshop</p> <p>(3 hours)</p> <p>2. The Inter-relationship between Water and Health</p> <p>(4 hours)</p>	<p>3. Purpose and Components of a Hygiene Education Program</p> <p>(2 hours)</p> <p>4. The Relationship between the Hygiene Educator and the Community</p> <p>(2 hours, 30 min)</p>	<p>5. Information Collection</p> <p>(continued)</p> <p>6. Information Collection Field Exercise</p> <p>(8 hours, 30 min)</p>	<p>6. Information Collection Field Exercise</p> <p>(continued)</p>	<p>7. Information Analysis</p> <p>(continued)</p> <p>8. Hygiene Education Program Goals</p> <p>(4 hrs, 10 min)</p>	<p>9. Hygiene Education Methods</p> <p>(11 hrs, 20 min)</p>
12:00 pm	L	U	N	C	H	
1:30 pm	<p>2. The Inter-relationship between Water and Health</p> <p>(continued)</p>	<p>5. Information Collection: Deciding What Is Needed and How to Collect It</p> <p>(4 hrs, 30 min)</p>	<p>6. Information Collection Field Exercise</p> <p>(continued)</p>	<p>6. Information Collection Field Exercise</p> <p>(continued)</p> <p>7. Information Analysis</p> <p>(3 hrs, 45 min)</p>	<p>8. Hygiene Education Program Goals</p> <p>(continued)</p>	BREAK
5:00 pm						

HYGIENE EDUCATION TRAINING GUIDE

Workshop Schedule

WEEK 2

TIME	DAY 7	DAY 8	DAY 9	DAY 10	DAY 11
8:00 am	9. Hygiene Education Methods (continued)	10. Methods Field Exercise (6 hrs, 15 min)	11. Developing a Work Plan (4 hours)	13. Monitoring and Evaluation (3 hrs, 45 min)	14. Developing a Back-At-Work Plan (continued) 15. Workshop Evaluation and Closing Ceremony (2 hrs, 30 min)
12:00 pm	L	U	N	C	H
1:30 pm	9. Hygiene Education Methods (continued)	10. Methods Field Exercise (continued)	12. Program Implementation (3 hrs, 15 min)	14. Developing a Back-at-Work Plan (3 hrs, 40 min)	
5:00 pm					

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TECHNICAL ISSUES

TECHNICAL ISSUES FOR CONSIDERATION IN COMMUNITY WATER SUPPLY HYGIENE EDUCATION PROGRAMS

Quantity, Quality, Accessibility, and Convenience—easily remembered as QQAC—are four characteristics key to the success of water supply and sanitation programs. Safe water supplies and sanitary means of excreta disposal must be both convenient (as perceived by the users) and reliable (in good working order throughout the year). Water should be available in at least minimum quantity—between 20 and 40 liters per person per day—so as to ensure that health benefits can occur.

Quantity: By far the most important technical aspect of water is that health benefits occur only when people are using it in large enough quantities, assuming water meets at least minimal quality standards. The minimum estimated need for drinking, cooking, and food preparation is about 10 liters per day. Second in priority is sufficient water for bathing and personal hygiene and washing of eating utensils, for which 10 to 15 liters per day is the minimum. Third, if possible, domestic water should be available for washing clothes, watering garden plots, and for livestock or poultry.

Not all the uses of water require that it be of high levels of purity. What is considered water quality that is "safe" and adequate is a subject of a large and important debate.

Water Quality: Many developing countries do not have their own set of water quality standards. They usually rely on the standards set by the World Health Organization (WHO). These guidelines are suitable primarily for developed countries. Sometimes they are also suitable for rural communities in developing countries. Clearly, one cannot generally apply the same standards for both these contexts. For rural areas one of the most important aspects of water quality is the microbiological safety of the supply. The primary indicator chosen for microbiological safety is the fecal coliform group, and specifically *Escherichia coli*. WHO guidelines recommend that untreated water supplies, whether piped or not, contain absolutely no fecal coliforms in any bacteriological testing.

Fecal coliforms are found in large numbers in the feces of humans and any other warm-blooded animals. The presence of fecal coliforms in water supplies is an indication of fecal pollution and is a warning sign of potential health hazards. However, the relationship between the amount of fecal contamination and the health risk to the consumer is not clear. Fecal coliforms are generally found in almost all naturally occurring surface waters, including those originating in "protected" catchment areas. Chlorination and filtration are usually the only way to completely eliminate such organisms.

Most developing countries have avoided the issue of fecal pollution and health by simply adopting WHO guidelines as national standards. As a result, most countries have unrealistically high (zero fecal coliform content) rural water quality standards that cannot be achieved with available resources and, therefore, are basically completely ignored. Such standards provide little guidance for operational activities and contribute to an overall disregard for water quality issues.

The WASH perspective and that of WHO's community water supply division are that developing countries should have quality standards that are appropriate to their level of development, available resources, and the needs of the people. In general, it is accepted that improved water sources are in themselves an improvement over what people had been drinking before.

Accessibility and Convenience: Simply telling people to use more water is unlikely to change their habits. Women have enough work to do without having to carry more water every day. The most important means to ensure increased water use is to provide water closer to people's homes—thus accessibility and convenience play an important role in how much water people will use.

In general, as the water source becomes closer and journey time decreases, water consumption tends to increase. When people don't have to stand in line and when the source is not more than one kilometer from home, consumption increases. However, studies have shown that when water is supplied in the house or yard, consumption is likely to increase by a factor of three or even more.

Closely related to accessibility and convenience is the saving in time and effort spent in water collection. As mentioned earlier in this manual, in most poor communities water collection is a woman's job. In some parts of cities and even in large concentrations of rural communities, women spend 10 percent of a family's income to pay for water delivered to the home. This shows how much they value the time they would have spent in collecting water.

When women save time by not having to haul water, they tend to use it doing household chores that are likely to promote hygiene and bring about health benefits. Or, as one village woman in Togo remarked, "Now that I don't spend so much time carrying water, I have time to talk to my neighbors about improving our community."

CASE STUDY
INTERRELATIONSHIP BETWEEN WATER AND HEALTH

Objective

After examining this case study, the participants will be able to

1. identify ways that water can become contaminated and
2. describe the health effects on community members of consuming unsafe water, coming into contact with unsafe water, and having insufficient water.

Case Study

Many years ago, two communities, Wambila and Amaru, were established on the banks of a small river by people of similar ethnic background. Each has about 500 inhabitants who are mostly farmers. However, the fate of these two communities has been quite different.

At first, both used the river for all their water needs: drinking, bathing, washing clothes, etc. As the communities grew larger, the water from the river wasn't enough, especially during the dry season. Wambila dug two open wells, where women could get water during the rainy season. Amaru decided to join a government program for drilled wells. It cost them much money, but they have two handpumps that never go dry. They also reinforced the sides of an old dug well and added a cover and pulley for the buckets.

Wambila's dug wells have no covers so the rains can fill them up. Sometimes the sides collapse after heavy rains and ground runoff fills them up. When they go dry, the women must walk many miles into the hills to find buckets of muddy water from where the river still flows. When they get home, they use this little bit of water to drink, cook meals, and wash vegetables, clothes, and dishes. There is so little water that the children do not get bathed very often. In the dry season they have itchy skin and bald patches on their heads. Their mothers are too tired to wash the children and do all the other chores, too. Water is so scarce, even adults don't bathe very often. Still, they are grateful for even the muddy water they keep in open jars by the doorway.

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During the wet season, everyone bathes in the river and drinks the water from the open wells. Sometimes the boys who play in the river have blood in their urine. Wambila has no latrines. People defecate in the bushes near the river, and children use the garbage dump nearby. The children have diarrhea frequently during the rainy season. Many of them die following bouts of diarrhea. Their tummies are round, and often full of worms. Bellyaches are a problem for adults, too, and everyone seems to come down with fever.

Ever since Amaru installed the pumps, the people have noticed that children don't have much diarrhea and they eat and learn better in school. They decided only to use the river to wash clothes, not to drink or bathe. This year, several families have begun to construct latrines with the help of a community development worker who also showed them how to bury garbage outside the community in a pit. The adults have told the community worker how the bellyaches and fevers have improved since the pumps were installed. The women have started vegetable gardens using the runoff from the pumps and sell the produce in the market for some extra income. Sometimes they talk about how tired they used to be walking so far for the water.

* * * * *

Questions:

1. What kinds of water supply systems do Wambila and Amaru have? Which ones are safe and unsafe? Why?
2. What kinds of sanitation systems do Wambila and Amaru have? Which ones are adequate and inadequate? Why?
3. Using the case study and other examples, what are ways that water can become contaminated?

4. What are the health effects of
 - (a) consuming unsafe water?
 - (b) coming into contact with unsafe water?
 - (c) insufficient water?

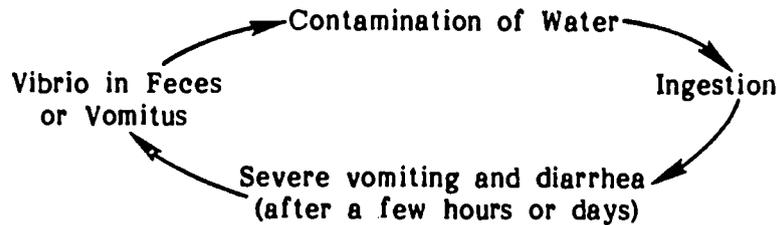
5. What is the role of women in water and hygiene-related activities in Wambila and Amaru?

* * * * *

WATER-RELATED DISEASES

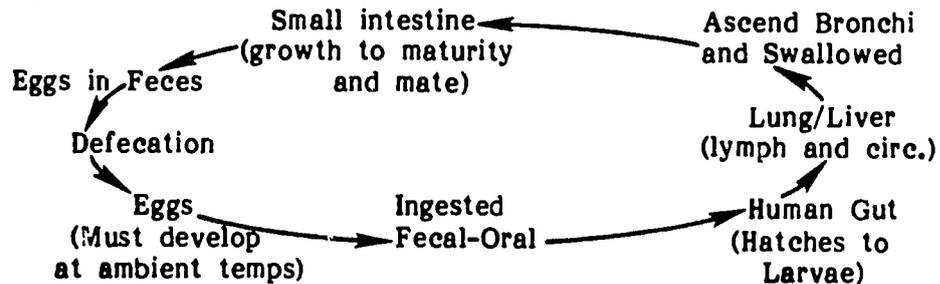
DISEASE: CHOLERA

Infectious Agents: Vibrio cholerae: comma vibrio bacteria
Vector/Vehicle: Fecal-Oral by contaminated water (sometimes food, flies, direct contact)
Host: None
Reservoir: Humans
Symptoms: Severe vomiting/diarrhea, rapid dehydration
Treatment: Fluid rehydration. Drug treatment: antibiotics
Prevention: Proper latrines/use, sanitary hygiene, improved water supply, vaccination
Long Range Effects: If untreated, can cause rapid death
Chain of Infection:



DISEASE: ASCARIS (ROUNDWORM)

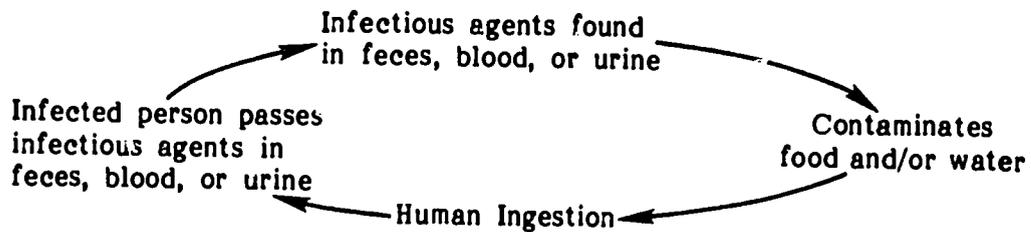
Infectious Agents: Ascaris lumbricoides: large intestinal roundworm
Vector/Vehicle: Fecal-Oral by contaminated food or water
Host: Humans
Reservoir: Humans
Symptoms: Hacky cough, stomach pains, vomiting, digestive problems
Treatment: Drug treatment: dewormer
Prevention: Proper latrines and use, sanitary hygiene
Long Range Effects: Bowel obstruction. Migration of worms to liver, gall bladder, or appendix which can cause death
Chain of Infection:



from B.D. Hanson. *Water and Sanitation Technologies: A Trainers Manual*. Peace Corps Information Collection and Exchange Training Manual T-32. March, 1985

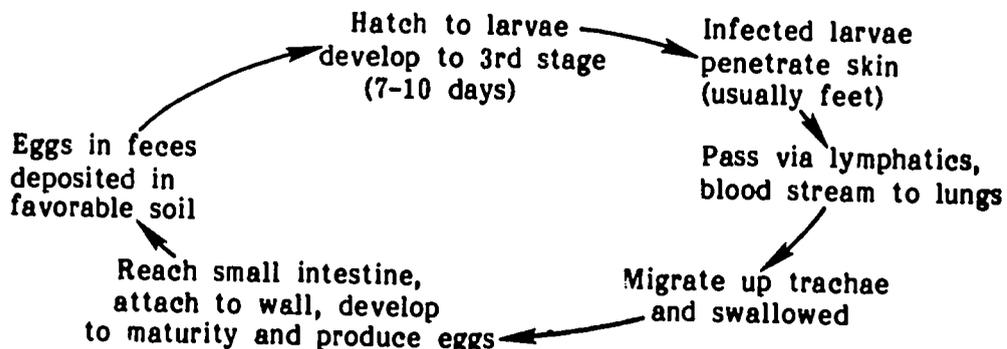
DISEASE: HEPATITIS (TYPE A)

Infectious Agents: Believed to be enterovirus and/or paravovirus
Vector/Vehicle: Fecal-Oral by contaminated water and/or food
Host: None
Reservoir: Humans, chimpanzees
Symptoms: Abrupt fever, malaise, nausea, stomach discomfort, followed by jaundice. Long convalescence with anemia and malaise
Treatment: No specific treatment, rest and proper diet is helpful during convalescence stage
Prevention: Sanitary disposal of feces/urine, personal hygiene, sanitary handling of food, clean water supply
Long Range Effects: Can cause liver damage
Chain of Infection:



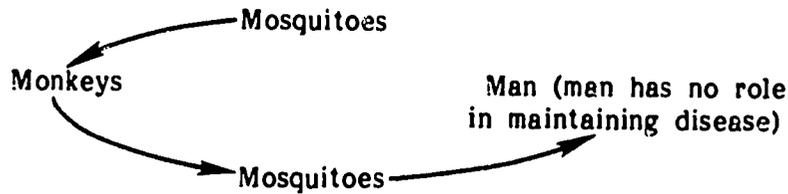
DISEASE: ANCYLOSTOMIASIS (HOOKWORM)

Infectious Agents: *Necator americanus*, *Ancylostoma duodenale*, and *A. ceylanicum*; a nematode worm
Vector/Vehicle: Soil
Host: None
Reservoir: Infected persons discharging eggs into feces, also dogs or cats for *A. ceylanicum*
Symptoms: Chronic anemia, hacky cough, mucus, dermatitis
Treatment: Drug treatment; tetrachlorethylene, bephenium, thiabendazole, or pyrantel pamoate. Protein and iron diet supplement
Prevention: Sanitary disposal of feces, wearing shoes, treatment of infected persons
Long Range Effects: Retarded mental and physical development in children, general debilitation
Chain of Infection:



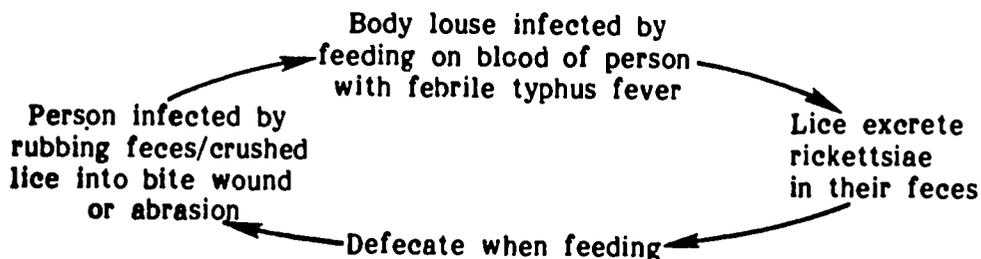
DISEASE: YELLOW FEVER (JUNGLE)

Infectious Agents: Togavirus
Vector/Vehicle: A. africanus, A. simpsoni, Aedes aegyptim mosquitoes
Host: None
Reservoir: Monkeys, mosquitoes
Symptoms: Fever, headaches, backaches, vomiting, nose bleeds, blood in feces, prostration, slowing pulse rate with fever, jaundice
Treatment: None
Prevention: Immunization by vaccination, vector control, protective clothing, bed nets, insect repellents, recovery leads to immunity
Long Range Effects: Fatality among indigenous population of endemic regions is 5%. Among non-indigenous groups in epidemics, 50%
Chain of Infection:



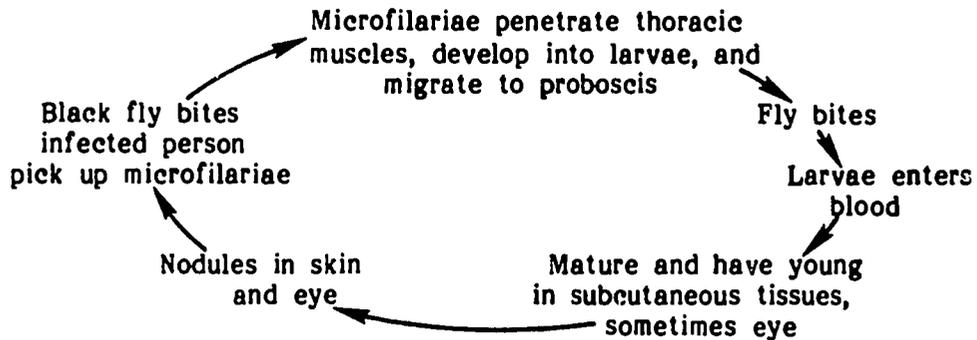
DISEASE: TYPHUS FEVER (EPIDEMIC LOUSE-BORNE)

Infectious Agents: Rickettsia, a bacteria
Vector/Vehicle: Body louse
Host: Humans
Reservoir: Infected persons
Symptoms: Attacks of headaches, chills, prostration, fever, general pain, and toxemia
Treatment: Drug treatment; antibiotics
Prevention: Immunization through vaccination, application of residual insecticide to clothes and persons, improved sanitary practices with provisions for frequent bathing and washing clothes.
Prevention: Without treatment, fatality rate varies from 10-40%, increasing with age and severity of attack.
Chain of Infection:



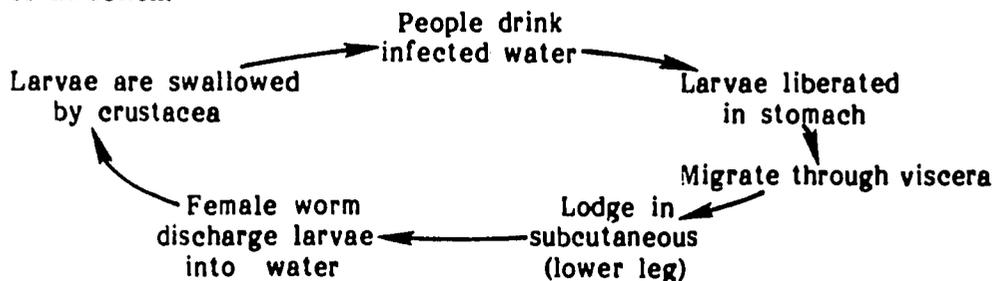
DISEASE: ONCHOCERCIASIS (RIVER BLINDNESS)

Infectious Agents: Onchocerca volvulus; a nematode worm
Vector/Vehicle: Infected female black fly; genus Simulium
Host: Humans
Reservoir: Infected persons
Symptoms: Early stages include; intense itching/rash, atrophy of skin, visual disturbances. Late stages: blindness
Treatment: Drug treatment; hetrazun, naphuride, antrypol
Prevention: Protective headgear/clothing, insect repellent, vector control in fast running water and thick bush river banks
Prevention: Nonfatal yet chronically debilitating dependent on amount of exposure, blindness
Long Range Effects: Nonfatal yet chronically debilitating dependent on amount of exposure, blindness
Chain of Infection:



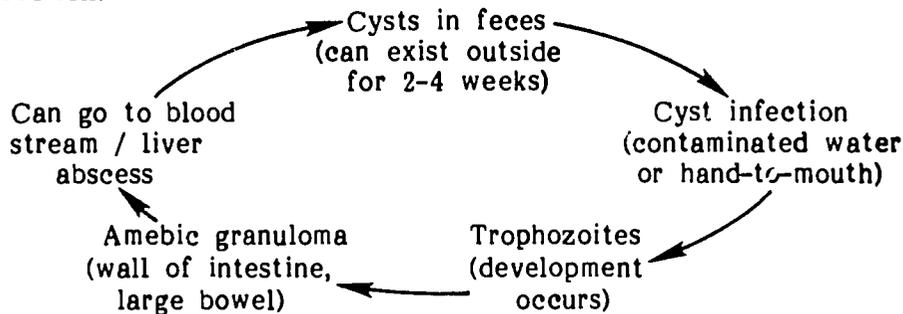
DISEASE: DRACONTIASIS (GUINEA WORM)

Infectious Agents: Dracunculus medinensis; a nematode worm
Vector/Vehicle: Water
Host: Crustacea of genus cyclops
Reservoir: Infected person
Symptoms: Blister on lower extremity, then lesion with burning and itching of skin. Accompanying fever, nausea, vomiting, diarrhea. Worm ruptures skin
Treatment: Drug treatment: antibiotics
Prevention: Boiling of water, filtration of water through fine mesh, chlorination, prevent contamination of drinking water by contact with infected persons
Prevention: Multiple infections can cause severe crippling, lesions can lead to blood infections
Chain of Infection:



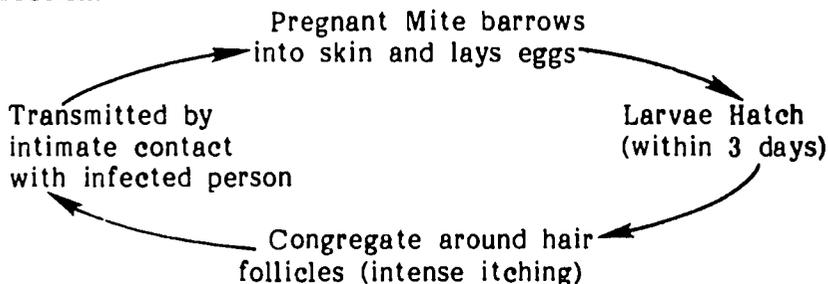
DISEASE: AMEBIASIS (AMEBIC DYSENTERY)

Infectious Agents: Entamoeba histolytica; a protozoon
Vector/Vehicle: Fecal-Oral by water, food, flies, utensils, food handlers
Host: Humans
Reservoir: Humans, usually a chronically ill or asymptomatic cyst passer
Symptoms: Intestinal disorder, chills, fever, blood/mucoid diarrhea often occurring in cycles of attack and remission
Treatment: Drug treatment; flagyl; Fluid rehydration for 18-24 hours, then rice/bread, etc. Avoid milk products.
Prevention: Sanitary disposal of feces, clean water supply, personal hygiene, fly control
Long Range Effects: Dissemination via blood stream can produce liver abscess. Ulceration of skin from intestinal lesions
Chain of Infection:



DISEASE: SCABIES

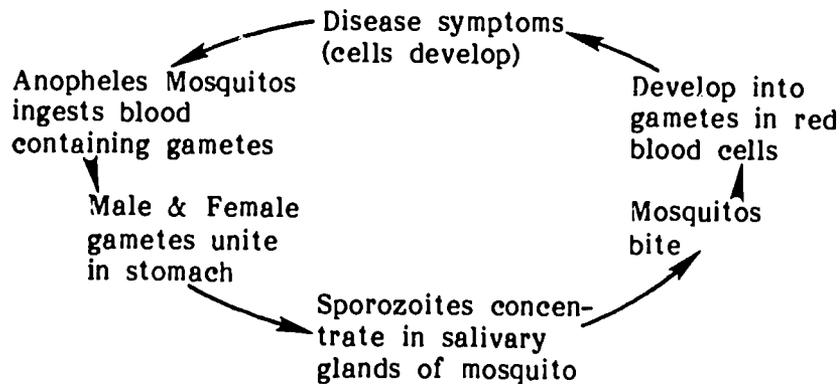
Infectious Agents: Sarcoptes scabiei: a microscopic mite
Vector/Vehicle: Direct contact, garments, bedclothes
Host: None
Reservoir: Humans
Symptoms: Intense itching, lesions
Treatment: Cleansing bath followed by ointment
Prevention: Sanitary hygiene, bathing, cleaning of garments/bedclothes.
Long Range Effects: Repeated scratching can cause secondary infection
Chain of Infection:



DISEASE: MALARIA

Infectious Agents: Plasmodium Vivax, P. Malariae, P. Falciparum, P. Ovale
Vector/Vehicle: Infective female anopheline mosquito
Host: Humans
Reservoir: Humans
Symptoms: Cycle of chills, profuse sweating, rapid rising temperature, headaches, nausea
Treatment: High doses of suppressive prophylaxis. Fluid rehydration.
Prevention: Regular use of suppressive prophylaxis, mosquito control, insect repellents, use of screens and bed nets, control of mosquito breeding habitats.
Long Range Effects: If untreated, can cause irreversible complications and death

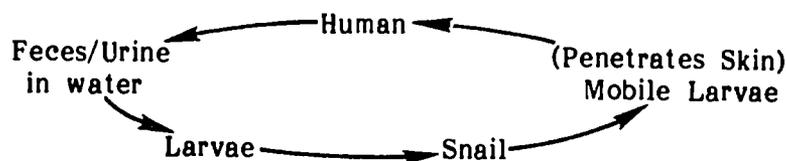
Chain of Infection:



DISEASE: SCHISTOSOMIASIS (BILHARZIASIS)

Infectious Agents: Larval eggs of Schistosoma mansoni, haematobium, and intercalatum
Vector/Vehicle: Water
Host: Appropriate Freshwater Snail Intermediate Host
Reservoir: Human
Symptoms: Chronic infection, stomach pains, blood in urine
Treatment: Long-term intramuscular drug injections
Prevention: Disposal of feces/urine, snail control, protective clothing, brisk toweling after contact.
Long Range Effects; General debilitation, death

Chain of Infection:



ASPECTS OF WATER AND SANITATION HYGIENE

1. Water -----
 - ┌ at the source
 - ├ during transport
 - └ during storage

2. The Environment ----
 - ┌ solid waste disposal
 - ├ water disposal
 - ├ sanitation systems (latrines, etc.)
 - ├ standing water
 - └ animal management

3. The Individual -----
 - ┌ water use
 - ├ use and hygiene of latrines
 - ├ personal hygiene
 - ├ water disposal
 - └ food hygiene

STEPS IN A HYGIENE EDUCATION PROGRAM

1. Introduce Oneself to the Community
2. Collect Information
3. Analyze Data
4. Develop Program Goals
5. Develop a Work Plan
6. Implement the Work Plan
7. Evaluate Program

ELEMENTS OF A GOOD HYGIENE EDUCATION PROGRAM

1. It is active rather than passive.
2. It has legitimacy in the eyes of the community.
3. It brings about sustainable change.
4. It weaves a net of messages into which nearly everybody in the community is caught.
5. It gives community hygiene education "teachers" very clear roles to play.
6. It is positive rather than negative in what it asks people to do.
7. It asks people to do things they can afford or reasonably expect to do given their circumstances.
8. It is flexible and always being evaluated; new things are tried, and methods that do not work are discarded.
9. It does not depend upon people's ability to read or give public lectures.
10. It is easy to evaluate using community members or health workers to carry out the evaluation.
11. It has a good system for reporting results.

Adapted from: M. Simpson-Hebert, M. Yacoob. *Guidelines for Designing a Hygiene Education Program in Water Supply and Sanitation for Regional/District Level Personnel*. WASH Field Report No. 218. September 1987.

**ASSESSMENT OF PROGRAM APPROACHES USED BY
COMMUNITY EDUCATORS**

In order to assess how hygiene education and other similar programs are developed and implemented with community groups, think of how most people actually conduct such programs. Read each statement and decide if it applies to the approach you see used most often. If so, place a check mark next to the number in the space provided. If the statement does not describe the approach you see used most often, leave it blank. Remember to describe what actually happens in real life, not what should happen.

1. The educator determines the direction of the hygiene education program.
2. The educator participates in identifying program needs with the community group.
3. The educator plans all the activities for the community group.
4. The community group members often make program decisions with little direction from the educator.
5. The educator and the community group share responsibility for the program.
6. The educator's principal role is to encourage the community group to continue identifying hygiene needs and to develop goals for meeting those needs.
7. The educator is expected to provide the community group with a well-detailed plan for a hygiene education program.
8. The educator makes the decisions on how the program will be implemented.
9. The community group spends a good deal of time learning from the educator's expert advice.

- 10. The community group is told precisely what to expect from the hygiene education program.
- 11. The community group is expected to challenge some of the educator's ideas.
- 12. The community group defines the actions to be taken in the program and takes responsibility for implementing them. The educator only helps in this process.
- 13. The educator decides how successful the program is.
- 14. The community group decides if it will benefit from the educator's help. If it decides to go ahead, the group will take on major responsibilities for implementing the program.
- 15. The community group relies on the knowledge of the educator to answer most of their substantive questions.
- 16. The community group's discussions are always tightly controlled so that the outcomes will be predictable.
- 17. The educator assumes full responsibility for planning the program activity.
- 18. The educator allows the community group to influence the program.
- 19. The community group has a major role in deciding how successful the program is.

SCORING SHEET

DIRECTIONS: For each statement that you marked on *Handout 4-1*, place a mark on the line shown in column A or B opposite the corresponding question number. Count the number of marks that fall in column A, and write the total number at the bottom. Repeat for column B. Each mark has a value of 1.

	A	B
	=====	=====
1.	_____	
2.		_____
3.	_____	
4.		_____
5.		_____
6.		_____
7.	_____	
8.	_____	
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10.	_____	
11.		_____
12.		_____
13.	_____	
14.		_____
15.	_____	
16.	_____	
17.	_____	
18.		_____
19.		_____
TOTALS	A. _____	B. _____

INTERPRETATION SHEET

STYLE

EDUCATOR'S APPROACH

A = DIRECTIVE

Acts as expert
Provides answers
Directs
Sets goals
Gives answers
Does much of the work
Evaluates
Presents plans
Designs materials

B = COLLABORATIVE

Works with group to find solution
Collaborates
Provides technical expertise
Takes on part of the work
Encourages
Helps set goals
Questions
Interacts
Evaluates jointly
Helps identify resources

STORY: RELATIONSHIP BETWEEN THE HYGIENE EDUCATOR AND THE COMMUNITY

Objectives:

Using this story, the participants will be able to

1. list at least one collaborative and one directive behavior of an extension agent working with members of a community and
2. list some strategies for collaborating with a community organization on a hygiene education program.

Story of Ali and the Community Health Committee

Ali was a young extension agent from the Community Development Agency of the Ministry of Public Health. As part of a big national effort to improve the well-being of rural communities, the government was providing drilled wells and other services. Ali was assigned to work with several of the recipient communities on long-term health and hygiene education activities.

His most active community was Koulika, where the Community Health Committee had already worked very hard to prepare for the arrival of the wells and pumps. Ali had given several health talks about the benefits of clean water to the committee, and they were enthusiastic about teaching their fellow villagers about the best way to use the new pumps and water.

Ali's ministry always stressed involving the community and working through local organizations. Ali was ready to do the first steps of his program with Koulika: collect and analyze information about hygiene practices in the community. He would use this information to prepare his community health talks. Ali felt that the inhabitants of Koulika had a lot to learn about hygiene. The kids were always dirty and playing in the mud by the river. Many of the small ones had coughs and looked thin. Ali knew there were no latrines in the community and wondered if the parents knew much about proper child care and personal hygiene.

1/96

Ali called a committee meeting to organize the first steps of the hygiene education campaign. The whole group came, and the president began to tell him about their ideas for holding community-wide meetings concerning the use of the new pumps. Ali told the group that now that the community had clean water, it must change some of its more unseemly and unhygienic practices. He decided it was a good time for a little health talk, so he stood up and talked to them for five minutes or so on the perils of fecal contamination of water.

He explained that to start this educational campaign, they would first carry out a survey of current hygiene practices in the community. The committee president told Ali that the committee members knew the information already, but Ali told them they would have to do what he said. He set the date for the survey for the following Thursday, and assigned different roles to different members: two would accompany him for translating and notation, two would inspect the households for water storage and general cleanliness practices, and two would spend time at the pumps and river taking note of how water was being fetched and how the new pumps were being used. Since there wasn't much response from the committee, he assumed everything was understood and said farewell until Thursday.

When Thursday came, Ali arrived at Koulika bright and early, carrying papers and pencils. He was surprised to find no one at their usual meeting place, so he went to the members' houses. Each one was out either in the fields or off on errands in the next town. Ali was very puzzled. Hadn't he clearly said that they were to meet and work together on Thursday?

Questions:

1. How would you describe Ali's working style with the community: directive or collaborative?

[Directive]

2. What are some specific examples of his type of behavior?

[He told the committee what to do without asking their opinion; he stood in front of them and talked down to them during his "health talk"; he decided what was best for the community; he didn't listen to others and made all decisions on his own; he assigned tasks without asking for volunteers.]

3. What are some of the reactions to and consequences of his type of behavior? Give specific examples.

[The committee grew more passive and silent the more Ali tried to control; the committee also "stonewalled" him—did not appear at the appointed time to do the survey. They stopped collaborating.]

4. What could Ali have done that would be more collaborative with the committee? (be specific)

[Ali could have pursued the committee's initiative before his own agenda; he could have asked questions and listened to their opinions; he could have gotten agreement from the committee on the information gathering, or asked them to propose a different approach; he could have asked members to choose their own roles in the information gathering exercise.]

5. What guidelines or "rules" can we establish for working collaboratively as educators with community organizations?

[Refer to Handout 4-3: Interpretation Sheet]

A WORKING DEFINITION OF COMMUNITY PARTICIPATION

Participation and Community

Participation means joining with others to do something. The word is not used to describe someone working alone. The word "participate" means that more than one person is involved in achieving something. The word "community" comes from the word "common." A community is a group of people that has something in common, such as the place they live, the tribe or clan they belong to, the work they do.

Community Participation

Community participation describes a situation in which people who consider themselves members of the same community join together to do something for the community. Community participation in development projects refers to a situation in which as many members of a community as possible are actively involved in planning, carrying out, and evaluating the actions that the community is taking to solve its problems.

Community participation in developing a project does not mean that the project will not have any problems, but the solutions chosen by many people in the community are usually better than those chosen by just a few. Most important, experience in community participation makes the community more able to solve its own problems in the future. The community no longer has to depend on someone from outside to help it look at its problems and do something about them.

The ways in which members of a community can participate or work together are many. Some communities rely on traditional leaders, such as a council of elders or a chief to make decisions for them. Others organize new means of making decisions, such as village development committees or village health committees. Still other communities prefer not to develop a new organization but instead work through existing family and neighborhood groups.

For community participation to work, the way it is organized must fit in with the wishes and capabilities of the community. Where possible, rather than creating something new, community participation should be adapted to the organizations that already make decisions on behalf of the community. In development projects in many countries, it is common for field workers from outside the community to help the community participate in all stages of project development.

How can we begin to look at community participation? We can ask several basic questions.

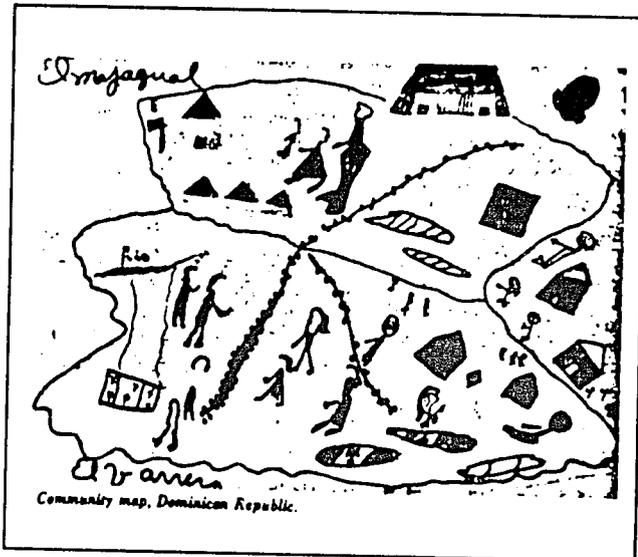
1. *Who* has been participating? Men, women; old, young; different tribal, clan, or religious groups; traditional-minded, modern-minded people? Who is being left out?
2. *What* has participation been about? Water supply and sanitation, primary health care, agriculture, integrated rural development, etc.?
3. *How* has the participation been organized? Does the participation come immediately from the community members or does someone from outside the community have to get it started? If assistance is coming from outside the community, who is responsible and how is this assistance being organized?

A Working Definition of Community Participation in the Context of Hygiene Education

Looking at what has been said so far, we can come to a definition of "community participation" for use in this workshop:

1. We, as field workers, can influence the amount and type of community participation in planning, carrying out, and maintaining water supply and sanitation projects. We can promote it by making things easier, organizing groups, and training community members.
2. Participation means involvement by the community in all aspects of the development of a project, from its very beginning to its very end. Providing materials and labor is not all there is to community participation.
3. Through community participation, we not only end up with water supplies, latrines, and improved health behaviors, we also end up with communities more capable of solving problems for themselves. We end up with communities that are less dependent on outsiders and the government.
4. When talking about community participation, we need to ask three basic questions: *who* is participating, *what* are they participating for, and *how* is the participation being organized?
5. The ultimate aim of community participation in the context of hygiene education is sustainability of the water system. The goal is the system's proper use, efficient maintenance, and effective management with minimum outside assistance.

METHODOLOGY FOR DATA COLLECTION WITH THE COMMUNITY



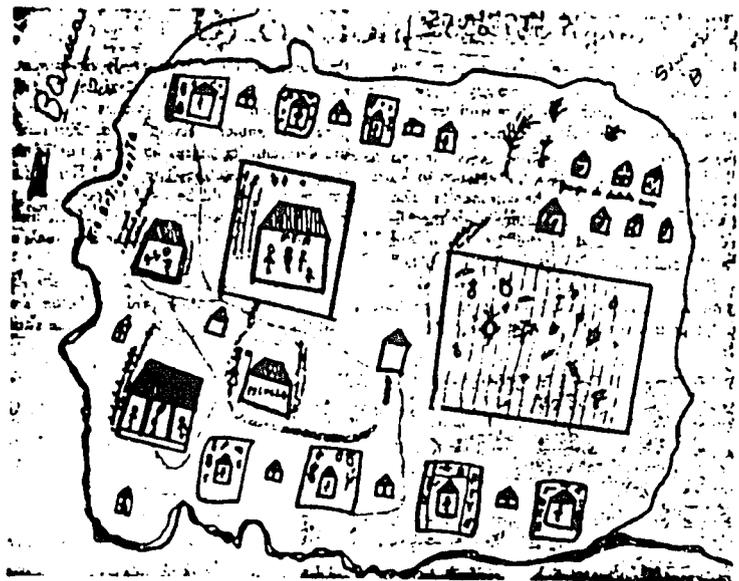
Community Map*

Purpose: To develop with community members the physical characteristics relevant to water resources and environmental health issues as perceived by the community.

Preparation: The extension agent will need to prepare newsprint paper, marker, pencil.

Procedure: Prepare a basic map with the basic features of the community—road, meeting place, etc., so that community people can orient themselves.

1. Ask the community to think about what resources they have in their community that could be drawn on the map. These would include schools, mosques/churches, clinic, gardens, rivers. These can be drawn by different people.
2. Ask community members to think about the problems that exist and either draw them on the map or ask someone to draw them. These might include contaminated water source, dry land, even burial grounds that are too far.
3. Discuss what has been depicted on the map and what people perceive might be the causes of the problems. You may want to return to any points made about water and sanitation and its health/illness effects.



Community map, Dominican Republic.

* Adapted from *Bridging the Gap: A Participatory Approach to Health and Nutrition Education*. Save the Children Foundation. 1982.

CASE STUDY—INFORMATION COLLECTION

Objectives:

At the end of this case study, participants will be able to

1. list from whom, where, and how information can be collected in a community on hygiene practices and beliefs; and
2. identify some community practices and beliefs related to hygiene.

Case Study:

Akato, a hamlet of about 500 inhabitants, is located near a small river which comes down from a spring in the hills. Traditionally, the people of Akato used the river for all their water needs, but the dry seasons have been getting worse and it tends to dry up. They now have two dug wells which yield a little water in the dry season. These wells are not covered. Women line their basins and buckets up for yards on the ground to get water, and there is much splashing. Animals like to come drink from the puddles which lie around the wells.

When the river water is abundant, people use it for bathing and washing clothes. All the children swim in it. The people say that river water tastes the best, maybe because it is sacred. When they can, they drink only that. They store their household water in uncovered clay jars. People help themselves with cups or even their hands.

Akato is divided into four sections and each one has a general area for dumping solid household refuse, although most often old cans and other trash simply get thrown over compound walls. Small children use these dumps as their favorite defecation sites, while adults go out into the bushes near the river. They have strong feelings against men and women using the same locations for defecating, so separate river areas are roughly designated for men and for women. Until they are about three, young children defecate in the earth courtyards and their mothers or caretakers cover the infants' stools with dirt. They believe that babies' stools are harmless until about four years of age.

When the dry season comes, water is scarce. Even during the rest of the year, there never seems to be enough and people are cautious about using it. Bathing is not a priority unless the river is full. They believe that children should not be washed too often or a protective layer from the earth spirits will disappear.

When bathing is done in the home, wastewater is thrown out into the street where it runs off in rivulets. Soap is scarce although prized. A few women make it but usually sell it in the markets nearby. It is far too precious to be used for handwashing, which is only done when coming back from the fields.

CASE STUDY INFORMATION COLLECTION WORK SHEET

What Information to Collect	From Whom/Where	How to Collect It	Data Collected
<p>1. <u>WATER</u></p> <p>a. What sources exist?</p> <p>b. Which are safe, unsafe?</p> <p>c. How much is available?</p> <p>d. How is area around source sustained?</p> <p>e. What do people use to drink?</p> <p>f. How is water stored?</p> <p>g. What is considered "good, clean" water?</p>	<p>1. <u>WATER</u></p>	<p>1. <u>WATER</u></p>	<p>1. <u>WATER</u></p>
<p>2. <u>ENVIRONMENT</u></p> <p>a. What sanitation systems exist?</p> <p>b. What solid waste disposal systems exist?</p> <p>c. How are animals managed?</p> <p>d. Where do adults defecate?</p> <p>e. Where do children/infants defecate?</p> <p>f. What do people believe regarding danger of adult/children feces?</p> <p>g. How is water disposed of?</p>	<p>2. <u>ENVIRONMENT</u></p>	<p>2. <u>ENVIRONMENT</u></p>	<p>2. <u>ENVIRONMENT</u></p>

What Information to Collect	From Whom/Where	How to Collect It	Data Collected
<p>3. <u>PERSONAL HYGIENE</u></p> <p>a. What are water use priorities?</p> <p>b. When do people wash hands?</p> <p>c. Do they use soap?</p> <p>d. Is bathing frequent, infrequent?</p> <p>e. Do people think bathing/handwashing is important?</p>	<p>3. <u>PERSONAL HYGIENE</u></p>	<p>3. <u>PERSONAL HYGIENE</u></p>	<p>3. <u>PERSONAL HYGIENE</u></p>

SAMPLE WORK SHEET

What Information to Collect	From Whom/Where	How to Collect It	Data Collected
<p><u>1. WATER</u></p> <p>a. What sources exist?</p> <p>b. Which are safe, unsafe?</p> <p>c. How much is available?</p> <p>d. How is area around source maintained?</p> <p>e. What do people use to drink?</p> <p>f. How is water transported?</p> <p>g. How is water stored?</p> <p>h. What is considered "good, clean" water?</p>	<p><u>1. WATER</u></p> <p>a. women, leaders</p> <p>b. water sources</p> <p>c. women</p> <p>d. water sources</p> <p>e. adults and children</p> <p>f. women</p> <p>g. adults</p> <p>h. adults, religious leaders</p>	<p><u>1. WATER</u></p> <p>a. observe, ask</p> <p>b. observe</p> <p>c. ask, observe</p> <p>d. observe</p> <p>e. ask</p> <p>f. observe, ask</p> <p>g. observe</p> <p>h. ask</p>	<p><u>1. WATER</u></p> <p>a. river, 2 dug wells</p> <p>b. both unsafe</p> <p>c. scarce during dry season</p> <p>d. no drainage or protection from animals and puddles</p> <p>e. river water</p> <p>f. basins and buckets</p> <p>g. open clay jars in homes—dipped with cup or hand</p> <p>h. river water because it is sacred</p>
<p><u>2. ENVIRONMENT</u></p> <p>a. What sanitation systems exist?</p> <p>b. What solid waste disposal systems exist?</p> <p>c. How are animals managed?</p> <p>d. Where do adults defecate?</p> <p>e. Where do children/infants defecate?</p> <p>f. What do people believe regarding danger of adult/children feces?</p> <p>g. How is water disposed of?</p>	<p><u>2. ENVIRONMENT</u></p> <p>a. heads of households</p> <p>b. village leaders, heads of households</p> <p>c. households, village</p> <p>d. adult men, women</p> <p>e. mothers</p> <p>f. mothers, men, adolescents</p> <p>f. women</p>	<p><u>2. ENVIRONMENT</u></p> <p>a. observe, ask</p> <p>b. observe, ask</p> <p>c. observe</p> <p>d. ask</p> <p>e. ask</p> <p>f. ask</p> <p>g. observe/ask</p>	<p><u>2. ENVIRONMENT</u></p> <p>a. no latrines</p> <p>b. designated garbage disposal but not well used</p> <p>c. animals roam freely</p> <p>d. in special areas near river</p> <p>e. in courtyards (inf) in trashheaps (child)</p> <p>f. men and women must use separate areas, children's and babies' feces are harmless</p> <p>g. thrown out into the street to run off</p>

What Information to Collect	From Whom/Where	How to Collect It	Data Collected
<p>3. PERSONAL HYGIENE</p> <p>a. What are water use priorities?</p> <p>b. When do people wash hands?</p> <p>c. Do they use soap?</p> <p>d. Is bathing frequent, infrequent?</p> <p>e. Do people think bathing/handwashing is important?</p>	<p>3. PERSONAL HYGIENE</p> <p>a. adult men and women</p> <p>b. mothers, adult men and women</p> <p>c. adult men and women</p> <p>d. adult men and women, mothers of young children</p> <p>e. adult men and women, mothers of young children</p>	<p>3. PERSONAL HYGIENE</p> <p>a. ask</p> <p>b. ask, observe</p> <p>c. ask, observe</p> <p>d. ask</p> <p>e. ask</p>	<p>3. PERSONAL HYGIENE</p> <p>a. drinking and cooking</p> <p>b. when coming back from fields</p> <p>c. only when returning from the fields</p> <p>d. not frequent, especially in dry season and especially children</p> <p>e. not really—dangerous for children to bathe too much</p>

INTERVIEWING AND OBSERVING

A. STEPS FOR CONDUCTING AN INTERVIEW

1. Introduction of visit

Greetings; explain objective of visit and how information will be used—be informal, friendly.

2. Approach to asking the question

Pleasant tone of voice, simple language.

3. Reaction of interviewer to responses given

Show interest in all answers. Make both verbal and nonverbal responses neutral to all answers.

Ask follow-up questions when needed and appropriate—paraphrase to make sure you have understood correctly.

4. Conclude the interview

Thank the interviewees. Explain that the information they have provided will help to develop programs for their community and others in their country.

B. PRINCIPLES FOR GATHERING INFORMATION THROUGH OBSERVATION

1. Ask to be accompanied by a man or a woman from the community, depending on the situation being observed.
2. Explain objective of the visit and how information will be used.
3. Be discreet by not giving your opinion about what is being observed.
4. Be discreet about taking notes in front of people so as not to raise suspicion.

EXTENSION AGENT ROLE PLAY SHEET

You are an extension agent from the Community Development Agency of the Ministry of Public Health. One of the communities where you work is Koulika, where the Community Health Committee has worked very hard to prepare for the arrival of the wells and pumps. You want to begin a hygiene education program in Koulika to make sure that people in the community will keep the water from these new wells as safe as possible and make the best use of it.

You feel that it is very important to carry out a survey of current hygiene practices in the community in order to plan appropriate hygiene education activities. The committee president thinks he knows that information already, but you feel this person is not in touch with many parts of the community; therefore, you do not trust the information he claims to have. You feel the survey should be conducted in a very organized manner and you have specific ideas about what should be done and who should help you do it.

You want to do this survey next week, starting on Tuesday. It will take five days. On each of these days you will need two people to accompany you to translate and take notes, two to inspect households for water storage and general cleanliness practices, and two to spend time taking note of how water is being fetched and carried. You have to conduct the survey on these days because you are committed to work in another community the following week.

You are about to meet with the committee president to gain his support for the survey.

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COMMITTEE PRESIDENT ROLE PLAY SHEET

You are the president of the Community Health Committee in Koulika. You and others on the committee have worked very hard to prepare for the arrival of new wells and pumps in your community. You are one of the elders in the community, and your role as president has made you very popular with other people in the community.

You have been working with a young extension agent from the Ministry of Public Health to prepare for these wells. He is well intentioned, but his suggestions always seem unnecessarily complicated. For example, before receiving approval for the new wells, he insisted on meeting not only with your committee but with several other individuals in the community. He asked these people a lot of questions which you felt were not important. In any case, you could have given him all of the information he needed and saved everyone a lot of time and trouble.

Now this extension agent wants to start some kind of an educational program. You do not see the need to educate people about wells, since they obviously know how to use water—they have been doing it all of their lives. But you are willing to let him organize a few sessions, just to keep him happy. After all, it is important to maintain good relations with the Ministry of Public Health. However, he insists on talking to several people once again, even before he starts the educational program.

You are annoyed with this insistence and you plan to talk him out of bothering more people in the community with a bunch of questions. You would be willing to give him all the information he needs yourself, since, after all, you represent the community, and they trust you.

You are about to meet with the extension agent to discuss your views on what he wants to do to prepare for the educational program.

INFORMATION COLLECTION WORK SHEET

What Information to Collect	From Whom/Where	How to Collect It	Data Collected
1. <u>WATER</u>	1. <u>WATER</u>	1. <u>WATER</u>	1. <u>WATER</u>
2. <u>ENVIRONMENT</u>	2. <u>ENVIRONMENT</u>	2. <u>ENVIRONMENT</u>	2. <u>ENVIRONMENT</u>

What Information to Collect	From Whom/Where	How to Collect It	Data Collected
3. <u>PERSONAL HYGIENE</u>	3. <u>PERSONAL HYGIENE</u>	3. <u>PERSONAL HYGIENE</u>	3. <u>PERSONAL HYGIENE</u>

QUANTITATIVE AND QUALITATIVE DATA

QUANTITATIVE DATA

- to quantify/count certain things (latrines, pumps, etc.)
- the frequency of certain practices (times per week that latrine is cleaned)
- percentage of people's knowledge (16% know that dirty water can cause diarrhea)
- percentage of people's practices (22% do not use their latrines; 44% wash their hands before eating)
- usually a large sample but information is superficial rather than in depth
- method: usually a survey
- survey instrument is rigid; must be used in same fashion by all interviewers

QUALITATIVE DATA

- to explain certain practices, beliefs in detail:
 - why the latrine is cleaned once every two weeks; how it is cleaned
 - explanations of the causes of diarrhea
 - why 22% of the people do not use their latrines
 - why 44% of the people wash their hands before eating; why 56% do not
- usually a small sample but information is in depth
- methods: observations, individual or group interviews
- Methods are flexible. Initial questions and points to observe are defined by interviewer/observer. He/she must be alert and use creativity to ask additional questions or observe additional points as work proceeds.
- Typical qualitative questions:
 - why...?
 - how does...?
 - what are the advantages and disadvantages of...?
 - what is your opinion as to...?

PREPARING THE INFORMATION COLLECTION PLAN

[You will have three hours in the community. The first 30 minutes will be for introductions and reviewing your plan with a community member who will accompany you.]

TASK INSTRUCTIONS

1. Divide into teams of four or five people
2. Using the work sheets, decide what information you want to collect on the hygiene of: water, the environment, and the individual.
3. Decide from whom, where, and how you will collect the information, making sure that the methods of observation and asking questions are included.
4. Decide exactly how you will carry out the plan. You may want to divide up into pairs for certain tasks.
5. Write down the interviewing and observation plan, using *Handout 5-5: Interviewing and Observing* as a guide.
6. Prepare to make a brief presentation of your information collection plan. Use a flipchart for your presentation.

You have 75 minutes to develop the plan.

gk

POSSIBLE COMMUNITY ACTIONS

1. Hygiene of Water

a. At the Source:

- build a fence
- build a drainage facility (rocks, cement apron, pipe) and keep it clear/clean
- cover the well or spring
- keep foreign matter out of the source
- set up a water-lifting device (pulley or other system to keep buckets out of the mud)
- organize a monitoring system (a person, committee, teachers or others guarding the source to keep animals away/avoid water waste/ensure proper behavior around the source)

b. During Transportation:

- use clean containers
- keep foreign matter out of the containers

c. During Storage:

- use clean containers
- use clean dippers
- cover the containers
- keep foreign matter out of the containers

2. Hygiene of the Environment in the Community

a. Latrines:

- should be at least 30 meters from a water source and 6 meters from any house
- should be properly constructed (at least 2 meters deep)
- make sure they are covered
- make sure they are kept clean

b. Garbage:

- Dig ditches or pits for garbage disposal
- Organize garbage pick up/disposal

c. Standing Water:

- Fill in places where water stands

3. Individual and Domestic Hygiene

a. Latrines:

- make sure people have and use latrines
- make sure people know how to cover them/keep them clean and that they do it
- make sure children's feces are properly disposed of in latrines

b. Wash Water Disposal:

- construct proper drainage for bathing, dish and clothes washing and cooking areas (soakage pits, drainage ditches)

c. Use of Water:

- drinking plenty of water
- washing hands before eating, cooking, and after defecating, working, handling dirty things
- taking frequent baths or showers
- washing clothes often and thoroughly
- washing dishes and cooking utensils after every use

d. Avoiding Standing Water:

- keeping cans and other containers from accidentally collecting water by throwing them away or covering them
- filling in holes and ditches that collect water

e. Garbage Disposal:

- frequent disposal in community dumping area
- digging ditches and covering garbage

STEPS IN SELECTING ACTIONS

After collecting and analyzing information about a community's hygiene behaviors and identifying possible actions, we need to choose appropriate and feasible actions that will improve those behaviors. These actions should be analyzed and compared by community members so that they can choose those actions which make the most sense.

The two steps that will make it easier for a community to choose actions are

1. analyzing actions
2. comparing and choosing actions

1. Analyzing Actions

- a. How much of an impact will this action have on hygiene?

0	1	2	3
no impact on hygiene	little impact	some impact	a great impact

- b. How easy technically will it be to carry out this action?

0	1	2	3
not possible	very hard	not too hard	very easy

- c. How easy will it be for the community or for individuals to carry it out?

0	1	2	3
not possible	very hard	not too hard	very easy

- d. How willing is the community to do it?

0	1	2	3
not at all	reluctantly	somewhat	very willing

(The scores should total between 0 and 12)

2. Comparing and Choosing Actions

Hygiene educators can help communities analyze and rate all the actions by going through the following steps.

- Put the results of the analysis of actions down in a list with the highest total first, then the next total, and so on.
- Ask the community members to analyze this list and decide which actions they want to pursue.

The chosen actions are ranked in order by priority. The next step is to set goals outlining the desired outcomes of these actions.

EXAMPLES OF HYGIENE EDUCATION GOALS

Specific goals to measure the progress of a hygiene education program should be clearly laid out and easy to measure. For example, if the program aims to get people in a community to keep covers on their water storage jars, then the following can be stated as a specific measurable goal:

"One year from the start of the program, 100 percent of the households having water storage jars will own lids for them."

A second specific measurable goal should also be stated:

"One year from the start of the program, 100 percent of those households owning storage jar lids will use them to cover their jars daily."

A community member with responsibilities for hygiene education can go from house to house to check what percentage of the households have lids at the beginning of the program and after one year. This person could also conduct spot checks three or four times a year on those using and not using lids.

Other examples of goals:

"The community garbage committee will collect garbage at neighborhood points once a week."

"100 percent of the community has access to a latrine for use every day."

"90 percent of the households with latrines keep them clean on a regular basis."

"100 percent of school latrines are kept clean every day."

"50 percent of children aged four and five and 90 percent of children aged six are trained to use the latrine at all times."

"100 percent of the households and schools have soap or detergent and water available for washing hands."

GROUP FUNCTIONS

A. Group Maintenance Functions

1. **Gatekeeping:** Inviting others to talk; suggesting time limits or other procedures to permit wide participation; keeping talk flowing; avoiding domination by one person.
2. **Mediating:** Harmonizing; conciliating differences in points of view; suggesting compromises; disagreeing comfortably.
3. **Listening:** Going along with the group; being a good listener; demonstrating that others' statements are heard; avoiding inappropriate interruptions.
4. **Encouraging:** Being friendly, warm, responsive through words or facial expressions; being supportive even when disagreeing.
5. **Relieving Tension:** Using humor; throwing oil on troubled waters; asking for a "cooling off" period.

B. Group Task Functions

1. **Clarifying:** Defining terms; clearing up confusion; working to get the task clear; verifying time constraints for doing the task.
2. **Focusing:** Staying on target; avoiding jumping from one topic to another or going off on tangents.
3. **Seeking Information:** Asking questions, asking for clarification.
4. **Giving Information:** Offering facts or opinions; stating beliefs or ideas; making suggestions.
5. **Moving Toward Action:** Reviewing; bringing related ideas together; restating suggestions and positions; checking if the group is ready to decide.

Adapted from J. McCaffery. "Helping Groups Work More Effectively." Training Resources Group (unpublished article).

INDIVIDUAL TASK INSTRUCTIONS

1. You will soon be asked to lead a group discussion on the subject of hygiene education. In particular, you want to hear from the group their impressions of the approach to hygiene education used so far in this workshop, for example, its advantages, disadvantages, or some specific questions you would like answered about hygiene education.
2. Write down a list of four or five questions on this subject. Then, think of what might be some possible answers and check your questions again.
3. As you prepare to lead this group discussion, read *Handout 9-1: Group Functions* and think of how you will use your paraphrasing, summarizing, listening, and question-asking skills to involve participants and manage the forward progress of the discussion.
4. Finally, think of how you will introduce your questions and what will be the first question you ask the group.
5. You have 10 minutes to prepare these questions.

STORYTELLING DEMONSTRATION

Objective: Using this story, the participants will be able to

- a. discuss the importance of proper disposal of children's feces and
- b. identify at least three ways to do so.

AMINATA AND HER CHILDREN

Aminata had five children, ages seven years to six months. She and her husband lived in a compound with her younger sister. They shared a latrine with three other families. Only adults used it—children used the courtyard or the garbage heap behind the wall. Aminata's sister often watched the children while Aminata sold fruit in the market with the baby. Her oldest child, Lamine, went to school. Like all children, hers had colds and diarrhea often: if one got sick, so did all the others.

Lamine, the oldest, came home from school one day and told Aminata about health class. His teacher had said that it was important for children to use latrines, and to clean up small children's feces carefully. The teacher said that these feces were very dangerous. They carried germs which can give others worms and diarrhea if left in the open. Aminata thought this was funny. How could small innocent children have dangerous feces? She asked a neighbor who had been to school what she thought. The neighbor said her children always used latrines and all of them washed their hands afterwards. Her children didn't get diarrhea so much anymore.

Aminata decided to give it a try. She told Lamine to use the shared latrine from now on, and to help the younger children to do so, too. She told her sister to take the children to the latrine during the day, and to clean up any accidents in the courtyard. The first day they tried this, Lamine came back from the latrine with his little sister, who was crying loudly. She was too scared of falling into the dark hole. Lamine was, too, but acted brave. Aminata's sister couldn't persuade the others to try it. She tried to clean up the courtyard, but had too much work to do to be careful. When Aminata heard about the day's misadventures with the latrine, she decided to drop the matter. Soon, her children came down with bad diarrhea and her baby almost died from it.

Questions

1. What did Aminata learn from Lamine about baby and small children's feces?
 - They contain many germs and if deposited close to the house can transmit diseases, such as worms and diarrhea.

2. What problems came out in the story related to proper disposal of children's feces?
 - People's beliefs that they are not dangerous.
 - Disposal system geared toward adults—inappropriate for children (big latrines, dark and scary and far away).
 - Untrained caretakers of small children.

3. What could Aminata (or others) do to overcome these problems?
 - Talk to a teacher or other informed person.
 - Make (or purchase) children's potties.
 - Spend more time supervising caretaker (e.g., younger sister).
 - Go to the latrine with children for the first few times to reassure them.
 - Make latrines less scary for children (special seats, open windows, clean out).
 - Build child-sized latrines.

4. How are children's feces disposed of in the community in the story?

5. What can we learn from this story that can help us deal with the problem here?

SUGGESTIONS ON WRITING STORIES

A story is a narrative account of events or a series of events related to a specific problem or problems. These problems could include consequences of certain practices, conflicts about beliefs or practices, relationship difficulties between people, etc.

One way to organize your thoughts as you prepare to write your narrative is to think of what you will include at the beginning, middle, and at the end, as follows:

1. Beginning

- What is your objective and what do you hope to accomplish through this story?
- Is a story the best way to accomplish your objective?
- Who are the major characters and what is their relationship to each other?
- What is the situation of these characters at the beginning of the story, what issues or problems do they face, and what are their thoughts and feelings about these issues or problems?

2. Middle

- What problems are developing, what events or factors are contributing to these problems?
- Where are the major characters and what are they doing?
- What is happening to the relationships between the characters?

3. End

- What is the status of the problems now?
- What are the major characters doing and what are their thoughts/feelings?
- What has happened to the relationship between the major characters?
- How can the story end so as to allow for differing interpretations?

SESSION PLAN SEQUENCE

1. *Present* a story, health talk, or demonstration.

- Introductory questions to involve participants
 - Clear objectives
 - Simple, not too many elements
 - Brief
- Length of Story: more than five minutes
Length of Health Talk: not more than ten minutes

2. *Reflect* on the main points in the presentation.

Questions leading to

- description of the main points outlined in the session and
- ideas for solving the problems under each point.

3. *Draw conclusions* to generalize about these points.

Questions leading to conclusions about

- what was important to remember about these points and
- how the problems addressed can generally be overcome.

4. *Apply* to our own lives what was learned about these points.

Questions leading to ideas for how to

- apply these points in our work or home situation.

HEALTH TALK DEMONSTRATION

"ADVANTAGES OF USING PLENTY OF WATER"

Objective: Participants will be able to identify at least four advantages of using plenty of water.

1. Introduction

a. Describe the subject of the talk

- Now that we have an improved water source, we not only have clean water, but plenty of it.
- We will be talking about how to make having plenty of water do the most for your health.

b. Ask questions related to talk

- What are the main uses you have for water?
- When water was in short supply, how did you use it? What was your priority activity?
- What has changed in your water use habits now that you have plenty of water?
- What are some problems caused by insufficient water?

2. Talk

- We use water for many things: drinking, bathing, cooking, cleaning, healing, gardening, etc.
- When water is in short supply, we tend to conserve it for direct life-sustaining activities: drinking, cooking.
- There are harmful consequences, though, when we stop or reduce certain activities:
 1. Lack of bathing/handwashing can cause: skin diseases, diarrheal disease, infections.

Handwritten mark

2. Lack of clothes washing can cause: skin problems and infestations of parasites.
 3. Reduced or improper dishwashing can cause: intestinal infections, diarrhea (esp. in small children).
 4. Reduced use for healing can cause: wounds/sores to become infected, slower healing, fevers to be untreated.
- If we have a sufficient water supply, we should use plenty of it to bathe, clean clothes, wash dishes well, wash hands often (after latrine use and before eating), cleanse wounds and sores, and treat fevers. That way we can prevent infections, skin diseases, diarrhea, and unpleasant smells.

3. Conclusion

- a. Ask group what were main points of talk
 - Water is important for health through bathing, washing dishes and clothes, cleaning and healing.
 - We can improve our health by using plenty of water for these activities. We shouldn't skimp on water when it's available.
- b. Ask group how they can do these things in their homes
 - Make sure plenty of water is stored for daily use.
 - Give clear instructions to other family members about using plenty of water.
 - Give special attention to children: Make sure they are well-bathed and their cuts washed out.
 - Keep water for handwashing near the latrine or in another accessible place.

DEMONSTRATION

"KEEPING WATER SAFE"

Objective: At the end of this demonstration, participants will be able to show at least three ways to keep water safe once it is in the home.

Materials needed:

- *container commonly used to store water in the home*
- *clean water from the improved source*
- *cup or dipper*
- *piece of string*
- *tray or other locally available item which can serve as a cover for the water container (preferably with a handle where the string and dipper can be attached)*
- *soap powder and brush (or similar item) to scrub out container*
- *small amount of bleach (eau de javel)*
- *white powder (sticky, such as cassava)*

1. Introduction

- a. Describe what you will be doing with the group:
 - demonstrating a few simple ways to keep safe water safe once it is in the home.
- b. Set up the area in front of the group as follows:
 - an open container full of water in one corner
 - a damp dipper on the floor next to the container
 - a drinking cup next to the dipper
 - powder in two/three areas on the floor, some near the dipper
- c. Explain that the powder is fecal matter left by animals (and/or a baby) on the floor or ground.

- d. Walk on top of the powder, saying that you are going to the kitchen to fetch some drinking water. Make sure plenty of powder falls off your shoes next to the dipper. Place the dipper in the water, then pour a small amount into the drinking cup. Put the dipper back down on top of some powder. Drink the water, then put the dipper back into the water and pour some more into the cup. Ask if anyone would like to drink this water. Then ask why or why not.
- e. Put the cup down and ask them to describe what they saw. Then ask them what they would do to make sure the powder (or fecal mater) does not get into the water.

2. Demonstration

- a. Ask the group what specific things they know of that can be done to protect safe water once it is in the home.
- b. Show the group how to scrub out the drinking water container once a week with soap powder and locally available scrubber (brush, natural fibers, etc.) and rinse it well.
- c. Fill the container with clean water and add a few drops of bleach to completely disinfect it.
- d. Show the group how to cover a water jar with a clean metal tray or other appropriate lid.
- e. Show the group how to attach a dipper to the lid or to the handles of the container with string so it does not fall on the ground. Ask them for other ideas on keeping the dipper clean.
- f. Ask for a volunteer participant to come up and demonstrate cleaning the container, covering it with a lid and attaching a dipper with string. The volunteer should describe each action as he or she does it.

3. Conclusion

- a. Ask the participants what main points to keep in mind about keeping water safe in the home.
[clean drinking water containers, cover with lid, use clean dippers]
- b. Ask the group what they will do when they get home to ensure that their water supply remains safe.

HOW TO DEVELOP A WORK PLAN

A work plan can be used by the community to define the steps and time lines needed to reach a program goal. A community develops a work plan so that it has all the information it needs to prepare for the work, start work, and complete all the steps as planned.

The work plan answers the following questions for the community:

1. What steps will we have to take to reach a program goal? (implementation steps)

Each program goal should be broken down into implementation steps so that the community members can plan ahead. We all have many experiences doing things in steps in order to complete a big project. Community people can describe the steps needed to plant a crop, build a home, organize a marriage, and so forth.

2. When will we take each step? (time lines)

Each step should have a beginning and ending date to help in the planning process. These dates should be realistic and take into account the availability of people and other resources.

3. What materials and equipment do we need for each step? (resources)

Work plans can include a detailed list of all the resources needed to finish the project. Resources include materials and tools and equipment. With such a resource list, one can make a budget for the project and see what materials, tools, and equipment have to be collected or bought and transported to the work site.

4. Who will be responsible for doing the work? (who does it)

Community groups must identify groups and individuals at each step who can do the work. In doing so, they should take into account the skills, the credibility with the community, and the availability of these groups and individuals.

5. Who will supervise each step? (who supervises)

Community groups should give the responsibility and authority to specific people to supervise the work of the groups and individuals assigned to implement each step.

Community members can develop a work plan by answering these questions and filling out each part of the work plan as they go along. Handout 11-2 is an example of a work plan.

WORK PLAN

Goal: _____ Community: _____ Hygiene Educator: _____ Date Filled Out: _____

Objective _____ Group: _____ Community Supervisor: _____

IMPLEMENTATION STEPS	TIME LINES		R E S O U R C E S			NOTES AND COMMENTS
	DATE STARTED	ENDED	MATERIALS AND EQUIPMENT	WHO DOES IT	WHO SUPERVISES	

WORK PLAN

Goal: _____ Community: _____ Hygiene Educator: _____ Date Filled Out: _____
Objective _____ Group: _____ Community Supervisor: _____

IMPLEMENTATION STEPS	TIME LINES		R E S O U R C E S			NOTES AND COMMENTS
	DATE STARTED	ENDED	MATERIALS AND EQUIPMENT	WHO DOES IT	WHO SUPERVISES	

SAMPLE WORK PLAN

The sample work plan on the next page is based on the assumption that Mary, a hygiene educator, has worked with a Health Committee developing the following overall program goals for the community of Abakora.

Program Goals

1. Health Committee members are able to lead sessions for community members on four or five behaviors.
2. Community members protect the source from contamination.
3. Community members protect the water during transport and in the house.
4. All community members use and maintain latrines.

The following sample work plan outlines the implementation steps for Goal No. 1.

SAMPLE WORK PLAN

Goal: Health Committee members are able to lead sessions for community members addressing 4-5 behaviors

Community: Abakora Hygiene Educator: Mary
 Group: Health Committee Community Supervisor: Peter

Date Filled Out: January 1

IMPLEMENTATION STEPS	TIME LINES		R E S O U R C E S			NOTES AND COMMENTS
	DATE STARTED	ENDED	MATERIALS AND EQUIPMENT	WHO DOES IT	WHO SUPERVISES	
1. Discuss/agree with the committee on the goals of the program and on their roles in implementing them	Jan. 15	Jan. 15		Mary		
2. Choose dates for conducting sessions	Jan. 15	Jan. 20		Committee President		
3. Choose 4-5 behaviors and test them with the Health Committee for acceptance						
4. Lead a session with the 4-5 behaviors	Feb. 15	Feb. 15	Flipchart, Markers	Mary		
5. Lead a session on delivery skills and practice of these skills	Mar. 1	Mar. 1	Flipcharts, markers	Mary	Peter	
6. Develop a work plan for implementing their own sessions	Mar.15	Mar.15	Flipcharts, markers	Health Committee	Mary	
7. Implement the work plan	Apr. 1	June 1	Flipcharts, markers	Health Committee	Committee President and Mary	
8. Evaluate success of the work plan	June 1	June 15		Committee President and Mary	Peter	

PROBLEM-SOLVING WORK SHEET

PROBLEM	HOW TO AVOID	HOW TO SOLVE

CASE STUDY

Latrine Hygiene in Kabora

Objectives: To develop some strategies for resolving hygiene education program implementation problems.

To identify the proper role of the hygiene educator in program planning and implementation.

Shanti is a hygiene educator who is responsible for activities in the community of Kabora. Kabora is participating in a big water supply and sanitation program, and it has received two new, drilled wells with handpumps. Also, many families have signed up for latrine construction, and to date, about half the compounds have latrines. The mobilization of the community and the organization of the work has come from the Community Health Committee (CHC) led by its president, Amu, and helped by Shanti.

To start off their hygiene education activities, CHC conducted a survey of health habits in Kabora; they found that people wanted latrines more for status symbols than for hygiene and health reasons. Once the latrines were built, they were used and maintained only haphazardly. Children were permitted to defecate anywhere, even in the courtyard. Very few people washed their hands after defecating or before eating. CHC decided to organize a variety of educational activities in order to get people to keep their latrines clean, to encourage children to use them, and to get everyone to wash their hands after using the latrines.

During a recent planning meeting, they discussed all the possible actions, including campaigns at the primary school and at the Maternal and Child Health (MCH) clinic, periodic inspections of the latrines and handwashing habits, and home visits for educational sessions with families who have latrines. Most of these activities would be carried out by the committee members after Shanti had trained them in hygiene education techniques.

When Shanti had conducted the training for CHC, she felt that they could proceed on their own and that she could concentrate on other communities. Amu went off to the school to propose a latrine hygiene campaign to the headmaster. He said he would discuss it with the teachers, but in fact was not pleased that CHC thought his school had a hygiene problem, especially because they had worked so hard to construct the latrines. Two other CHC

members went to the MCH clinic to offer to conduct hygiene education sessions for mothers in the waiting room. The clinic staff thanked them and explained that they held their own sessions regularly.

Since Shanti was not scheduled to come back for several months, the committee postponed meeting again and the members went off to do different parts of the hygiene education plan they developed. Two members went on home visits to families with latrines. After visiting a few families, they discovered that other CHC members had already been there. They went to see Amu to ask her to schedule people's home visits so there would not be any duplication. Amu said she would call a meeting, but that for the next few weeks she was too busy. Shortly thereafter, she received a visit from several of the families who wanted to know why CHC members had been coming to inspect their latrines and to ask them questions about when they use soap and water to wash their hands. They felt they should have been informed beforehand or asked to give their permission.

Amu called a CHC meeting and soon the members were accusing each other of duplicating efforts and blaming Amu for not organizing the work. Amu was very unhappy about the situation, and decided to explain all these problems to Shanti. The next time Shanti came to Kabora, Amu told her she wanted to resign from her position as CHC president. Shanti tried to persuade her not to quit but to help her get the hygiene education campaign off to a new start.

Discussion Questions

1. What problems related to program implementation occur in this case study?
2. How could these problems have been avoided in the first place?
3. How should these problems be solved?
4. What specifically should the role of the hygiene educator be in program planning and implementation?

WHAT CAN WE EVALUATE AND WHAT CAN WE MONITOR WHEN WE DO HYGIENE EDUCATION?

The natural tendency of health professionals conducting hygiene education programs in water supply and sanitation projects is to look for the results of their efforts in terms of reductions in mortality and morbidity of water- and sanitation-related diseases. For some diseases, this objective for evaluation and monitoring is possible. For example, diseases such as scabies, eye infections, and guinea worm are diseases for which the actual reductions are useful benchmarks for evaluation of hygiene education programs. Here, the practices of hygiene education programs can be the reason for the reductions in prevalence of these diseases. Other diseases, however, specifically those related to diarrhea are somewhat more complex and harder to attribute to the success or failure of your hygiene education program. In the case of diarrhea, is it the reduction in family income or the lack of hygiene practices that had greater effect? In other words, there are so many other behaviors and inputs—called confounding variables—that are likely to affect diarrheal disease outcomes besides your hygiene education program.

Over the past decade, professionals working in the water and sanitation sector have concluded that the adoption of intermediate behavioral changes are a very practical and useful tool in monitoring the progress of your hygiene education program. Behavioral aspects provide the most realistic and reasonable indicators for monitoring progress. Over the longer term, that is, three, five, or ten years, we can realistically expect to see sustained reductions in the prevalence of most water and sanitation diseases.

Behavioral changes, however, can be linked to water and sanitation interventions and are relatively easy to observe and measure. It is important to realize that the existence of new facilities does not signify project success or the creation of project benefits. Until people use the facilities, which requires behavioral changes, they will derive no benefits from them.

When people begin using the "inputs" of the project—that is, the water systems, what they learned in training sessions, etc., then behavioral changes can be expected to take place. It is the *utilization* of the project inputs that yields the behavioral change.

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Key elements one might expect to see in observing behavioral changes are the following:

- Household water uses—Are people bathing more? Are people cleaning and guarding eating utensils?
- Household sanitation practices—Are more people building latrines and using them? Are soap or other cleansing materials readily available in the kitchen? Are more people covering and taking care of their domestic drinking water supply?
- Community support activities—Are people caring and maintaining the source? Are funds being collected? Are more women participating in the various functions associated with improved facilities?

These are all changes that can be observed and quantified. If these behavioral changes become permanent, one can reasonably assume that the ultimate benefits in the health, economic, and social spheres will also occur.

By assessing behavioral changes and linking them to water and sanitation interventions, a project can make strong inferences about the types of health-related benefits that are likely to occur. For example, the increased use of latrines and the use of cleansing materials—soap and water for personal hygiene—cannot help but reduce the transmission of oral fecal diseases and have an effect on diarrheal diseases. The use of larger quantities of water for bathing and clothes washing will reduce the incidence of skin diseases.

The ultimate impacts of the project—decreased mortality and morbidity—are difficult to trace and measure. Although these impacts are usually stated as the overall goals of the project, they are rarely practical to use as measures for project monitoring and, sometimes even, evaluations.

USING SUCCESS ANALYSIS

You and the communities you work with both have to judge how well your work is going. You should not wait until you have finished a project to look at what has happened. It is better to look at what is happening on a regular basis, such as at the end of every day, every week, or every month. You need to know what you have done well, what mistakes have occurred, and what problems need to be solved.

Success analysis is a helpful way of reviewing and evaluating what you have been doing on a regular basis. Success analysis looks at your successes and not just at your failures. It reviews the problems that came up and how you overcame them. It looks at what problems remain and how you might overcome them, too. To use success analysis, you or the community members should ask yourselves these questions:

1. What have we done that was successful? Why were we successful?
2. What problems did we meet? How did we overcome those problems?
3. What problems still remain? What have we learned that can help us plan to overcome them, too?

Success analysis can be done—

- every day after work
- at the end of every meeting of a community group
- at the end of every general community meeting
- at the end of every step in a project
- whenever major problems come up
- at regular times (monthly, quarterly, annually)
- at the end of a project

BACK-AT-WORK PLAN

STEPS	BY WHEN	PERSONS TO INVOLVE

WORKSHOP EVALUATION FORM

Part I: Goal Attainment

Please circle the appropriate number to indicate to what degree the workshop has succeeded in improving your ability to do the following:

1. Identify the different perceptions of communities and development agents regarding the relationship between water and health.

1	2	3	4
Very Little	Somewhat	Well	Very Well

2. Determine the purpose and the components of an effective hygiene education program.

1	2	3	4
Very Little	Somewhat	Well	Very Well

3. Collect information on behaviors and beliefs of community members regarding hygiene as it relates to water, the environment, and the individual.

1	2	3	4
Very Little	Somewhat	Well	Very Well

4. Analyze this information to determine possible hygiene education actions.

1	2	3	4
Very Little	Somewhat	Well	Very Well

5. Select appropriate hygiene education actions.

1	2	3	4
Very Little	Somewhat	Well	Very Well

6. Develop program goals based on those actions.

1	2	3	4
Very Little	Somewhat	Well	Very Well

7. Use selected hygiene education methods effectively.

1	2	3	4
Very Little	Somewhat	Well	Very Well

8. Prepare for the successful implementation of a community hygiene education program based on a work plan.

1	2	3	4
Very Little	Somewhat	Well	Very Well

9. Develop a plan for monitoring and evaluating a community hygiene education program.

1	2	3	4
Very Little	Somewhat	Well	Very Well

10. Develop an outline of a design for a community hygiene education program in your work setting.

1	2	3	4
Very Little	Somewhat	Well	Very Well

2/5

