

PREPARATION FOR CONDUCTING A SECOND
TRAINING OF TRAINERS WORKSHOP
AND PRODUCING A TRAINER GUIDE FOR THE
DEVELOPMENT OF A HYGIENE EDUCATION PROGRAM

Haiti, June 14-25, 1993

WASH Field Report No. 417
July 1993

**WATER AND
SANITATION for
HEALTH
PROJECT**

Sponsored by the U.S. Agency for International Development
Operated by CDM and Associates

WASH Field Report No. 417

**PREPARATION FOR CONDUCTING A SECOND
TRAINING OF TRAINERS WORKSHOP
AND PRODUCING A TRAINER GUIDE FOR THE
DEVELOPMENT OF A HYGIENE EDUCATION PROGRAM**

Haiti, June 14-25, 1993

Prepared for the USAID Mission to Haiti
under WASH Task No. 466

by

Graeme Frelick
Lee Jennings
and
Patricia Haggerty

July 1993

Water and Sanitation for Health Project
Contract No. 5973-Z-00-8081-00, Project No. 936-5973
is sponsored by the Office of Health, Bureau for Research and Development
U.S. Agency for International Development
Washington, DC 20523

RELATED WASH REPORTS

Training-of-Trainers Seminar in Hygiene Education and Community Participation, Pignon, Haiti, September 9-20, 1991. November 1991. Field Report No. 350. Prepared by Sarah Fry and Richard E. Wall.

Water Supply and Sanitation Program Design for NGOs in Haiti. February 1990. Field Report No. 297. Prepared by Philip Roark and Sumana Brahmam.

CONTENTS

ABOUT THE AUTHORS	iii
ACRONYMS	v
EXECUTIVE SUMMARY	vii
1. INTRODUCTION	1
1.1 Background of Assignment	1
1.2 Purpose and Product of the Assignment	2
1.3 Role and Preparation of the URC/WASH Team	2
2. PREPARATION OF INHSAC/VACS TRAINERS AND NEEDS ASSESSMENT ..	3
2.1 Preparation of INHSAC/VACS Trainers	3
2.2 Needs Assessment	7
2.2.1 Training and Hygiene Education Skills of CBP Staff	7
2.2.2 Hygiene Education Needs of Community Members	7
3. PREPARATION OF HYGIENE EDUCATION TRAINER GUIDE AND TOT DESIGN	9
3.1 Purpose, Objectives, and Sessions in the Trainer Guide for Hygiene Education	9
3.2 Goal, Objectives, and Sessions in the Hygiene Education TOT Design ..	11
4. NEXT STEPS AND RECOMMENDATIONS	13
4.1 Proposed Next Steps	13
4.2 Recommendations	14

APPENDIXES

A. Scope of Work	15
B. List of INHSAC and VACS Trainers	17
C. Needs Assessment Instruments	19
D. Hygiene Education Trainer Guide: Introduction	27
E. TOT Program Design: Objectives and Schedule	33

ABOUT THE AUTHORS

Graeme Frellick, Senior Consultant/Trainer, Training Resources Group, Inc., has designed, conducted, and managed training programs and organizational development activities for private- and public-sector clients in the United States and developing countries. He specializes in providing assistance to training organizations in such areas as needs assessments, curriculum development, course design, training of trainers and instructors, institution building, and training management. He also specializes in the design and development of training programs for human resources management. Mr. Frellick is fluent in French, having lived and worked for many years as a teacher and trainer in French-speaking countries.

Patricia Haggerty has a Ph.D. in human nutrition from the London School of Hygiene and Tropical Medicine. As Africa Division Chief at the Vitamin A Field Support Project (VITAL), she manages the Africa region program that provides technical assistance for prevalence surveys, operational research, intervention/program design and implementation, and monitoring and evaluation. She has extensive experience in collecting behavioral data as the basis for developing health and hygiene education programs. Dr. Haggerty jointly designed and conducted a PAHO-sponsored training workshop for health educators in English-speaking Caribbean countries; the topic was hygiene education to prevent cholera. She is fluent in French and has worked and traveled extensively in Africa.

Lee Jennings is a Senior Trainer of Training Resources Group and has done more than 30 missions for the ISPAN and WASH Projects since 1983. His development work began in Tunisia as a Peace Corps Volunteer 1962-64. Subsequently, he has worked in more than 40 countries in Africa, the Americas, Asia and the Caribbean. Mr. Jennings is an experienced and accomplished training specialist, skilled at designing and delivering training-of-trainers workshops and management training programs, conducting team planning and project start-up workshops, developing curricula, and providing technical assistance to organizations, training units, and teams as they analyze their improvement needs and develop programs in response.

ACRONYMS

A.I.D.	U.S. Agency for International Development (Washington)
CBP	Comité de Bienfaisance de Pignon (Committee of Well-being, a Haitian NGO located in Pignon, Haiti)
col vols	collaborateurs volontaires
INHSAC	Haitian Community Health Institute
NGO	nongovernmental organization
TOT	training of trainers
TRG	Training Resources Group
URC	University Research Corporation
VACS	Voluntary Agencies for Child Survival (UNSAID/Haiti Project implemented by URC)
VITAL	Vitamin A Field Support Project
WASH	Water and Sanitation for Health Project
USAID/Haiti	U.S. Agency for International Development (overseas mission in Haiti)

EXECUTIVE SUMMARY

In September 1991, a WASH team carried out a training of trainers (TOT) workshop for staff of a Haitian nongovernmental organization (NGO), the Comité de Bienfaisance de Pignon (CBP), located on the Central Plateau in northern Haiti. Following the TOT, the WASH team recommended that additional consultant assistance be provided to coach and further train the most promising of the CBP potential trainers; however, this consulting assistance was delayed due to the political situation in Haiti.

In February/March 1993, the USAID/Haiti-funded Voluntary Agencies for Child Survival (VACS) Project organized a TOT workshop that trained, among others, five trainers from the Haitian Community Health Institute (INHSAC) in Port au Prince. The Training Resources Group (TRG) team that conducted the TOT recommended that these INHSAC trainers receive further coaching and training so that they could acquire the skills needed to design, implement, and evaluate full training programs.

USAID/Haiti's Health and Population Division in April 1993 asked the VACS and WASH Projects to collaborate in providing additional training design skills to the INHSAC trainers and follow-up training in hygiene education and training techniques to CBP and Save the Children staff who are responsible for training community-level health and hygiene agents and volunteers.

USAID/Haiti agreed to fund this collaboration and did a buy-in with the WASH Project so that WASH could provide the services of a hygiene education specialist, Dr. Patricia A. Haggerty of the A.I.D.-funded Vitamin A Field Support Project (VITAL), as well as training specialists, Mr. Lee Jennings of TRG. The VACS Project provided the services of the overall team leader and training specialist, Mr. Graeme Frelick, through a subcontract among the VACS Project contractor, University Research Corporation (URC), and TRG.

The purpose of the assignment was twofold:

- To strengthen the training design and delivery skills of five INHSAC trainers so they can better train other trainers and
- To train staff from involved NGOs (CBP and Save the Children) so they can train field agents from their own organizations, who, in turn, will train people at the community level in hygiene education.

Hygiene education was defined as collecting and gaining understanding about information regarding people's beliefs and behaviors that affect their health and well-being, and then using this information to develop and communicate effective messages to turn harmful behaviors into positive ones. The final product of the assignment was to be a hygiene education training guide that NGO staff could use to train field agents.

As a first step in helping the INHSAC/VACS trainers design a TOT workshop in hygiene education for the CBP and Save the Children staff, the VAC/WASH team worked with the trainers for four days to review the important issues in hygiene education, to discuss the principal components of a hygiene education program, to develop information-gathering instruments to be used in a needs assessment exercise, and to plan how these steps would be integrated into the TOT session plan.

The INHSAC/VACS trainers conducted three focus groups with 15 CBP staff from the La Jeune/Pignon area. The focus groups concentrated on training skills and needs, and on knowledge about hygiene and its relationship to health and disease transmission. The INHSAC/VACS trainers assessed the hygiene education needs of community members from localities surrounding La Jeune, using observations and focus groups.

The basic elements needed to do the first draft of the hygiene education trainer guide were agreed upon by the INHSAC trainers and URC/WASH coaches in La Jeune on Friday, June 18 after the two days of needs assessment activities.

The guide is presented for coordinators, promoters, monitors, and other health workers involved in training volunteer collaborators (col vols). It is also addressed to other people involved in community consciousness raising and mobilization for hygiene-related matters.

The INHSAC/VACS trainers agreed that the overall goal for the TOT activity should be to improve the participants' training skills so they can use the hygiene education trainer guide effectively.

With the uncertainty of the economic, social, and political situation in Haiti following the application of United Nations-mandated sanctions on June 23, 1993, the team decided to wrap up the preparation of the draft hygiene education trainer guide and the TOT session design and to postpone the actual implementation of the TOT activity, including the field testing of the draft guide.

The proposed next steps for completing this task are to refine the trainer guide and to conduct the workshop in September 1993. (See Chapter 4 for more details).

The following are the team's recommendations:

- INHSAC trainers, with advice, help, and encouragement from the VACS Project, should review and modify or improve, as deemed appropriate, the draft hygiene education trainer guide and TOT sessions designs.
- The WASH Project should consider producing a French version of the finalized hygiene education training guide for Haiti, which could be made available to other Francophone countries.
- The VACS Project should advise and assist INHSAC in producing a Haitian Creole version of the finalized hygiene education trainer guide following the rescheduled TOT workshop in La Jeune this September.

Chapter 1

INTRODUCTION

1.1 Background of Assignment

In September 1991, a WASH team carried out a TOT workshop for 15 staff members of the Comité de Bienfaisance de Pignon (CBP), a Haitian NGO, that is conducting the community organization and education component of a USAID/Haiti-funded rural water project for Haiti's Central Plateau region. CBP is based in the north central Haitian town of Pignon. The goals of the workshop were to enable the participants to understand the link among water, sanitation, and community health; to undertake a simple community assessment; to help communities organize themselves to maintain a clean water source; to train other agents using this TOT workshop as a model; and to develop an action plan for the next six months. Several of the 15 participants demonstrated the skills needed to become competent trainers. The WASH team recommended that additional consultant assistance be provided to coach these potential trainers as they prepare and deliver follow-up workshops for other agents. Another recommendation was that WASH assist the overall water and sanitation project in fleshing out a detailed program plan for a hygiene education component. (See WASH Field Report No. 350, November 1991. Prepared by Sarah Fry and Richard Wall.)

CBP presently has 66 col vols and 54 *promoteurs* stationed in participating communities who need training. Their role is critical since they are the communication link between the project and the communities. They must ensure community understanding of project objectives and obtain feedback on community needs and inputs to project design and operations. Other project staff who could benefit from such training include well diggers and repairmen since they are in contact with the communities and play a pivotal role. It is envisioned that CBP trainers would eventually carry out this training in a series of sessions devoted to specific subjects (such as hygiene education, community management, and pump maintenance) and tailored to the various groups (col vols, repairmen, etc.) involved.

To help develop the institutional capacity to train and support NGO trainers in Haiti, who are involved in community-level health-related activities, the USAID/Haiti-funded VACS Project organized a TOT workshop from February 28 through March 5, 1993, for 17 trainers from 11 Haitian NGOs. Five of these trainers were from Haiti's Community Health Institute (INHSAC), which has a specific mission to provide health-related training to staff of other Haitian NGOs. The TRG trainer team found that all five of the INHSAC trainers demonstrated potential trainer skills and recommended that these INHSAC trainers be coached to design, deliver, and evaluate a full training program. (See TRG Report on the TOT Workshop prepared by Graeme Frelick and Lee Jennings in March 1993 for the USAID/Haiti VACS Project # 521-0206.)

A WASH and the VACS Project decided to collaborate in providing the training design skills and improved training delivery and evaluation skills for these INHSAC trainers and to provide follow-up training in hygiene education and training techniques for CBP and Save the Children trainers of col vols and other community-level agents. USAID/Haiti agreed to fund this collaboration and did a buy-in with the WASH Project so that WASH could provide the services of a hygiene education specialist, Dr. Patricia A. Haggerty of the A.I.D.-funded VITAL, and a training specialist, Mr. Lee Jennings of TRG. The VACS Project provided the services of the overall team leader and training specialist, Mr. Graeme Frelick, through a subcontract among the VACS Project contractor, URC, and TRG.

1.2 Purpose and Product of the Assignment

The purpose of the assignment was twofold:

- To strengthen the training design and delivery skills of five INHSAC trainers so they can better train other trainers and
- To train staff from involved NGOs (CBP and Save the Children) so they can train field agents from their own organizations who, in turn, will train people at the community level in hygiene education.

Hygiene education was defined as collecting and gaining understanding about information regarding people's beliefs and behaviors that affect their health and well-being, and then using this information to develop and communicate effective messages to turn harmful behaviors and into positive ones. The final product of the assignment was to be a hygiene education training guide that NGO staff could use to train field agents.

1.3 Role and Preparation of the URC/WASH Team

The URC/WASH team members were primarily coaches of the INHSAC/VACS trainers for this assignment. The term coaches was used since the INHSAC/VACS trainers' primary responsibility was to conduct the needs assessment, analyze the resulting information, and prepare the draft hygiene education trainer guide and the TOT sessions designs. The URC/WASH trainers were to assist, guide, and offer feedback and suggestions to the INHSAC/VACS trainers during the training program and materials design process.

To prepare for the assignment, the three members of the URC/WASH team participated in a team planning meeting at WASH on May 27 and 28. They completed their preparation for the first phase of the assignment at TRG on June 10, 1993. (See Appendix A for the scope of work and Appendix B for the proposed and actual schedules of activities.)

Chapter 2

PREPARATION OF INHSAC/VACS TRAINERS AND NEEDS ASSESSMENT

2.1 Preparation of INHSAC/VACS Trainers

As a first step in helping the INHSAC/VACS trainers design a TOT workshop in hygiene education for the CBP and Save the Children staff, the VAC/WASH team worked with the trainers for four days to review the important issues in hygiene education, to discuss the principal components of a hygiene education program, to develop information gathering instruments to be used in a needs assessment exercise, and to plan how these steps would be integrated into the TOT session plan. In order to help the trainers fully appreciate the hygiene education skills and training needs of the CBP and Save the Children staff, as well as to understand the sanitation and hygiene behaviors practiced by the communities, the trainers reviewed all the steps of a hygiene education needs assessment. As part of this exercise, they developed two instruments: an open-ended hygiene knowledge, aptitude, and practices question guide, designed for adaptation and use in individual or focus group interviews, and a semi-structured observation recording form.

On the first of the four preparation days, the WASH hygiene education specialist presented an overview of hygiene education. The session was designed to determine the extent of the INHSAC/VACS trainers' knowledge and experience in hygiene education; to highlight the most important health, hygiene, and behavioral problems typically addressed by a hygiene education program; and to discuss strategies and principal components of a hygiene education program. The session served as a model for how the INHSAC/VACS trainers could begin to introduce the main issues in hygiene education to the TOT participants and to determine their training and hygiene education content needs. The techniques used included a combination of short, participatory lectures, small group work, a case study, and a flow chart for the components of a hygiene education program drawn from the *Guide du Formateur*, which was prepared in April 1992 for the Tunisian Ministry of Health with WASH assistance.

The following themes were discussed during the session:

- Principal sources of water contamination in the rural environment,
- Associations among diarrheal and parasitic illnesses, water contamination, and poor water, sanitation, and domestic hygiene practices,
- Typical health and hygiene problems associated with use of rural potable water systems,
- Purpose and main steps of a hygiene education program.

Participants agreed that the priorities for discussion in a hygiene education program are routes of fecal-oral transmission, sources of water contamination, and specific hygiene behaviors, categorized into three general areas: water, the environment, and the individual. They then highlighted the four main steps of a hygiene education program as follows:

- Diagnosis,
- Program design,
- Program implementation, and
- Monitoring and evaluation.

During the discussion about the health effects of contaminated water and fecal-oral contamination, the trainers identified a large number of hygiene behaviors associated with water-borne and water-washed diseases. Some of the trainers believed that, in designing a training course in hygiene education, all the water-related diseases (and their associated behaviors) should be included. For example, all the behaviors related to skin diseases and other minor diseases should be included in the needs assessment and subsequent phases of program development. The URC/WASH team believed that addressing hygiene education this broadly would dilute the importance and urgency of improving behaviors associated with the most important diseases in rural Haiti, i.e. the diarrheal diseases. The URC/WASH team pointed out the difficulty of trying to solve all problems at once and the danger of failing to on the high priority problems. The INHSAC/VACS trainers understood and agreed to focus the remainder of the workshop on the behaviors related to the diarrheal and parasitical diseases.

The second session focused on how to conduct a needs assessment, what was meant by a needs assessment, why it was important, and who should be involved. The trainers acknowledged that in a real hygiene education program needs assessment, the target population (eg. the col vols or the community members) should participate; however, for the purpose of the exercise and due to time constraints, this level of participation would not be incorporated. The group then cited various methods for gathering information, including survey questionnaires, individual interviews, focus groups (or “group interviews”), observations, and document/literature reviews. The distinction between open- and close-ended questions and between qualitative and quantitative information was discussed. In general, with the exception of survey questionnaires, the trainers had not had much experience in using any of the qualitative methods: only two had some experience with focus groups; two or three had conducted open-ended (individual) interviews; and none had conducted observational studies.

The URC/WASH team decided to develop the trainers’ qualitative skills and thus emphasized focus groups and observations. There was insufficient time to include individual interviews. Focus groups were judged to be most relevant for the trainers (and TOT participants) because NGO staff and col vols frequently use the group interview technique. The observation method also was judged to be critical because information obtained from the focus group interviews—particularly information about hygiene behaviors—may be invalid and/or incomplete.

Working in two-person teams, the trainers developed a long list of questions, which was refined into a final open-ended question guide (see Appendix D). The question guide includes the most important questions related to hygiene and is intended to be adaptable to either individual or focus group interviews.

Trainers were instructed to select the key questions (and subquestions) they wished to use in focus groups with CBP staff from the area surrounding La Jeune. It was pointed out that focus groups are often useful as a preliminary step in the development of a hygiene behavior observation form, and this should be considered when selecting focus group questions. The focus group interviews were designed to ascertain the CBP staff's knowledge of hygiene and disease transmission as well as their training needs. The team reviewed focus group techniques and the trainers proceeded to conduct three focus groups with the CBP staff (see section 2.2.1).

After conducting the focus groups, each team discussed the information they had obtained, the needs of the CBP staff, implications for the TOT activity, and ways to improve their focus group techniques.

After reviewing general principles of behavioral observation and the types of observational methods such as event sampling, time sampling, descriptive recording, and frequency observation, the trainers proceeded to develop a semi-structured, checklist to record observations. A list of the behavioral categories used for the form is included in Appendix D. The main observation categories on the form included potable water points, latrines, domestic hygiene, and personal hygiene. The situations or behavioral categories that were linked to potable water points included location of the water point, utilization, and surrounding conditions. Those related to latrines included existence and location, utilization, and maintenance/cleanliness. Domestic hygiene behavioral categories included water collection, transport, home storage, water utilization, hand washing (especially before meal preparation and eating), and sources of water used for cooking and drinking. The personal hygiene behavioral categories focused on defecation habits (including defecation location, excreta disposal, and hand washing). The draft form the trainers produced needs to be refined to better highlight target behaviors and to make it easier to use. A revised, improved version would have been produced if more time had been available.

The trainers conducted the observations in the localities immediately surrounding La Jeune. They were instructed to be vague about what they were observing (so as not to bias people's usual behavior) and to be as unobtrusive as possible. Observations took place in the morning, although not early enough to observe all domestic behaviors such as meal preparation and hand washing. Each trainer team was accompanied by a CBP staff member who had arranged for community approval of the observations. The teams each observed two or three families, water points, water transport and storage, and latrines. The observations took approximately one hour to complete.

After completing the observations, the trainers turned to their question guides to prepare for another round of focus groups, this time with male and female community members. Three more focus groups were held—one with men, one with elder women, and one with young women. The trainers reversed their facilitator-rapporteur roles from their previous focus groups with CBP staff.

After completing the data collection exercise, the trainers identified additional information they would need to complete the needs assessment and the best methods to do this. They understood that the methods they had used were rapid and superficial relative to a real needs assessment, and that in a more comprehensive activity by community members would have to be incorporated and more in-depth information obtained. They were asked to think about what should be done with the information collected and how information gathering fits into the whole process of developing a hygiene education program. A flow chart was drawn showing all the steps in a hygiene education program, from diagnosing the problems to evaluating the results.

With the information gathered from the focus groups and observations, each team summarized its data and drew conclusions about the community's main hygiene problems. After the team identified the problems, they listed possible community and individual solutions. They were then asked to define and apply criteria for selecting the best solutions and to identify two or three solutions. After a brief discussion on the characteristics of a good program objective (i.e., measurable, realistic, precise, observable), the trainers defined two overall hygiene education program objectives.

Identifying priority problems and solutions marked the transition from needs assessment to program development. The trainers discussed how program objectives need to be translated into hygiene education messages and then disseminated in the community using tested, appropriate methods. Hygiene messages, the vehicles used to disseminate them, and community behaviors then need to be monitored constantly to fine-tune or change approaches. Finally, a hygiene education program needs to be evaluated in order to ascertain to what extent program objectives have been achieved. The data gathering tools used for monitoring and evaluation are similar to those used during needs assessment (thus closing the program circle). After an evaluation, program leaders may wish to stop the program or extend it using the same or different objectives.

The INHSAC/VACS trainers felt that the needs assessment exercise was a valuable learning experience. They appreciated seeing how this fit into the whole picture of a hygiene education program. It was the first time they understood the different steps involved before developing a message and failing to pay attention to these steps may cause health messages to be ineffective. They expressed a desire to learn more about message development and message dissemination techniques.

2.2 Needs Assessment

2.2.1 Training and Hygiene Education Skills of the CBP Staff

The INHSAC/VACS trainers conducted three focus groups with 15 CBP staff from the La Jeune/Pignon area. The focus groups concentrated on training skills and needs and on knowledge of hygiene and its relationship to health and disease transmission. A summary of the information obtained from the focus groups follows.

In general, the training skills of the CBP staff were versatile and appropriate to the environment. Participative, adult-style learning methods were used. Facilitation (animation) techniques included open-ended questions, repetition of key points, demonstration, and recapitulation. Educational or communications sessions may take place at public assembly points, at home visits, or during group meetings. These sessions typically last one to three hours, depending on the audience. The CBP staff would like more training in facilitation techniques and in materials development.

The CBP staff appeared to have extensive knowledge of hygiene and its relationship to health. They understood the relationship between water and illness and the importance of practicing proper water collection, transport, and storage. They cited the importance of careful management and maintenance of potable water points to prevent transmission of diseases through water. With regard to personal and domestic hygiene, they identified washing hands (with soap and poured water), washing fruits and vegetables before consumption, caring for children, and washing clothes as important.

Regarding environmental hygiene, the CBP staff cited the necessity of building latrines appropriately, situating them correctly (i.e. far enough away and below water points and houses), using them, and keeping latrines clean. They agreed that chlorination should be practiced to make water potable, and wanted to know more about chlorination and other water treatment techniques.

2.2.2 Hygiene Education Needs of Community Members

The INHSAC/VACS trainers assessed the hygiene education needs of community members from localities surrounding La Jeune by using observations and focus groups, as described in section 2.2.1. The trainers focused their questions and observations on potentially high-risk behaviors related to diarrheal and parasitical diseases. The key problems identified from these data gathering exercises are described below.

With regard to water, there was an insufficient number of potable water points to serve the population. Also, there was a lack of knowledge about how to disinfect water what products could be used to do this such as lemon. A major problem was the unhygienic way children collected and transported water (for example, use of dirty receptacles and fetching water from a nonpotable water source).

In terms of the environment, the main problems cited included defecation by adults and children on the ground and in rivers. Latrines were identified as another problem: there were not enough of them; they were poorly constructed; or they were not kept clean.

Finally, concerning domestic and personal hygiene, the trainers concluded that the biggest problems included insufficient washing of children's hands, consumption of unwashed fruits, and incorrect hand washing methods. The trainers cited the practice of washing hands with ash and promised to check with the WASH reference center if this behavior should be promoted or discouraged.

The trainers reached the above observations based on a limited amount of data collection. The trainers acknowledged that in real program design or evaluation, they would need to more fully describe and validate these findings through additional information gathered using a combination of data collection techniques.

Chapter 3

PREPARATION OF HYGIENE EDUCATION TRAINER GUIDE AND TOT DESIGN

3.1 Purpose, Objectives, and Sessions in the Trainer Guide for Hygiene Education

The overall purpose of the guide was described as follows:

This guide is intended for use by coordinators, promoters, monitoring agents, and other health workers involved in training volunteer collaborators. It is also addressed to other people involved in community consciousness raising and mobilization for hygiene-related matters. Developed in the context of a rural potable water project, this guide can also serve as a reference document for other people involved in the sector. It contains information and techniques related to needs assessment of the population, to proposing actions to undertake, and to the diffusion of educational messages in communities. The trainer can adapt the guide to different situations depending on the groups to be trained, the time allocated, the materials available, and other factors.

The guide assumes that the following situations have the highest priority in terms of health impact:

- The primary cause of diarrheal diseases that penetrate the body orally is fecal/oral transmission.
- Fecal/oral transmission is caused most frequently by unwashed hands and poor management of fecal matter.
- Management of fecal matter can be done best by having latrines that are properly used and maintained, by digging holes and covering the excreta if there is no latrine, and by keeping household floors and courtyard areas clean.
- Solid waste should be burned or put in holes dug away from habitation and then covered after disposal.
- Food preparation practices should include washing fresh fruits and vegetables; washing food receptacles and keeping them covered; boiling for 10 minutes any food that has been kept overnight or several hours without refrigeration; and washing hands frequently.
- Mothers and others who prepare food for and feed children, especially infants, should wash their hands.

To summarize, the following priority behaviors are promoted in the guide:

- Hand washing with clean water and soap after defecating and before preparing, serving, or eating food,
- Good management of fecal matter and other solid waste,
- Hygienic food preparation and cooking practices.

The guide points out that the two major causes of diarrheal diseases are the consumption of contaminated water and the lack of adequate clean water for washing hands and clothes, bathing, and preparing food. Thus, there are two concepts vital to hygiene education: water-washed diseases and water-borne diseases.

The guide is recommended for use in situations where the following conditions exist:

- Participants have some responsibilities related to the sector of water and sanitation.
- Communities have access to sources of potable water.
- At least one organizational structure (such as a health committee) exists in the community to address water, sanitation, and health issues.
- Participants have experience in community development and community participation.

The following are global objectives of the guide:

- Explaining the relationship between water, hygiene, and health,
- Assessing needs and analyze information so that priority hygiene-related problems can be identified,
- Proposing actions that permit the formulation of objectives and messages for a hygiene education program,
- Developing and using appropriate techniques for the dissemination of hygiene education messages,
- Developing an individual action plan to begin and ensure the follow-up of a hygiene education program.

The draft guide contains the following eight sessions:

- Opening and Introduction,
- Group Facilitation Skills,
- Water, Hygiene, and Health
- Needs Assessment,
- Analysis of Assessment Data,

- Action, Objectives, and Messages of a Hygiene Education Program,
- Methods for Disseminating Hygiene Education Messages,
- Follow-up and Action Planning.

The INHSAC trainers were able to further define the specific session objectives for the guide and to propose ideas for the content and process of each session. The team leader then used this foundation to further develop and refine the draft guide after returning from Haiti on June 23. The complete first draft of the guide can be found in Appendix E. It has been sent to Haiti for review by the INHSAC/VACS trainers before the implementation of the TOT workshop, which is now rescheduled for September 20-25, 1993.

3.2 Goal, Objectives, and Sessions in the Hygiene Education TOT Design

The agreed-upon objectives of this overall advanced TOT activity were that the INHSAC trainers would be able to do the following:

- Conduct a training needs assessment using a variety of data gathering techniques,
- Design a training program based on objectives developed from the needs assessment,
- Conduct a one-week hygiene education TOT workshop,
- Develop an evaluation strategy to assess the workshop and its participants.

The INHSAC trainers were to determine the objectives for training the in-country NGO staff once they conducted their needs assessment with the CBP staff members at La Jeune on June 16. They conducted the needs assessment in three focus groups with 15 CBP staff (as described in section 2.2.1). As a result, the INHSAC/VACS trainers agreed that the overall goal for the TOT should be to improve participants' training skills so that they could use the hygiene education trainer guide effectively.

They also agreed on the following overall objectives for the hygiene education TOT:

- Use the principles of adult education,
- Facilitate discussion using appropriate communication techniques,
- Give constructive performance feedback and to help others to do so,
- Use small lectures and group work,
- Demonstrate the skills needed to use the hygiene education trainer guide.

On June 21 and 22, the INHSAC trainers worked at the VACS Project office in Petionville to develop the specific session designs for the hygiene education TOT workshop. This work built on the agreement reached June 19 at La Jeune on the titles and sequence of the 14

sessions proposed for the TOT workshop. The proposed schedule and the draft sessions designs are included in Appendix F. These were fleshed out at TRG after the return of the WASH/TRG team on June 23, and they have been sent to Haiti for review and possible further refinement prior to September 20, 1993.

Chapter 4

NEXT STEPS AND RECOMMENDATIONS

4.1 Proposed Next Steps

With the uncertainty of the economic, social, and political situation in Haiti following the application of United Nations-mandated sanctions on Wednesday June 23, 1993, the team decided on Monday, June 21, to change the planned schedule. They decided to wrap up the needs assessment, trainer guide, and hygiene education TOT design phase and to reprogram the actual implementation of the TOT workshop in La Jeune for a later date when the political situation would be clarified or resolved. This decision was made only after consultation with the USAID Health and Population Division Project Officers, Frantz Louis and Sheila O'Rourke; the six INHSAC/VACS trainers; the URC VACS Project Chief of Party, Dennis Martin; and the WASH Task Manager, Phil Roark. The reasons to postpone rather than to implement the TOT activity were twofold:

- The uncertainty of having fuel supplies available to ensure the return to Port au Prince on June 30,
- The hesitancy of the INHSAC/VACS trainers to leave their loved ones and homes behind during a period of such uncertainty.

In order to fully appreciate the concerns and feelings of the Haitian trainers, it should be noted that it took more than 14 hours of traveling over poor, rain-damaged tertiary roads and raging torrents to reach La Jeune in more than twelve hours to return to Port au Prince using the main, but seriously damaged, road from Cap Haitien. Another factor was the absence of any telephone connections between La Jeune and the capital. The only possible form of communication was through local missionary radio links, which are not always reliable. The proposed next steps for completing this task are the following:

- Refine, reformat, and print the draft hygiene education trainer guide and the session designs for the Hygiene Education TOT workshop by June 30, 1993,
- Conduct a debriefing at WASH on July 1, 1993, at 2 p.m.,
- Ship the draft trainer guide and TOT workshop design along with a diskette containing both documents to the URC VACS Project office in Petionville soon after the debriefing,
- Review and refine the guide and design by the INHSAC/VACS trainers before the end of August, and send any suggested changes to WASH for forwarding to Graeme Frelick and Lee Jennings at TRG,

- Meet INHSAC/VACS trainers at URC VACS Project office Thursday and Friday, September 16 and 17 to do final preparations for conducting the TOT (WASH/TRG consultant/coach Lee Jennings would arrive at Port au Prince Thursday on or about noon to assist in this final preparation),
- INHSAC/URC/WASH trainers travel to La Jeune on Saturday, September 18,
- Implement hygiene education TOT workshop Monday through Saturday, September 20-25, 1993, by the INHSAC/VACS trainers for CBP and Save the Children staff members with WASH coach assisting and providing feedback,
- INHSAC/URC/WASH trainers travel to Port au Prince on Sunday, September 26,
- Revise hygiene education trainer guide at the URC VACS Project office in Petionville on Monday and Tuesday, September 27 and 28 (The revisions would be based on feedback from participants and trainers during the TOT),
- Conduct a debriefing at USAID/Port au Prince followed by the WASH consultant's travelling to Washington DC.

4.2 Recommendations

The following are the team's recommendations:

- INHSAC trainers, with advice, help, and encouragement from the VACS Project, should review and modify or improve, as deemed appropriate, the draft hygiene education trainer guide and TOT workshop sessions designs. This should involve a formal meeting at the VACS Project office to systematically critique the draft guide and TOT design and, if opportunities permit, to test parts of the guide or sessions in other INHSAC training activities before the rescheduled workshop in September 1993.
- The WASH Project should consider producing a French version of the finalized hygiene education trainer guide for Haiti, which could be made available to other Francophone countries. The draft guide draws heavily on the hygiene education training guide in English already produced by WASH as well as the hygiene education training guide for Tunisia that was produced in French and Arabic. Among the potential advantages of the guide for Haiti are that it improves on some of the sessions designs of the Tunisia guide and it offers a five-day hygiene education program that can be done consecutively or in periods of three days, followed by two days.
- The VACS Project should advise and assist INHSAC in producing a Haitian Creole version of the finalized hygiene education trainer guide following the rescheduled TOT workshop in La Jeune this September.

Appendix A

SCOPE OF WORK

Revised 26 May 1993

SECOND TRAINING OF TRAINERS SEMINAR IN HYGIENE EDUCATION AND COMMUNITY PARTICIPATION

Background

In September 1990, WASH carried out a training of trainers workshop on hygiene education for an NGO, Comite de Bienfaisance (CBF), which is conducting the community organization and education component of an AID-funded rural water project. The purpose of the workshop was to impart elementary notions of participatory training techniques to CBF staff and a few community organizers to help them carry out the first steps of involving recipient communities in the management of new water supply schemes. Among the 15 participants of the workshop, about 6 to 10 demonstrated skills as trainers but their abilities were just beginning to be developed. The next step needed is to train the trainers in hygiene education methods.

The CBF presently has 66 "collaborateur volontaires" (col vols) and 54 "promoteurs" stationed in participating communities who need training. Their role is critical since they are the communication link between the project and the communities. They must assure community understanding of project objectives and obtain feedback in community needs and inputs to project design and operations. Other project staff would also benefit by this training, including well drillers and repairmen, since they are in contact with the communities and play a pivotal role. It is envisioned that CBF trainers would eventually carry out this training in a series of sessions devoted to specific subjects (community management, hygiene ed, etc.) and tailored to the various groups (col vols, repairmen, etc.) involved.

In order to develop institutional capacity to support the CBF trainers, INHSAC (the national public health training institute) would be involved. Advanced training is needed for the INHSAC trainers in improving training skills. CBF trainers need more basic training skills plus a better background in hygiene education. Combining the WASH training of both groups allows an institutional support system to be firmly established plus improves the individual skills of both CBF and INHSAC staff. Training will also be provided for participants from two other NGO organizations (Save the Children and ODEHI) who are also working in water and sanitation on the Central Plateau. A total of about 20 participants are expected.

The workshop design draws on parts of the WASH "Hygiene Education Training Guide," which would then serve as a resource document for INHSAC. The workshop will be held in Pignon, with field exercises in nearby villages. The NGO trainers will be chosen from among existing CBF, SAVE, and ODEHI staff and will have shown an aptitude for training. Reasonably good French language skills are required.

A training guide and other materials would ultimately be produced in Creole by INHSAC.

WASH will prepare a report on the workshop, including procedures, and recommend future actions and conduct a debriefing for USAID in Haiti and in Washington.

Personnel

Three consultants will assist in carrying out the workshop. Two trainers will provide overall TA throughout the workshop, and one hygiene educator will assist at the beginning with the needs assessment and design of appropriate messages related to hygiene and health. WASH will provide one trainer and the hygiene educator, while the other trainer will come through the URC-VACS project.

Level of Effort

The workshop will require 24 person days from each of the trainers and 12 person days for the hygiene educator.

Schedule

WASH TPM:	27-28 May 1993
Workshop in Pignon:	14 June - 2 July 1993

Appendix B

LIST OF INHSAC AND VACS TRAINERS

A. INHSAC Trainers:

- 1. Ms. Agnes Bastien**
- 2. Dr. Elsie Laforce**
- 3. Ms. Evelyne Dantica**
- 4. Dr. Max Lelio Joseph**
- 5. Dr. Ralph Douge**

B. URC VACS Trainer:

- 6. Mr. Jean Bogard Marseille**

C. CARE Consultant Trainer

- 7. Ms. Linda Neufeld**

Appendix C

NEEDS ASSESSMENT INSTRUMENTS

A. Fiche d'observation (Observation checklist)

Points d'eau

1. Types
2. Localisation
 - a) proximité d'une route
 - b) proximité d'une latrine
 - c) proximité des maisons
3. Utilisation

Comment ils puisent l'eau

 - a) bain
 - b) lessive
 - c) fontaine
 - d) abreuvoir
4. Environnement/conditions
 - a) protégés
 - b) matières fécales autour
 - c) présence d'animaux autour
 - d) immondices (distance)
 - e) mares d'eau

Latrines

1. Existence
2. Localisation

a) proximité des points d'eau (en amont)

- moins de 15 m.

b) proximité des maisons (en amont)

- moins de 10 m.

3. Utilisation

a) familial

b) communautaire

c) adultes

d) enfants

e) non utilisé

f) utilisé à d'autres fois

4. Conditions

a) ciel ouvert

b) couvert

c) odeurs

d) bouche d'aération

e) matières fécales

f) matières fécales

- par terre

- sur les murs

g) siège souillé avec urines

h) siège souillé avec matières fécales

Hygiène domestique

1. Transport d'eau

a) qui

b) quel récipient

- lavé

- couvert

2. Stockage

a) quel récipient

- lavé

- couvert

- présence d'algues

3. Utilisation

Quel récipient pour puiser

Etat de ce récipient

a) propre

b) sale

c) déposé à même le sol

d) laissé sur la table

Qui le fait

a) adulte seulement

b) adulte et/ou enfants

Conditions du "puiseur"

a) mains lavées avant

b) mains non lavées

Comment ils recueillent l'eau

a) avec les mains

b) avec un récipient

- sale

- propre

c) aliments plongés dans le
récipient de stock

d) ustensiles plongés dans ce récipient

Petit déjeuner

préparation

a) mains lavées

b) nourriture lavée

repas

a) mains lavées avant

b) ustensiles lavés

c) enfants nourris à la main

- lavée

- non-lavée

Hygiène personnelle

1. Enfants moins de 5 ans

a) jouent à même le sol (terre)

b) habits sales

c) mangent

- mains sales

- mains lavées

d) lieu de défécation

- vase

- sol

- dans un trou

e) quel type d'eau pour la boisson

- réserve familiale

- n'importe quelle eau

- eau de puits

2. Adultes

a) habits

- sales

- propres

b) préparateur de nourriture

- type de nourriture
- c) condition de préparation
 - mains lavées avant
 - nourriture lavée
 - ustensiles laves
- d) eaux utilisées

B. Liste de questions (List of questions)

Eau

Introduire le sujet de l'eau et l'assainissement pour la santé en posant les questions suivantes:

Dans votre localités, où est-ce que les gens s'approvisionnent en eau?

- Dans le passé?
- Maintenant?

Combien de différents types de points d'eau avez-vous dans votre localité?

- Quel type? (Source, puits, rivière, marigot, citerne, robinet public, etc.)
- Quels sont les points disponibles toute l'année?

Quels points d'eau utilisez-vous pour:

- La boisson? Pourquoi?
- La lessive? Pourquoi?
- Le bain? Pourquoi?
- La cuisine? Pourquoi?
- L'abreuvement des animaux? Pourquoi?

Où se trouvent les points d'eau?

Combien de temps (aller et retour) mettez-vous pour aller puiser (ou chercher) l'eau?
Combien de fois par jour?

Qui est charge de transporter l'eau?

Dans quoi transportez-vous l'eau?

Comment prenez-vous l'eau du point d'eau au récipient?

Où et comment conservez-vous l'eau - pour la cuisine -pour boire?

Utilisez-vous une technique pour rendre l'eau potable?— Si oui, quelles techniques utilisez-vous?

A la maison, comment prenez-vous l'eau du récipient pour - boire - et pour la cuisine?

Comment jugez-vous si l'eau est potable ou non? Comment savez-vous si l'eau est bonne à boire?

Si l'eau n'est pas propre, qu'est-ce qui peut arriver? Pourquoi? Comment expliquez-vous ce mal?

Environnement

Les questions suivantes peuvent être posées afin d'identifier les aspects importants liés à l'environnement:

Comment gère-t-on chaque point d'eau de votre localité?

- Qui est responsable?
- Comment protéger le point d'eau?
- Comment assurer l'entretien du point d'eau?
- Comment assurer la disponibilité tout le temps de l'eau du point d'eau?

Où les gens de la localité font-ils leurs besoins?

- Adultes?
- Enfants?
- Bébé?

Localisation et distance des latrines par rapport aux points d'eau et par rapport aux maisons?

Que fait-on des détritiques dans la localité?

- Où sont-ils déversés?

Où sont gardés les animaux?

- Le jour? - La nuit?
- En clôture? - En liberté?

Où est-ce que les animaux s'abreuvent?

Que pensez-vous du fait que les animaux s'abreuvent à la même source que la population?

Que pensez-vous du fait que:

- La population défèque à proximité ou dans les points d'eau?
- Les enfants se baignent dans les points d'eau?
- Les animaux qui défèquent à proximité des points d'eau?

Qu'est-ce que vous utilisez pour lutter contre les insectes?

- À l'extérieur?
- À l'intérieur?

Hygiène personnelle

Les questions suivantes peuvent être posées:

Quand est-ce que vous vous lavez les mains?

- Avant de manger?
- Après les selles?
- Après la défécation du bébé?
- Avant de préparer la nourriture?
- Avant de nourrir le bébé?
- En rentrant à la maison? (Des champs, du marché, etc.)

Comment vous lavez vous les mains?

- Utilisez vous le savon?
- Toujours? Si non, pourquoi?

Pourquoi se laver les mains?

- Qu'est ce qui peut arriver si on ne se lave pas les mains?

Combien de fois par jour une personne devrait-elle se baigner/se laver?

Quelle est l'importance de laver les légumes et les fruits avant de les consommer?

Appendix D

HYGIENE EDUCATION TRAINER GUIDE: INTRODUCTION

Programme de formation pour l'éducation en matière d'hygiène (EMH)

Guide de formateur

But du guide

Ce guide est destiné aux coordinateurs, promoteurs, moniteurs et à tout travailleur de santé en Haïti impliqués dans la formation des collaborateurs volontaires. Il s'adresse aussi aux autres personnes engagés dans la sensibilisation et la mobilisation communautaire en matière d'hygiène. Elaboré dans le cadre d'un projet d'eau potable en milieu rural, ce guide peut également servir de document de référence à toute personne travaillant dans le domaine. Il contient des informations et des techniques touchant au recensement de besoins de la population en matière d'hygiène, à la proposition d'actions à entreprendre, et à la diffusion des messages éducatifs dans les communautés.

Le formateur peut l'adapter aux différentes situations, en fonction des groupes à former, du temps alloué, du matériel disponible et d'autres facteurs.

Prérequis

1. Tous les participants ont des responsabilités dans le domaine de l'eau et de l'assainissement.
2. Toutes les communautés ont des points d'eau potable.
3. Il existe dans les communautés au moins une structure (tel un comité) qui s'occupe de l'eau, de l'assainissement et de l'éducation pour la santé.
4. Les participants ont de l'expérience en matière de développement communautaire.

Objectifs globaux

1. Expliquer la relation entre l'eau, l'hygiène et la santé;
2. Recenser les besoins et analyser les informations pour identifier les problèmes prioritaires en matière d'hygiène;
3. Proposer des actions permettant la formulation des objectifs et des messages d'un programme d'EMH;

4. Développer et utiliser des techniques appropriées pour la diffusion des messages d'EMH;
5. Développer un plan d'action individuel pour commencer et assurer le suivi d'un programme d'EMH.

L'organisation des séances

Le guide comporte neuf séances de formation, prévues normalement sur cinq journées de travail, consécutives ou non. La durée des séances varie selon la nature et l'importance du sujet. Cet emploi du temps proposé peut bien sûr être modifié par le formateur en fonction des besoins et/ou des contraintes. Il pourrait être divisé en deux ateliers: l'un de trois jours, avec les séances 1 à 6, allant du diagnostic à l'élaboration; l'autre de deux jours, avec les séances 7 et 8, avec les méthodes de diffusion des messages, le plan d'action, le suivi et l'évaluation. D'autres possibilités pourraient être envisagées selon les besoins des participants.

Chaque séance comprend des indications détaillées pour le formateur lui expliquant comment diriger la séance. Ces indications concernent:

- la durée de la séance,
- les objectifs de la séance,
- un sommaire du contenu de la séance,
- les procédures/étapes à suivre pendant le déroulement de la séance,
- une liste du matériel nécessaire pour la séance, et
- les documents à distribuer aux participants.

Il revient à chaque formateur (ou équipe de formateurs) d'adapter ce guide aux véritables besoins des participants selon leur formation et leurs expériences.

Matériel pour les participants

Chaque participant disposera d'un classeur pour organiser les documents, ses notes et les résultats de son travail. Les documents pour les participants se trouvent à la fin de chaque séance et à la fin du guide de formation. On a placé les documents dans la dernière section du guide pour que les formateurs puissent facilement les retirer et les faire photocopier. Il faut d'ailleurs les photocopier avant un programme de formation et les distribuer aux participants au moment indiqué pendant la formation (voir les instructions dans les procédures de chaque séance). On trouvera également une collection de documentation à distribuer selon les besoins des participants.

Il est préférable que les participants utilisent des données réelles quand ils commencent à étudier les problèmes dans leur localités. Aussi, leur demandera-t-on, quelques semaines avant le séminaire, de bien vouloir réunir diverses documentations, statistiques, rapports d'enquêtes, etc. Ils pourront s'en servir pendant la formation.

Liste des séances

1. L'ouverture et l'introduction.
2. L'eau, l'hygiène et la santé.
3. L'animation de groupe.
4. Le recensement des besoins.
5. L'analyse de l'information.
6. Les actions, objectifs et messages d'EMH.
7. Les moyens de diffusion de messages en matière d'hygiène.
8. Le suivi et le plan d'action.
9. Plan d'action individuel et évaluation de l'atelier

Objectifs de chaque séance

Séance 1. L'ouverture et l'introduction.

A la fin de la séance, les participants auront:

1. Fait connaissance les uns des autres ainsi que les formateurs;
2. Clarifié et discuté leurs attentes face au programme;
3. Adopté les objectifs globaux, convenu de l'emploi du temps et pris un engagement relatif aux normes de travail.

Séance 2. L'eau, l'hygiène et la santé.

A la fin de la séance, les participants seront capables de:

1. Identifier les principales sources de contamination de l'eau;
2. Expliquer les relations entre les maladies diarrhéiques, les parasitoses et les mauvaises habitudes d'hygiène en zone rurale;
3. Citer des différentes étapes d'un programme d'éducation en matière d'hygiène et l'importance de la participation communautaire dans ce processus;

Séance 3. L'animation de groupe.

1. Identifier les situations où les techniques d'animation de groupe sont nécessaires;
2. Animer une discussion en utilisant les techniques telles les questions, la reformulation, la récapitulation, et les encouragements;

3. Donner et recevoir le feedback sur la performance en respectant certaines directives.

Séance 4. Le recensement des besoins:

A la fin de la séance, les participants seront capables de:

- 1) définir quelles sont les informations nécessaires pour un programme d'éducation visant à améliorer les pratiques d'hygiène liées à l'eau, à l'environnement et à l'individu et auprès de qui les obtenir;
- 2) définir les groupes de personnes auprès desquelles on peut obtenir cette information;
- 3) déterminer quelles sont les méthodes qui conviennent le mieux pour réunir l'information;
- 4) identifier les comportements et les croyances d'une communauté entourant l'hygiène liée à l'eau, à l'environnement et à l'individu.

Séance 5. L'analyse de l'information.

A la fin de la séance, les participants seront capables de:

1. Analyser les conditions d'hygiène et les comportements de la communauté pour déterminer lesquels sont nuisibles et lesquels sont utiles;
2. Identifier les problèmes prioritaires pouvant influencer les conditions et les comportements liés à l'hygiène.

Séance 6. Les actions, objectifs et messages d'un programme d'EMH.

A la fin de la séance, les participants seront capables de:

1. Proposer les actions à entreprendre pour influencer les comportements liés aux problèmes prioritaires;
2. Enumérer les caractéristiques d'un objectif et d'un message d'EMH.

Séance 7. Les moyens de diffusion des messages.

A la fin de la séance, les participants seront capables de:

1. Enumérer les caractéristiques de techniques d'animation telles la formulation de questions, la reformulation, la récapitulation, et les encouragements;
2. Utiliser les moyens de diffusion des messages telles les causeries et les visites domiciliaires.

Séance 8. Le plan d'action, le suivi et l'évaluation

A la fin de la séance, les participants seront capables de:

1. Expliquer comment réaliser le suivi d'un programme d'EMH;
2. Rédiger un plan d'action individuel pour la mise en place d'un programme d'EMH.

Séance 9. Plan d'action individuel et évaluation de l'atelier

A la fin de la séance les participants auront:

1. Rempli un plan d'action individuel pour la mise en application de ce qu'ils ont appris pendant l'atelier;
2. Donné leurs appréciations de l'atelier sur un formulaire d'évaluation.

GUIDE DE FORMATEURS POUR L'ÉDUCATION EN MATIÈRE D'HYGIÈNE

EMPLOI DU TEMPS

Heures de Travail	1er jour	2e jour	3e jour	4e jour	5e jour
9H00	1. Overture: <ul style="list-style-type: none"> ■ Introductions ■ Brise Glace ■ Attentes ■ Objectifs ■ Programme ■ Normes de travail 	4. Le recensement des besoins	4. Suite	7. Moyens de diffusion de messages	Moyens de diffusion de messages (suite)
11H00/ 11H30	2. L'eau, l'hygiène et la santé	4. Le recensement des besoins (suite)	5. L'analyse de l'information	7. Suite	7. Suite
12H30	DEJEUNER	DEJEUNER	DEJEUNER	DEJEUNER	DEJEUNER
2H00	2. L'eau, l'hygiène et la santé (suite)	4. Suite	5. Suite	7. Suite	7. Suite
4H00/ 4H30	3. L'animation de groupe: <ul style="list-style-type: none"> ■ les techniques ■ le feedback 	4. Suite	6. Actions, objectifs et messages du programme d'EMH	7. Suite	8. Le suivi et l'évaluation de l'atelier
6H00	Fin de la journée	Fin de la journée	Fin de la journée	Fin de la journée	Clôture de l'atelier

Appendix E

TOT Program Design: Objectives and Schedule

Objectifs globaux de la formation

A la fin de cette formation, les participants seront capables de:

1. Utiliser les principes à la base de la formation des adultes.
2. Animer une discussion en utilisant les techniques de communication appropriées.
3. Apporter un feedback constructif sur la performance et aider les autres à le faire.
4. Utiliser les techniques suivantes: le mini-exposé et les travaux de groupe.
5. Démontrer les compétences nécessaires à l'utilisation du guide de formateur pour un programme d'éducation en matière d'hygiène.

**ATELIER DE FORMATION DE FORMATEURS
EMPLOI DU TEMPS**

Heures de Travail	1er jour	2e jour	3e jour	4e jour	5e jour	6e jour
9H00	1. Overture: ■ Introductions ■ Brise Glace ■ Attentes ■ Objectifs ■ Programme ■ Normes de travail	5. L'eau, l'hygiène et la santé	6. Suite - Travail sur le terrain (6H30-7H00)	9. Moyens de diffusion de messages	11. Préparation et pratique: ■ Introduction aux techniques: Le mini-exposé, les travaux de groupe	11c) Suite
11H00/ 11H30	2. Principes à la base de la formation des adultes	6. Le recensement des besoins	7. L'analyse de l'information	9. Suite	11b) Préparation	11c) Suite
12H30	DEJEUNER	DEJEUNER	DEJEUNER	DEJEUNER	DEJEUNER	DEJEUNER
2H00	3. L'animation de groupe: ■ les techniques ■ le feedback	6. Suite	7. Suite	9. Suite	11c) La pratique	12. Clarifications sur le Guide de Formateur
4H00/ 4H30	4. Introduction du Guide de Formateur pour l'EMH	6. Suite	8. Actions, objectifs et messages du programme d'EMH	10. Le plan d'action, le suivi et l'évaluation	11c: Suite	13. Plan d'action et évaluation de l'atelier
6H00	Fin de la journée	Fin de la journée	Fin de la journée	Fin de la journée	Fin de la journée	Clôture de l'atelier