USAID FROM THE AMERICAN PEOPLE | HIP HYGIENE IMPROVEMENT PROJECT

**Water, Sanitation, and Hygiene Improvement Training Package for the Prevention of Diarrheal Disease**

# OUTREACH WORKER'S HANDBOOK

- ► Guide for Training Outreach Workers
- ► Collection of Resource Materials
- ► **Outreach Worker's Handbook**

**2009**
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# INTRODUCTION

## A. Purpose of the Handbook During and Following the Training

This Handbook has a dual purpose: 1) to serve as a support for the outreach worker during her/his training, and 2) as a resource during the outreach worker's activities in the community.

The Outreach Worker's Handbook has been developed with one primary audience in mind: the outreach worker. Other audiences might include program managers and trainers as well as other interested parties involved in the improvement of water, sanitation, and hygiene (WASH) conditions, either as part of their official mandate or because of their desire to incorporate WASH activities into an ongoing program/project.

### During the Training

*During the training,* the Handbook will serve as a learning support and resource in a number of ways:

- The space for reflections/conclusions will serve as a place where the participant can record his/her reactions to the training program, conclusions, newly acquired knowledge, reminders, and back-home action steps as the training unfolds. This is normally called a "journal."

- The WASH information section contains technical information that will supplement the technical information explored during the training. This section can also be used as a quick resource for information after the training. The outreach worker should know where this information is found in the Handbook so s/he can access it in the field when necessary.

- The Handbook also contains copies of the handouts and forms used during the training. These handouts are also available in the *Collection of Resource Materials*.

### Following the Training

*Following the training*, the Handbook will be useful in a number of ways:

- The monitoring/tracking section contains more information, suggestions, and recommendations for helping outreach workers with their monitoring tasks, including how to track behavior changes and how to report those changes to program management.

Program managers should make decisions about whether or not their outreach workers will be responsible for monitoring.

- The opportunities/techniques section of the Handbook contains tips, suggestions, and recommendations for conducting successful motivational activities such as demonstrations, role plays, skits, etc. as well as for managing group meetings. This section also contains a self-appraisal form that the outreach worker can use to continually monitor and upgrade his/her skills.

- The behavior change planning forms are worksheets that will assist the outreach workers to plan behavior change activities in each community.

- The job aids section contains a variety of materials. Three of the materials can be used to facilitate the discussion, assessment, and planning of improved behaviors relating to feces disposal, water treatment, and hand washing. The interpersonal communication materials can be used to remind the worker of important behaviors and steps in the joint planning process.

- Additional visual aids, resources, and copies of handouts can be found in the *Collection of Resource Materials*. The section on adapting visual aids should be consulted before using these visuals.

# B. Objectives and Self Assessment: Module 1, Session 1

Upon completion of their training, participants should be able to:

- Describe the national and local WASH situation (using data support)
- Define the role and responsibilities of an outreach worker
- Describe the three key WASH practices
- Explain and replicate in the community the various WASH activities demonstrated during the workshop
- Select and negotiate the best options for improved practices with families in the community
- Demonstrate effective communication skills
- Use the appropriate monitoring tools to record their progress
- Outline how they will move forward with activities once the workshop is over (prepare an action plan)

## Assessment Tool

Please circle all correct response(s). When you have finished, wait for the trainer to tell you what to do. Those questions for which there is only one correct response are marked with an asterisk (*). The other questions may have more than one correct response.

1. Which of the following, when used correctly, makes water safe to drink?

   a. boiling it
   b. adding chlorine or Clorox to it
   c. filtering it
   d. disinfecting it in sunlight
   e. letting particles in the water settle to the bottom

2. What is the best definition of diarrhea?*

   a. passing loose or watery stools 3 or more times a day
   b. passing loose or watery stools once a day
   c. passing loose or watery stools at least 10 times a day

3. Which of the following water sources may be contaminated?

   a. river
   b. lake
   c. piped water
   d. covered, hand-dug well
   e. borehole
   f. rain catchment

4. What is the safest way to store drinking water?*

   a. in a clay pot
   b. in a clean oil drum
   c. in a bucket
   d. in a container with narrow mouth and lid
   e. in a container with a tight lid, narrow neck, and spigot

5. What are the essential things that somebody needs to wash their hands?

   a. water
   b. soap or ash or sand
   c. running water
   d. towel

6. If soap is not available, what other products can be used as soap substitutes to wash your hands?

   a. only water
   b. cinders/ash
   c. sand
   d. bleach

7. When should you wash your hands?

   a. before preparing or eating food
   b. after using the latrine
   c. after helping a young child use the latrine
   d. when attending to someone who is sick
   e. after scratching your head
   f. after changing a baby's diaper
   g. after using your *Outreach Worker's Handbook*

8. Which of these can help germs go from person to person?

   a. flies
   b. cup/gourd used for scooping water out of storage container
   c. touching
   d. uncovered containers

9. What is the safest way of disposing of fecal waste?*

   a. leaving the waste in the open air
   b. putting the waste in a covered latrine
   c. dumping it in a stream
   d. leaving the waste out in the rain

10. How far should a pit latrine be from a well?*

    a. at least 3 meters
    b. at least 6 meters
    c. at least 15 meters downhill
    d. it doesn't matter

11. When negotiating with a person(s) to help that person(s) adopt a new way of doing something, it is important to:

    a. establish rapport with the person(s)
    b. ask questions to assess what they are doing now
    c. let them determine what it is they might do
    d. present some options
    e. help them identify barriers for carrying out their new action
    f. all of the above

12. When talking to a community member about preventing diarrhea, you should remember to:

    a. use appropriate gestures and eye contact
    b. comment on the listener's clothes
    c. monopolize the conversation to get your point across
    d. listen carefully to what is said
    e. all of the above

## Key

1. a, b, c, d
2. a
3. all
4. e
5. a, b
6. b, c
7. a, b, c, d, f
8. all
9. b
10. c
11. f
12. a, d

# C. Some Guidance on WASH Statistics: Module 1, Session 2

Statistics help one to better understand a situation. Comparing statistics internationally, nationally, and locally can then further highlight the severity of an issue and its effect within our own communities. Below are some statistics on international WASH-related situations. Please add some of your own national and local statistics on similar issues.

- Nearly **2 million** children die every year from diarrheal diseases (WHO 2007)

  **National Statistic**_____

  **Local Statistic**_____

- **2.5 billion** people still lack access to improved sanitation, including 1.2 billion who have no facilities at all (*Progress on Drinking Water and Sanitation: Special Focus on Sanitation.* UNICEF, New York and WHO, Geneva, 2008)

  **National Statistic**_____

  **Local Statistic**_____

- **1.1 billion** people in developing countries have inadequate access to water (2006 *United Nations Human Development Report*)

  **National Statistic**_____

  **Local Statistic**_____

- **Close to half** of all people in developing countries are suffering at any given time from a health problem caused by water and sanitation deficits (2006 *United Nations Human Development Report*)

  **National Statistic**_____

  **Local Statistic**_____

Providing access to a toilet can reduce child diarrheal deaths by over **30%,** hand washing by more than **40%** (IYS Advocacy Kit, UN-Water 2008, Talking Points).

# D. WASH Tasks for an Outreach Worker: Module 1, Session 3

## Possible Tasks for Outreach Worker Related to Improving WASH

The following tasks are related to improving WASH and do not include broader responsibilities that you may have as an outreach worker. Considering only your duties related to WASH, select those tasks relevant for your program. Use those tasks to develop your own job description.

- Facilitate assessments of the WASH situation in the community using participatory exercises such as leading discussions of photos or drawings, doing a WASH map, leading a walk focusing on hygiene, or coordinating a community hygiene baseline survey.
- Advocate with community leaders and influential people to support WASH improvements.
- Help establish, support, and participate in a community water committee (which monitors and/or maintains and repairs the water system, collects fees).
- Help establish, support, and participate in a community health committee that focuses on or addresses WASH issues.
- Liaise with resource organizations: local health facilities, NGOs, private companies, and distributors of sanitation-related technology, hand washing, and water treatment supplies.
- Do regular home visits/counseling on diarrhea prevention, consisting of an assessment of current conditions and practices and joint problem-solving to assist with improvements.
- Lead participatory group discussions on WASH issues.
- Put on demonstrations to teach WASH-related actions (e.g., proper hand washing, how to construct a latrine, how to chlorinate water correctly).
- Organize events to promote improved WASH practices (health fairs, contests, public demonstrations, etc.)
- Monitor or manage monitoring of WASH practices and conditions.

# WASH INFORMATION

## A. Key Points on Hand Washing, Feces Disposal, and Water Treatment

### Considerations for Deciding Appropriate Water Treatment Methods in Particular Settings: Module 2, Sessions 2–5

| Method | Positive Factors | Negative Factors |
|---|---|---|
| Boiling water | • Some or many families are already boiling water.<br>• Fuel is easily available and free or affordable.<br>• Fuel burns relatively cleanly &/or young children are not greatly exposed to smoke from fire (because well-ventilated, children kept at distance, etc.).<br>• Mothers have time to boil. | • Few families already boil drinking water.<br>• Many people must purchase fuel for boiling.<br>• Taking fuel is causing deforestation and flooding.<br>• Burning fuel creates lots of smoke that babies are exposed to (indoor burning, babies near fire, poor ventilation).<br>• Mothers are already too busy to boil.<br>• Families don't take sufficient care in storing and retrieving their water. |
| Chlorination | • Commercial product is available, accessible, and affordable.<br>• Instructions for use are clear and understood.<br>• Clorox or another chlorine product is available, accessible, affordable, and not sold diluted.<br>• People can understand and are motivated to follow simple instructions (e.g., mixing Sugar Salt Solution [SSS] and Oral Rehydration Salts [ORS] correctly). | • No commercial product is available, accessible, and affordable.<br>• Instructions are not clear and understood.<br>• Clorox or other chlorine products are sometimes or often sold diluted or concentration is not consistent.<br>• People have trouble following simple instructions (e.g., problems with correct mixing of SSS or ORS).<br>• Clorox is not culturally acceptable for treating water.<br>• Families dislike taste of properly chlorinated water.<br>• The water is turbid. |
| Filtration | • Effective filters are available, | • Effective filters are not available, |

| | | |
|---|---|---|
| | accessible, and affordable.<br>• Instructions for use are clear and understood.<br>• The family has time to use and maintain the filter properly. | accessible, and affordable.<br>• Instructions for use are not clear and understood.<br>• Mothers are already too busy to use and maintain filter. |
| SODIS | • Mostly sunny climate.<br>• Families either can purchase safe (PET) plastic bottles or program can provide bottles, or they are easily found in the trash.<br>• People can understand and are motivated to follow simple instructions (e.g., can correctly mix SSS or ORS).<br>• There is a cadre of community-based workers that can monitor solar disinfection. | • Cloudy, rainy climate.<br>• Many families cannot purchase safe (PET) plastic bottles, nor can they get them for free.<br>• People have trouble following simple instructions (e.g., problems with correct mixing of SSS or ORS).<br>• Families need to treat large volumes of water.<br>• There is no cadre of community-based workers who can monitor correct solar disinfection. |

## Pros and Cons of Water Clarification Methods: Module 2, Session 1

| Method | Positive Factors | Negative Factors |
|---|---|---|
| Cloth filtration | • Free<br>• Can be done in a few minutes | • Does not remove fine particulates, so need to use double chlorine dose |
| Sand filtration | • Can be done in a few minutes | • Sand must be changed/cleaned on a regular basis to maintain effectiveness of filter<br>• Must buy filter or supplies to build filter<br>• Need proper sand, sand must be clean, sand must be graded |
| Settling and Decanting | • Free – (except for the cost of one container to use for letting the water sit and a second container to use for pouring the clear water)<br>• Pretreating very turbid waters before filtration can increase the number of times a filter can be used before it needs to be cleaned/replaced | • Takes up to 12 hours to allow water to settle adequately<br>• Not effective on some turbid waters with very fine particles |
| Flocculants | • Removes fine particulates so that only a single dose of chlorine is necessary<br>• Takes about 35 minutes (which is less time than settling and decanting) | • Commercially available flocculants cost money<br>• Takes time (100 stirs) and requires "equipment" (stirring stick, water container)<br>• Organic flocculants (like moringa seed and racket) cannot be used with chlorine or a chlorine product (such as PUR, Aquasafe, Aquatabs, etc.) |

## Some Key Points on Hand Washing: Module 3

| Common reasons why people don't wash their hands as recommended (barriers) | What an outreach worker can do to address this barrier |
|---|---|
| People don't know how important the practice is. They don't connect dirty hands with diarrhea, and/or they consider diarrhea a "normal" and not dangerous condition. | Explain/teach/demonstrate the concept of dehydration—that diarrhea leads to children losing so much water that they get sick and can die. Mention what happens to crops when they don't get enough water. Acknowledge that children with diarrhea are too common now, but that it doesn't have to be that way, and one of they key ways to reduce diarrhea is good hand washing. |
| Hands don't look dirty. | Use coughing and sneezing in hand exercise. |
| Soap is not easily available to purchase or affordable. | First try to *motivate* people to purchase hand soap, even if it is difficult. Note that the bar of soap can be cut into smaller pieces so one bar can be "spread" across multiple hand washing stations. If people feel that they cannot buy soap, then ask them to wash with ashes, sand, or mud—whichever is most acceptable and available. |
| People have poor access to water, so they don't want to use too much for things like hand washing. | There are three basic ideas to consider together with the mothers or families: (1) use a tippy tap or some other water-saving device; (2) figure out a way to get more water for the family; (3) when water is most scarce, wash only at the most critical times (in most places, after defecating, cleaning a baby's bottom or diaper, or otherwise coming into contact with feces). |
| People are too busy. | Try to motivate hand washing with soap as often as possible, but emphasize the most critical times. |
| People don't have a good place to wash where all the supplies (soap, water, etc.) are located together. | Encourage every family to prepare at least one hand washing station. Ideally, have one at the latrine and one where food is prepared. Engage respected community members to do the same. |
| People don't wash at critical times. | Teach what the most critical times are; prioritize critical times if washing at all recommended times is not acceptable or feasible. |
| People don't wash thoroughly enough. | Organize public demonstrations, using children and adults, to model good hand washing technique. |
| People dry hands on whatever soft material is available (often dirty). | Encourage people to air dry. |

## Key Points on Safe Feces Disposal: Module 4

| Common reasons why people don't dispose of feces safely (barriers) | What an outreach worker can do to address this barrier |
|---|---|
| People don't know how important the practice is. They don't connect where they defecate with their children getting sick, and/or they consider diarrhea a "normal" and not dangerous condition. | Explain and show to the community the most likely ways that germs or contamination can go from feces into people to make them sick. To explain the effects of diarrhea, mention what happens to crops when they don't get enough water. Acknowledge that it should not be common for children to get diarrhea and that one of the key ways to reduce it is for everyone to dispose of their feces safely. |
| People accept open defecation as normal or traditional. | Outreach workers can work with the families using some of the exercises in this training, teaching about how feces on the ground eventually cause illness. In some settings, creating a sense of disgust or even shame (using the Community-Led Total Sanitation methodology) has worked. |
| Families don't have latrines. Some, especially in urban slums, may not have space far enough from the house. Some may live on land where only a hole lined with rock or cement would work. Some don't understand the importance or otherwise are not sufficiently motivated to have a latrine. Some don't know how to build one. They may lack tools and basic materials. Some cannot afford the materials and/or labor necessary to construct a latrine. | On their own, outreach workers cannot address all of these problems. They must have strong back-up from an organization or program. The organization should do a technical assessment to decide the best couple of options for the conditions and should link program participants with loans, materials, or skilled labor to facilitate construction. |
| Latrine is not situated within 10m from the home and at least 15m downhill from a water source. | Advise a new location if a better one is available; explore access to a public or neighbor's latrine if it is not possible to build one. |
| People don't use the latrine at night: too dark, too many bugs and vermin, dangerous to be walking around at night, especially for women. | Suggest using candles or flashlights, but if such ideas do not solve the problem, explore the possibility of using chamber pots, with ash in the bottom (and put additional ash on top of feces), which can be emptied in the latrine or in a hole in the morning. |
| Latrine is not well-cleaned, so there are feces or urine stains on the floor and seat. | Try to problem-solve with the family how it can be kept clean; advocate that the family members share the responsibilities—it shouldn't just be added to the mother's burdens. If multiple families share the latrine, discuss how to improve maintenance. |
| Latrine is used for storage or other purposes. | Motivate owners to use the latrine as intended; suggest other possibilities for storage. |
| Latrine is not well-used because it stinks. | Consult with the local environmental health officer. Quicklime or ash should be used to clean the slab daily. Sprinkle a handful or two on the slab to soak up any moisture around the hole and then sweep |

| | |
|---|---|
| | into the pit. Add an appropriate chimney to the slab to ventilate the pit; or add small, high windows for ventilation of the structure. Covering the hole also helps to reduce smell. |
| Latrine is not well-used because it is infested with worms or bugs. | Consult with the local environmental health officer. |
| Latrine hole is filling up with water. | Move the latrine location if that is feasible and will solve the problem, or build a rock-lined or cement walled hole if feasible. |
| Latrine is not well-used because there is no wiping material. | Buy toilet paper or have children collect paper trash or leaves for wiping. Once used, it can be burned or buried. In places where water is used to clean, a bucket with clean water must also be made available at or in the latrine. |
| Family cannot/will not build latrine because they have no tools to dig hole. | Community can facilitate the shared use of appropriate digging tools. |
| In some cultures, it is not acceptable for men and women to share the same latrine. | A family could either build a second latrine, or could negotiate with their neighbor so that one family's latrine could be designated for the women and one for the men. |
| Children up to age 6 or 8 do not use the latrine because they are afraid of falling in the hole. They are allowed to defecate anywhere. | Explain that children's feces have even more germs and contamination than adults', so they must defecate either in a chamber pot (with ashes if possible) or a latrine. Keep a sanded board in the latrine to cover part of the hole when a child uses it. |

# B. Question and Answer Section

## Module 1, Session 5: Contamination Cycle

**A.** ***What is diarrhea?***
Liquid bowel movements that occur more than three times a day.

**B.** ***Why do we get diarrhea?***
Because germs enter our body.

**C.** ***How do germs enter our body?***

- When we consume food contaminated with feces (because the food has been contaminated by someone's hands, flies, water, soil, or was not well washed).
- When we drink untreated water.
- When we eat with dirty hands.
- When children put their dirty hands in their mouths.

**D.** ***Why is diarrhea dangerous?***
Continuous diarrhea causes a loss of liquid in the body, resulting in dehydration and malnutrition.

**E.** ***Who gets diarrhea and who does it affect the most?***
Children under five years of age are affected the most. Old people and people who are already weakened by an illness (such as HIV/AIDS or cancer) are also very vulnerable to diarrhea. It is dangerous because the person with diarrhea can become dehydrated very quickly and die.

## Module 2: Making Water Safe to Drink

**A.** ***What does "treating" my water mean?***
Treating water means reducing or eliminating germs in the water in order to reduce the possibility of getting diarrhea after drinking it.

**B.** ***How can I treat my water?***
You can chlorinate it, boil it, use SODIS (solar disinfection method), or filter it.

**C.** ***Can I add newly treated water to an "old batch" of treated water?***
No. All water in the storage container should be used up or dumped before a "new" batch of treated water is added. Do not mix "old" and "new" treated water.

## Module 2, Session 2: Chlorination

**A.** ***If water has a strong chlorine taste after treating it, how can I eliminate the chlorine taste?***
You should shake the container and then open it. Repeat this process several times if the water still has a chlorine flavor.

**B.** ***How long does chlorinated water last?***
Chlorinated water stored in a narrow-neck container with a tightly fitting lid can be stored and used for seven days, after which it should be used for nondrinking purposes. Chlorinated water that is stored in a container with a wide opening or with no lid (or a lid that does not fit tightly) should be used for nondrinking purposes after 24 hours.

## Module 2, Session 3: Boiling Water

**A.** ***How should I boil my water?***
In a teapot or a pot, heat the water until large bubbles appear. Then let it cool and it will be ready to drink.
Note: WHO recommendations say to boil water until large bubbles start to pop across the surface of the water. CDC recommends boiling one minute to ensure that large bubbles have appeared and the water has been adequately heated.

**B.** ***Can I use the boiling method to treat VERY TURBID (as dark as chocolate) water?***
Yes, you can directly boil even highly turbid water without pretreatment. However, if the appearance of the water is an issue, you can eliminate the turbidity of the water **by filtering through a tightly woven cloth, using alum (or another locally recommended flocculent method), or letting it sit undisturbed for 12 hours,** so that the dirt settles to the bottom and the water looks clear, and then transferring the clear water to another container (leaving the dirt behind). See also the session on water clarity for other ways to make turbid water ready for boiling. Afterwards, pour the clear water into another container and discard the residue remaining in the first container. Once the water is clear, boil it until **large bubbles** appear.

**C.** ***How long does boiled water last?***
Boiled water only lasts 24 hours. It should be used for purposes other than drinking after that.

## Module 2, Session 4: SODIS Method

**A.** ***What is the SODIS method?***
It is a water disinfection method that uses sunlight. With this method, the sun's ultraviolet light and high water temperature (due to heat from the sun) destroy germs in the water.

**B.** ***What materials do I need in order to use the SODIS method?***

- Clean, transparent plastic (or glass) PET bottles (with lids) that hold up to 2.5 liters (10 cm diameter maximum)
- Clear water
- Corrugated metal (optional)

**C.** ***How do I treat water using SODIS?***
Fill a clean plastic (or glass) bottle with clear water and screw on the lid. Lay it in direct sunlight for six hours. It is a good idea, but not absolutely necessary, to lay the bottle on a piece of corrugated metal. If it is cloudy or raining off and on (but not all day), leave the bottle exposed to the sky for two days. Afterward, allow the bottle to cool and the water will be ready to drink.

**D.** ***Can I use SODIS if it is raining all day?***
No, because the SODIS method only works when enough of the sun's rays reach the water.

**E.** ***Must I use only transparent plastic bottles for the SODIS method?***
Yes. You should only use colorless, transparent plastic soft drink or mineral water bottles that are no more than 10 cm in diameter. YOU SHOULD NOT USE bottles that are green, brown, blue, etc. because colored plastic does not allow the sun's rays to disinfect the water. Glass bottles can also be used for SODIS, as long as they have a multiple use lid.

**F.** ***What size bottles should I use for SODIS?***
Bottles that are no more than 10 cm in diameter (typically bottles that hold up to 2.5 liters).

**G.** ***What do I do if my bottles are scratched?***
If your bottles are very scratched or opaque, discard them and use other bottles.

**H.** ***Should I take the labels off of the bottles?***
Yes, because the labels prevent the sun's rays from disinfecting the water.

**I.** ***Can I use SODIS with turbid water?***
Turbid water can be used, but it has to be pretreated to reduce turbidity. This can be achieved with all methods mentioned (cloth, filtration, sand filtration, settling/decanting, moringa flocculation, racket flocculation, or alum flocculation). After pretreatment, boil the water if it still looks turbid.

As a general guide, if someone puts his/her fingers behind a SODIS bottle and still can see them, the water is okay for use. If the fingers are not visible anymore, pretreatment is necessary to reduce turbidity.

Another method is to put the filled bottle on the headline of a newspaper or a SODIS logo; no pretreatment is necessary if you can see the letters by looking from the opening to the bottom of the bottle.

**J.** ***Where should I store water treated with SODIS?***
Water treated with SODIS should be stored in the same bottles in which it was treated.

**K.** ***How long does water treated with SODIS last?***
Once a bottle of water treated with SODIS has been opened, it should only be kept 24 hours and then it should be used for purposes other than drinking because there is a strong possibility that it could be recontaminated.

**L.** ***Should I drink water treated with SODIS straight from the bottle (putting my mouth on the bottle)?***
No, because you could contaminate the water if the bottle comes into contact with your mouth. To drink the water, pour it into a clean glass.

## Module 2, Session 6: Transporting, Storing, and Retrieving Water

**A.** ***When I gather water, how should I transport it?***
You should transport it in a container with a lid.

**B.** ***How do I take water out of the container to consume it?***

When storing water, using a narrow-neck, covered container with a spigot is best. That way nothing can touch the water (dipper, cup, or hand). Water should be retrieved/ served by pouring it from the container or from a spigot.

If a narrow-neck container is not available, then the water should be served by dipping a long-handled ladle (scoop) into the water, being careful that the person's hand does not touch the water. Never dip a bowl, cup, or your hands into the container with your treated water because you can recontaminate it. The ladle should be stored (preferably) by hanging it inside the water storage vessel. If it cannot be hung inside, it needs to be hung on a nail on the wall and washed and protected from dust and dirt. The ladle should not be stored by laying it on the water container because it can get contaminated. Water should be served in clean containers (e.g. glasses). If you treated your water using SODIS, serve it directly from the bottle in which it was treated.

**C.** ***Where should I store my treated water?***
You should keep chlorinated, boiled, and filtered water in a narrow-neck container with a lid that seals it well, preferably with a spigot (tap). Water treated with SODIS should be kept in the same bottles in which it was treated.

## Module 3, Session 1: How to Wash Our Hands

**A.** ***Who should wash their hands?***
Everyone should wash their hands: adults, the elderly, young people, children, and babies. If children are unable to wash hands by themselves, an adult should help them.

**B.** ***With what should we wash our hands?***
We should wash our hands with water and soap. To wash our hands correctly, we wet them, soap them, rub them together at least three times, clean under our nails, and rinse them with running water. We air-dry them by shaking them or we use a clean towel or rag (only if a *clean* one is available).

**C.** ***If I don't have soap, what can I use as a substitute?***
Soap is the best cleanser to use, but if no soap is available or affordable, you can use ash, sand, or even mud as an alternative to soap because all of these are abrasive so they help loosen (or "rub off") the germs or dirt. You should then rinse under a stream of water.

**D.** ***Is "clean" water, i.e., pure or treated water, necessary for washing my hands?***
No, washing your hands with any water makes them cleaner if you also use a cleaning agent such as soap, sand, or ash. It is better to rinse your hands with running water.

## Module 3, Session 2: When to Wash Our Hands

**A.** ***When should we wash our hands?***

*Key times:*

- Before eating
- Before preparing food
- After going to the latrine or the bathroom
- After changing diapers or otherwise coming into contact with feces

*Other times*:

- Before breastfeeding
- After returning from the field

## Module 4, Session 1: Oral–Fecal Route

**A.** ***Do all feces contain germs that cause diarrhea and other illnesses?***

Yes. Feces from adults, children, babies, or animals may contain contamination that causes diarrhea or illness in other persons, which is why *all* feces should be handled with care.

**B.** ***What can I do to keep human feces from contaminating the environment?***

Put all feces in the latrine. If you have to defecate outside, then you should bury your feces (the way cats bury their feces).

**C.** ***Where can I dispose of my baby's feces?***

You should put them in the latrine or bury them.

**D.** ***What can we do to keep animal feces from contaminating the environment?***

Feces that are in and around the house and near your source of water should be picked up and put in the latrine or buried (the way cats bury their feces).

**E.** ***Where can I build my latrine?***

You should build it at least 15 meters downhill from your source of water (well, river, creek, etc.).

**F.** ***What supplies do I need to clean the latrine?***

- Bleach (to disinfect it)
- Broom and rag
- Water

**G.** ***How should I clean the latrine?***

- The latrine or septic tank should be swept inside and out.

- It is best to use water with some bleach to disinfect the hard surfaces (e.g. floor, if not dirt; platform with a hole through which urine and feces falls; seat, if there is one; and lower portions of the interior walls).
- Quicklime or ash can also be sprinkled on the slab to soak up water and swept into the pit.

# C. Key Points about Water Treatment Methods: Module 2

- If you put your fingers behind a SODIS bottle and you still can see your fingers, the water is okay to use right away for solar treatment. If your fingers are not visible anymore, then you must pretreat the water to reduce turbidity before solar treatment.
- If your water is not noticeably clearer after using a clarification method, then boil it instead of using chlorine or SODIS.
- If using moringa seed or racket for pretreatment of turbid water, you ***cannot*** use chlorination as a treatment method.

# D. Sanitation Ladder: Module 4, Session 1

The most detailed steps on the sanitation ladder are:

A. Defecation in the compound by young children.
B. Defecation in the open–indiscriminately.
C. A designated place in the open for defecation (not an acceptable option unless in an emergency setting).
D. Cat's method (burying feces in a small hole and covered with earth).
E. A traditional pit latrine or basic ecosan solution. (This option meets the Millennium Development Goal criteria for feces disposal.)
F. An improved pit latrine (generally means improved slab) or ecosan solution.
G. An improved pit latrine with ventilation.
H. Flush toilet with onsite disposal.
I. Flush toilet with sewerage and wastewater treatment.

# E. Latrine Information: Module 4, Session 3

## Locating and Sizing Latrines

**Latrines should ideally be located:**

- Within 10 meters from kitchen or homestead
- At least 15 meters downhill from a water source
- At the back of a dwelling/house for privacy purposes
- At least 1.5 meters above highest seasonal groundwater table

Size could be measured using the arm length (about 50 cm). A rope with a stake can be used to draw circles.

If families will not accept these standards, or physical conditions do not permit them to be followed, the best advice may be to locate the latrine as far away as possible without discouraging people from using it because it's too far away.

**Digging the pit:**

- Dig the latrines to a depth of at least 4 arm lengths (2 meters), but 3 or 4 meters is preferable. Some places with very favorable soil conditions even go deeper. Or, dig as deep as soil conditions allow.
- The pit should be more than 1.5 meters above the highest groundwater table and free of cracks.
- If there is water in your latrine from an underground water source, put soil into the pit until there is no visible standing water. If the pit is deep, put soil into the pit until you do not hear a splash when you throw in a pebble.
- See instructions below for building a pit that is lined or a pit that is not lined.

If you are constructing a pit <u>that will not be lined:</u>

1. Mark the spot and make a circle that has a diameter of two arm lengths (1 meter). You can lay out the circle by marking the diameter of the hole on the ground.
2. Put a peg in the middle of these marks and tie a rope onto the peg.
3. Stretch out the rope from the peg to one of the marks you made and tie a small pointed piece of wood onto the rope at that point. By moving this pointed piece of wood around and marking the ground, you will have a perfect circle that is 1 meter in diameter

If you will be installing a casing (lining) for the pit, you need to make the hole wider. For many soil conditions, you will only have to line the top 50 cm of the pit. For very poor soils, you will have to line the entire pit from the bottom to the top.

1. Lengthen your measuring rope by the width of the casing.
2. To install a 50 cm lining at the top of the pit, dig about 1 arm length (50 cm) straight down inside this wider circle.
3. Build a stone masonry or mud and grass mortar or use a bamboo mat around the wall of the 50 cm deep pit.
4. When this casing is installed, complete the excavation by digging down from the wall of the casing.
5. If the casing is stone, it is likely that the pit will now have a diameter of about two arm lengths (about 1 meter).
6. If the lining is to cover the entire pit, you will have to dig the wide hole all the way to the bottom, and install the casing from the bottom to the top of the hole.

If you are going to install a round concrete slab, no matter what the soil conditions, you will need to make sure that it has something strong to sit on:

1. Make sure that you dig a pit that is about half an arm length narrower than the diameter of the slab.
2. Make sure that you build a stone or mud mortar rim (not a bamboo one) around the top of the hole that supports the slab.
3. The rim is built the same as the casing described above, except it can be only half an arm length (25 cm) deep.

**One basic option for covering the latrine hole:**

- Cut thick and strong logs of wood and put across the hole.
- Cover the space between the logs with smaller and thinner pieces of wood.
- Cover the wood with dirt then pound and smooth the surface, leaving a squat hole that is 25x35 cm.
- The slab should be above the surrounding ground level so that water will not drain into it.

**Constructing the superstructure (walls and roofs):**

Refer to local construction practices, noting that the walls must afford privacy; a door is preferred, as is a roof to keep rain out.

## Minimum Quality Standards for Latrine Construction

- Given the limited economic resources of the average family, hardware for sanitation and hygiene should be selected with a focus on "appropriate technologies" that are locally sustainable and have an impact on protecting health.
- The generally accepted definition of "sanitation coverage" requires that a household have access to a sealed, cleaned, and maintained latrine. "Sealed" means that there are covers for the hole in the slab and that any ventilation pipe is screened. This is a minimum standard for a pit latrine.
- Improved traditional pit latrines meet these minimum standards and may be the most appropriate design in many settings.
- Sanitation systems should not be constructed if they will contaminate ground or surface water or otherwise compromise human health or environmental quality. The construction of systems that dispose of raw sewage into a surface water source or into groundwater is not permitted.
- All latrines, household or institutional, should have access to a hand washing station with sufficient water for multiple hand washings and a cleansing agent (soap, ash, sand).
- Appropriate low-cost hardware for hand washing that consumes little water is easily furnished (see session on tippy taps) or locally available.
- Institutional latrines and toilets that see high usage (compared to the household latrine) should maintain minimum standards for a pit latrine, but must also have a slab that is easily covered and cleaned—concrete SanPlats (sanitation platforms) are a low-cost and reasonable technology.

The use of local materials to build slabs and superstructures is encouraged as a strategy to reduce or eliminate external subsidies. Adverse conditions for construction of pit latrines (high groundwater tables, soils that cannot be excavated, or soils that collapse easily) limit low-cost options for sanitation and may require a program to offer subsidies for adequate feces disposal options.

# F. Interpersonal Communication Checklist: Module 5, Session 1

| | Yes | No |
|---|---|---|
| Using appropriate body language (eye contact, smile, gestures) | | |
| Maintaining respectful social distance between speakers | | |
| Asking lots of questions | | |
| Showing interest by leaning forward | | |
| Using active listening | | |
| Removing obstacles in the way (no barriers) | | |
| Paraphrasing to signal you've heard and understood (taking care not to tell someone what they think or interpreting them) | | |
| Making appropriate use of silence | | |
| Using nodding or verbal signals to demonstrate listening and encourage the speaker to continue | | |

# G. Steps in the Joint Planning Process for Improving WASH Practices: Module 5, Session 2

- Greet and get permission to enter into dialogue
- Assess the WASH situation through observation and asking questions
- Give feedback on what they are doing well and what areas they might improve
- Mention one or two current practices that the person(s) might do differently
- Ask your community members for ideas on what changes they could make
- As needed, make additional suggestions and mention the positive benefits (aided by a job aid with a menu of ideas and their benefits)
- Ask community members questions with the objective of getting them to commit to trying one or two specific new (and improved) practices
- Together explore some difficulties that they might face and how they might overcome them
- Ask the community members to repeat what they've agreed to try and the general steps they plan on following to do it
- Congratulate them
- Promise follow-up with a date and time

# H. More Information on Interpersonal Communication Practices: Module 5, Session 1

## Interpersonal Communication

Interpersonal communication (IPC) is direct, face-to-face conversation between two or more people to exchange experiences and share ideas, beliefs, fears and doubts about a specific topic. This form of communication is an important means of promoting healthy practices, such as safe water consumption, washing one's hands with soap, and proper feces disposal.

**Channels for Interpersonal Communication**

Two communication channels are used in interpersonal communication:

- **Verbal** (when we use spoken language)
- **Nonverbal** (when we use gestures, mime, signals, etc.)

**Verbal Communication:**

Verbal communication is when you use spoken language. For example: Juanita says to her daughter, Lupita, "It's always a good idea to chlorinate water to avoid getting sick." Juanita is transmitting a message verbally, and Lupita is hearing the message through Juanita's words.

**Recommendations for Good Verbal Communication:**

1. ***The way you say something can be interpreted in a variety of ways by the listener.*** For example:
   - *Tone of voice* can indicate that you feel angry, incredulous, doubtful, happy, etc.
   - *Volume* (speaking loudly or softly) can indicate emotions. For example: speaking loudly can be interpreted as being angry.
   - *The speed* with which you say something can indicate several things. For example: speaking very quickly can indicate that you are nervous or want to end the conversation soon.
   - *Message*: What you say should be simple, clear, and easy to understand. For example: Rather than saying, "The crux of the issue is drinking safe water," it is better to say, "It's best to drink safe water."

   In order to improve your verbal communication (in which you use your voice), keep the aforementioned elements in mind. Leaders who use the same tone or voice/volume/speaking speed are perceived as boring and do not motivate listeners. For this reason, it is important to vary the intensity of your voice.

2. ***To show that you are listening and understand you can:***

- Use the "mirroring" technique. Repeat in your own words what the other person has just said.
- Repeat what the other person says, but in the form of a question. Is that right? Is that correct?

3. ***Ask open, probing, and closed questions:***
   - **Open questions** obtain longer, well thought out answers: "What have you heard about the need to treat your water?"
   - **Probing questions** are for following up on an answer to gain a better understanding as to why the person responded in a certain manner, or to obtain more information.

| The other person's answer to your first question: | Possible probing question to get more information: |
|---|---|
| "It's good." → | "Could you tell me more about that?" |
| "I like the flavor." → | "What do you like about the flavor?" |
| "It's difficult to do it." → | "What are some of the reasons why you feel that way?" |

   - **Closed questions** obtain short, precise answers. For example, "How many times have you had diarrhea this week?"
   - **Avoid** asking questions that begin with "**Why**" because they put people on the "defensive." It is better to ask, "What do you think about that?" or "Can you say more about that?"

4. ***How to respond to questions:***
   You can:
   - Motivate the person who asked the question, saying:
     - "That's a good question."
     - "What an interesting question!"
     - "Many people would like to know the answer to your question."
   - Ask for clarification if you did not understand the question.
   - Respond to the question.
   - If you do not know the answer, say, "That's a good question, and I don't have an answer for you. However, if it's all right with you, I'll check into it and give you an answer at another time." Check with other members of your team/organization or the health center personnel to see if you can obtain an answer.

**Nonverbal Communication:**

- Nonverbal communication consists of transmitting messages between two or more people through gestures, mime, signals, and other forms of expression that do not involve using one's voice. For example: The hand movements and facial expression that Juanita used when she was talking with Lupita transmit messages without the use of words.

**Recommendations for Achieving Good Nonverbal Communication:**

1. ***Maintain eye contact with the other person.***
   When you look at the other person when speaking to them, it makes them feel that they are noticed and they will take an interest in the subject. In addition, it creates an atmosphere of trust and increases the credibility of the person who is transmitting a message. (Note: There are some cultures where eye contact is considered inappropriate under some circumstances, such as when a subordinate is speaking to a superior, so use eye contact in a culturally sensitive way.)

2. ***Use facial expressions.***
   Smiling is a powerful signal that transmits happiness, friendship, warmth, enthusiasm, and affinity. If you smile frequently, you will be perceived as being more pleasant, friendly, warm, and accessible. Smiling is contagious and the participants will react favorably and learn more.

3. ***Use gestures.***
   In order to attract the participants' attention, obtain their interest, and encourage them, it is important to use appropriate gestures. If you do not use gestures when you are speaking, you may seem boring, stiff, and dull. Nodding your head can indicate that you are accepting or affirming something.

4. ***Have appropriate posture and bodily orientation.***
   You communicate a number of messages by the way you walk, stand, and sit. By standing up straight, but not rigidly, and leaning forward a bit, you communicate to the participants that you are accessible, receptive, and friendly. Interpersonal closeness is maintained when you and the participants are face-to-face. You should avoid speaking to them with your back to them or looking at the floor or the ceiling because this will communicate that you are not interested in them.

5. ***Maintain an appropriate distance (proximity).***
   Cultural norms determine what is considered a comfortable distance between people. A sign that you are too near another person is when he or she does not look you directly in the eye or leans back a bit. For communication to be effective there must be an appropriate distance between the person who is speaking and the listener. When you are addressing a group, you can move and walk among the participants to facilitate eye contact when you are speaking with them.

6. ***Have a sense of humor.***
   Humor should be used as a learning tool. Laughing generates confidence and helps to diminish stress and tension for the speaker as well as the listeners. You should develop your ability to laugh at yourself and encourage listeners to do the same. Humor helps to create an atmosphere that facilitates learning.

**Recommendations for Interpersonal Communication:**

- Interpersonal communication for the purpose of **informing**:
  Informing is imparting essential information. For example, when offering a jug for storing water, first explain that the water jug is made of plastic, it has a lid, it holds 20 liters of water, it has a carrying handle, it is lightweight, and it is easy to clean. This will provide information about this water jug. However, this does not mean that the person is already convinced and wants to acquire one.

- Interpersonal communication for the purpose of **promotion**:
  This involves linking a behavior or product with the advantages or benefits that it offers, so that a person will want to do or acquire it. Continuing with the water jug example, explain that the jug will hold enough water for the entire family, its lid ensures that the water will stay hygienic so that they will not become ill, and its handles make it easy to transport.

- Interpersonal communication for the purpose of **negotiation**:
  This is to encourage a person to adopt a practice that will benefit him/her personally or his/her family by adapting the message to the specific circumstances of that person or family and giving reasons why it would be beneficial or important. This action takes place by means of negotiation and ends with a commitment. Use the other types of communication in this process: inform the person, analyze his/her concerns, listen to his/her questions, and take advantage of every opportunity to reaffirm the advantages and benefits, offer alternatives, help him/her to make a decision, and establish agreements.

# Behavior Change Planning Forms

## A. Planning Form for Water: Module 2

| Major water issues | Community One | Community Two | Community Three |
|---|---|---|---|
| Possible community members for mutual planning or opportunities for creating awareness for water | | | |
| Current behaviors regarding water | | | |
| Some possible alternatives | | | |
| Barriers to adopting new practices | | | |
| Enablers to adopting new practices | | | |
| Specific potential activities for the outreach worker | | | |

# B. Planning Form for Hand Washing: Module 3

| Major hand washing issues | Community One | Community Two | Community Three |
|---|---|---|---|
| Possible community members for mutual planning or opportunities for creating awareness | | | |
| Current behaviors regarding hand washing | | | |
| Some possible alternatives | | | |
| Barriers to adopting new practices | | | |
| Enablers to adopting new practices | | | |
| Specific potential activities for the outreach worker | | | |

# C. Planning Form for Feces Disposal: Module 4

| Major issues in the community about disposal of feces | Community One | Community Two | Community Three |
|---|---|---|---|
| Possible community members for mutual planning or group activities | | | |
| Behaviors now prevalent | | | |
| Alternatives to current behaviors | | | |
| Barriers to adopting new practices | | | |
| Enablers to adopting new practices | | | |
| Potential activities for the outreach workers | | | |

# Job Aids

## A. Discussion Tools

Discussion tools usually come in the form of counseling cards or a flipchart. There are often two types of cards or pages in these tools: 1) assessment or diagnostic cards or pages and 2) counseling/discussion or joint planning cards or pages. The assessment cards usually contain various questions that the outreach worker can ask in order to learn about the mother's or family's current practices. There may be drawings so that the mother can point to her response. After giving positive feedback and pointing out practices that could be improved, the outreach worker moves to the appropriate counseling or joint planning cards. The worker and mother discuss possible solutions to practices that need improvement and eventually reach agreement on one or a few new practices that the mother will try. The counseling/joint planning cards facilitate this part of the dialogue. Shown first below are three assessment cards, followed by three counseling cards from HIP/Peru. The last set of cards, from Ethiopia, combines both assessment and counseling information on the same card. Additional examples of assessment tools/cards are available in the *Collection of Resource Materials*.

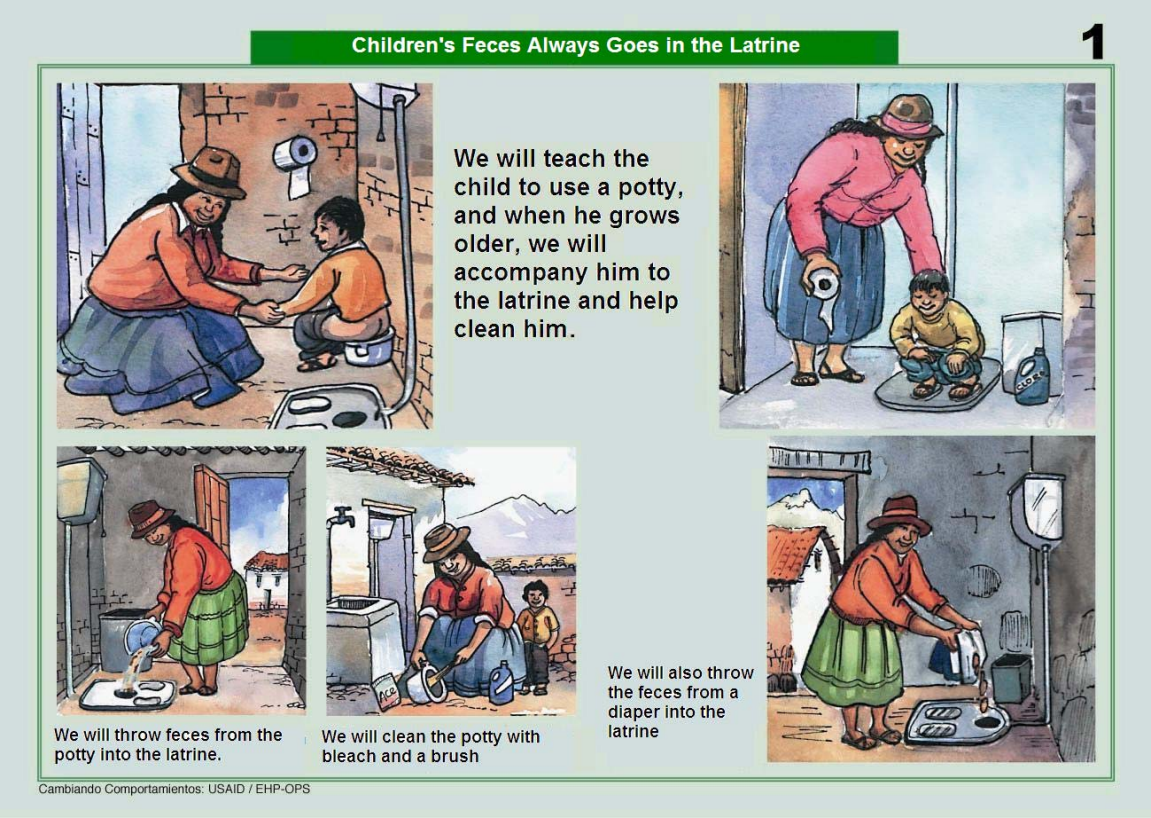
## Assessment Cards:

Credit: USAID/HIP and MSH/Peru

Credit: USAID/EHP–OPS

Assessment of Feces Disposal
Who uses the latrine?
Dad always uses it
Mom always uses it
The kids always use it
Where do two-year olds defecate?
In a potty
In the yard
In a latrine
Where do three-year olds defecate?
In the latrine alone
In the latrine with mom
In the yard
Who cleans the baby?
Mom
No one
Older brother or sister
Where do you empty the potty?
In the latrine
Outside on the ground
In the irrigation ditch
Where do you empty the diaper?
In the latrine
In a bucket with Chlorox and water
Outside on the ground
How do you clean the potty?
With bleach and detergent
With only water
With bleach
What happens to animal poop?
It stays in the yard
It is picked up daily
In a pile far from the house
Cambiando Comportamientos: USAID / EHP-OPS

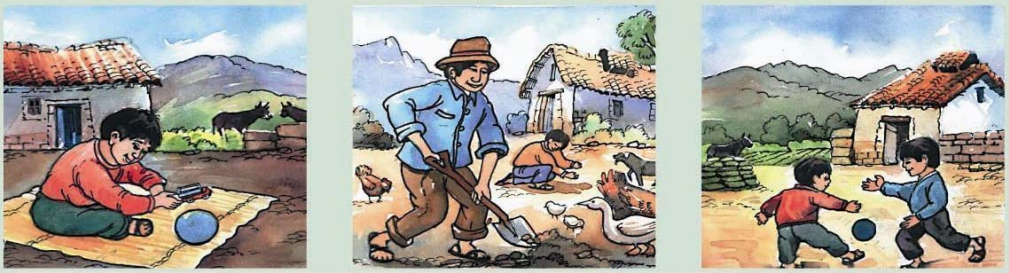
## Counseling Cards:



## No Human or Animal Feces in the Yard

2

So that my child avoids diarrhea, don't let him poop in the yard, don't allow animals and birds to run loose, and don't throw the poop from the diaper or potty in the yard.

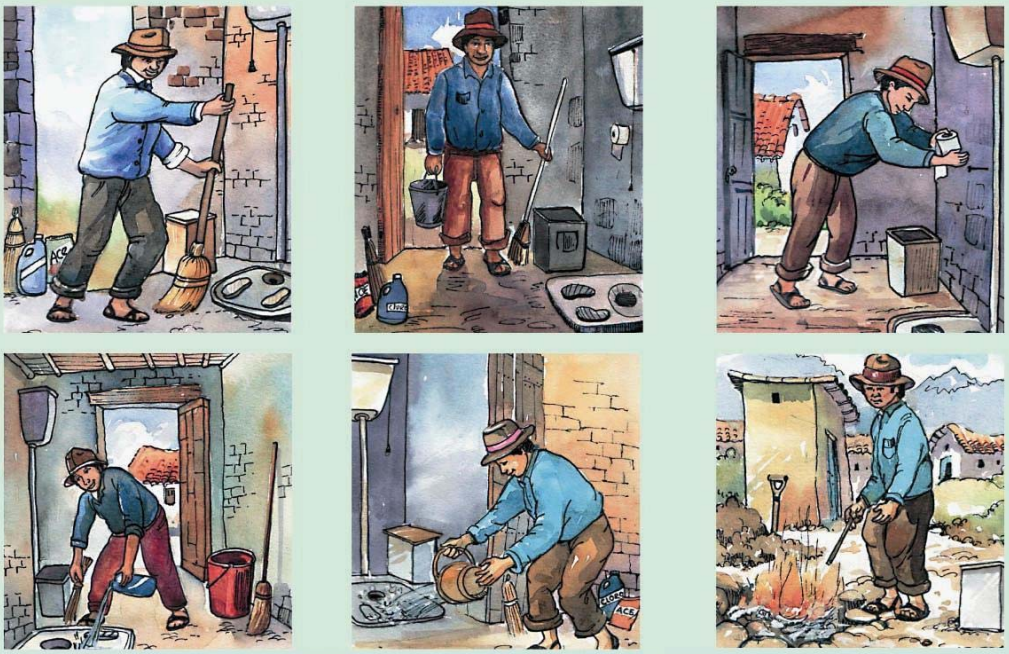


To avoid diarrhea, I will put my child on a clean blanket. I will corral the animals and birds, and every day I will clean up the poop from the yard.

Cambiando Comportamientos: USAID / EHP-OPS

## Taking Care of Our Latrine

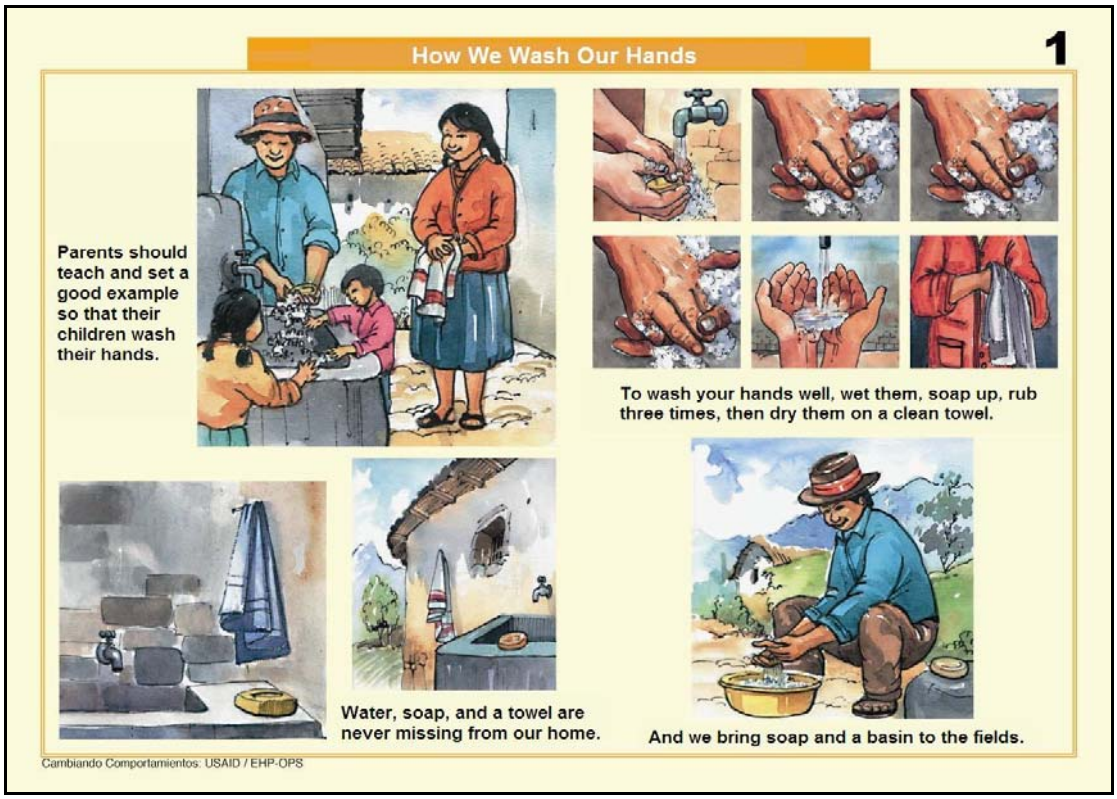
3

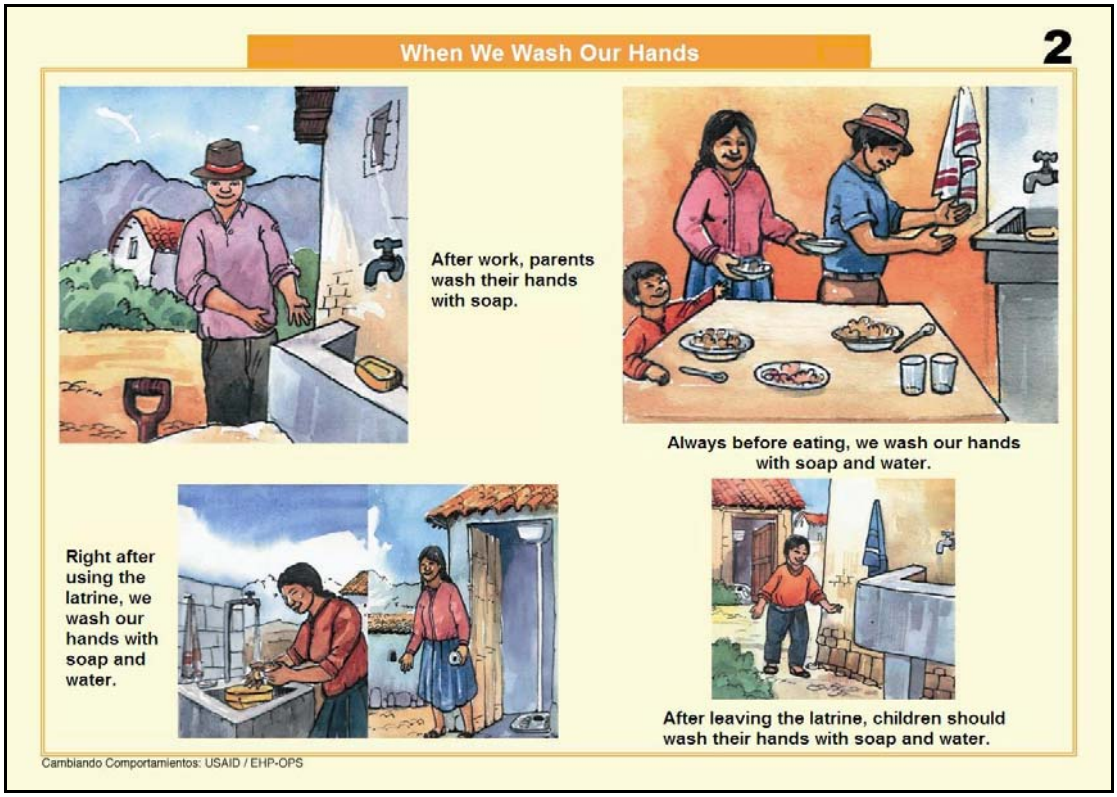


I will sweep, clean the floor with a detergent, clean the hole with a brush and soak up all the water and bleach in order to keep the latrine clean and avoid diarrhea.

I will replace the toilet paper and burn it when the waste basket fills up, to protect my family's health.

Cambiando Comportamientos: USAID / EHP-OPS


How We Wash Our Hands
1
Parents should teach and set a good example so that their children wash their hands.
To wash your hands well, wet them, soap up, rub three times, then dry them on a clean towel.
Water, soap, and a towel are never missing from our home.
And we bring soap and a basin to the fields.
Cambiando Comportamientos: USAID / EHP-OPS


When We Wash Our Hands
2
After work, parents wash their hands with soap.
Always before eating, we wash our hands with soap and water.
Right after using the latrine, we wash our hands with soap and water.
After leaving the latrine, children should wash their hands with soap and water.
Cambiando Comportamientos: USAID / EHP-OPS

## Assessment/Counseling Cards from Ethiopia:

### "MIKIKIR" CARD FOR HYGIENE & SANITATION

Father's/Mother's Name: _____ Name of the Health Worker: _____

Village: _____ Dates of visits: _____

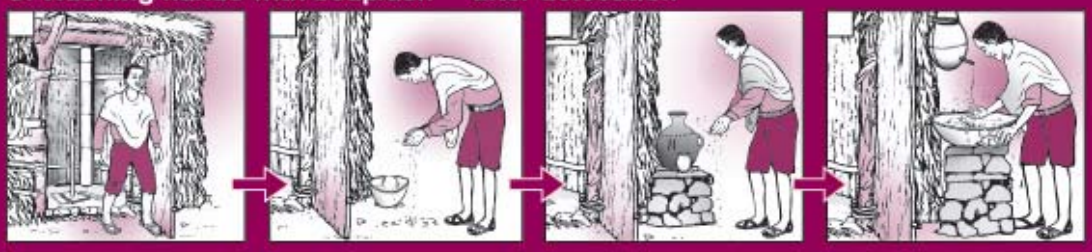
1. Assess with the householder what they are doing now for each of the key behaviors and mark a check in the corner of the current practice.
2. Based on the improved behavior discuss on the behavior next to the current practice. During your disucssion, ask.....
   - What problem the family will face to change the current practice to the improved behavior?
   - Discuss if there is any one in the family who oppose to change the current behavior due to culture or other reason.
3. Circle one, two or three behavior/s that you agreed upon to practice.
4. Seal the agreement as a commitment and make an appointment to see the improved behavior.
5. Finally, hand this card to them to put it securely on a wall or store in the family health card.

"It is all our responsibility to end open defecation, unhygienic practices and the diseases they bring!"

**A. Disposal of feces**

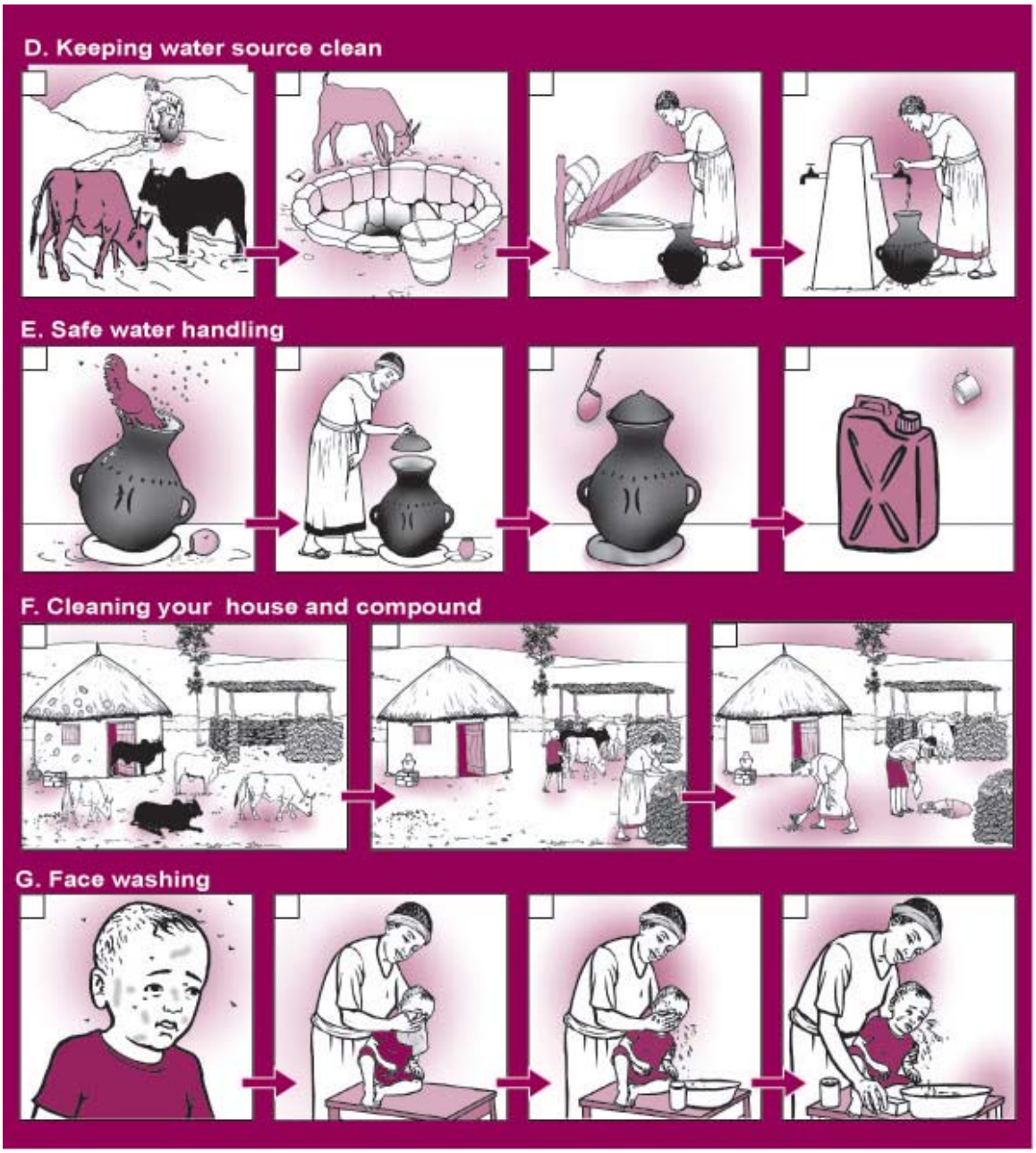
**B. Safely disposing of baby's feces**

**C. Washing hands with soap/ash after defecation**



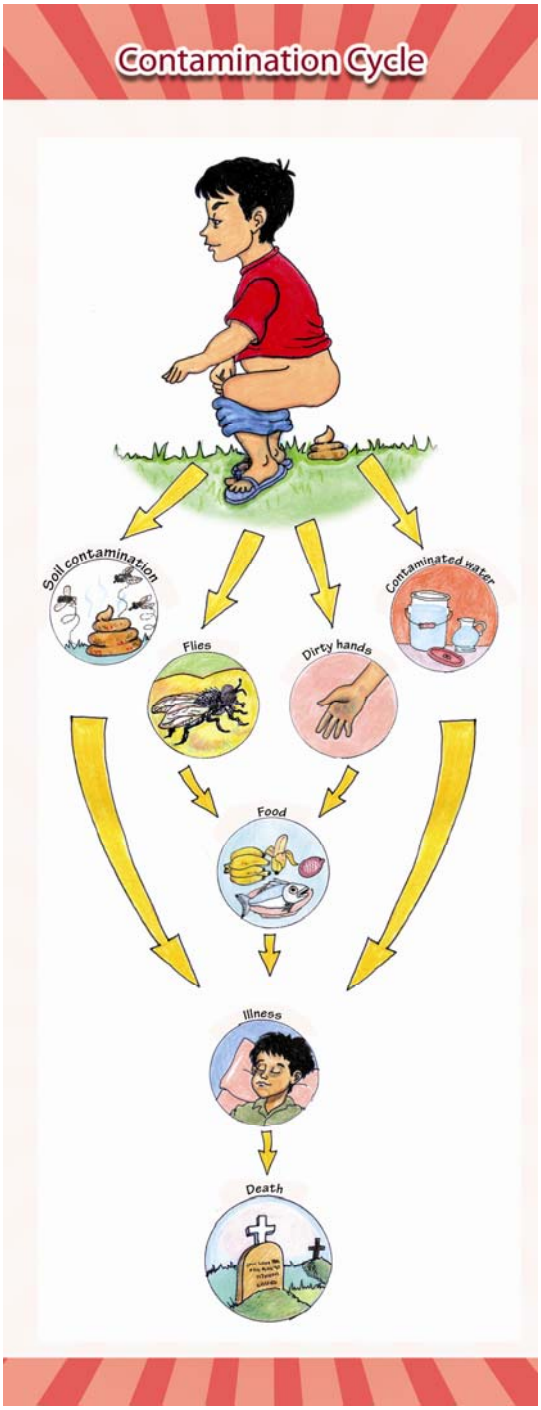
USAID | HIP HYGIENE IMPROVEMENT PROJECT

30 wsp


D. Keeping water source clean
E. Safe water handling
F. Cleaning your house and compound
G. Face washing

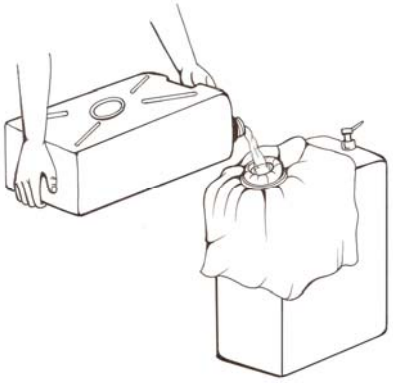
Essential times for hand washing
Before cooking
After using latrine
After disposing baby's feces
Before eating

# B. The Contamination Cycle: Module 1, Session 5



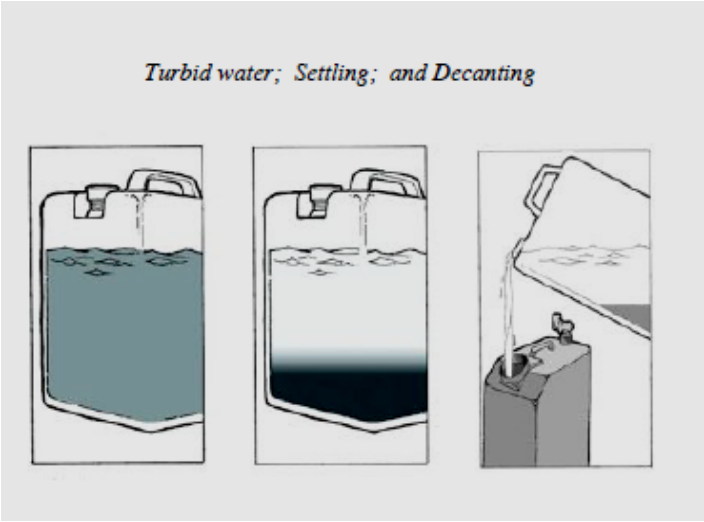

Credit: USAID/HIP and MSH/Peru

# C. Illustrations of Various Filtration Methods



Filtering water through a cloth

*(Artist: Justin Igala; USAID/HIP & Plan/Uganda)*




Let turbid water settle.
Pour the clear portion of the water into another container, leaving the dirty water behind.

*(CDC Simple Filtration Fact Sheet)*

*A moringa tree with pods; Ground seeds;*
*Shelled and unshelled seeds (CDC, D. Lantagne)*

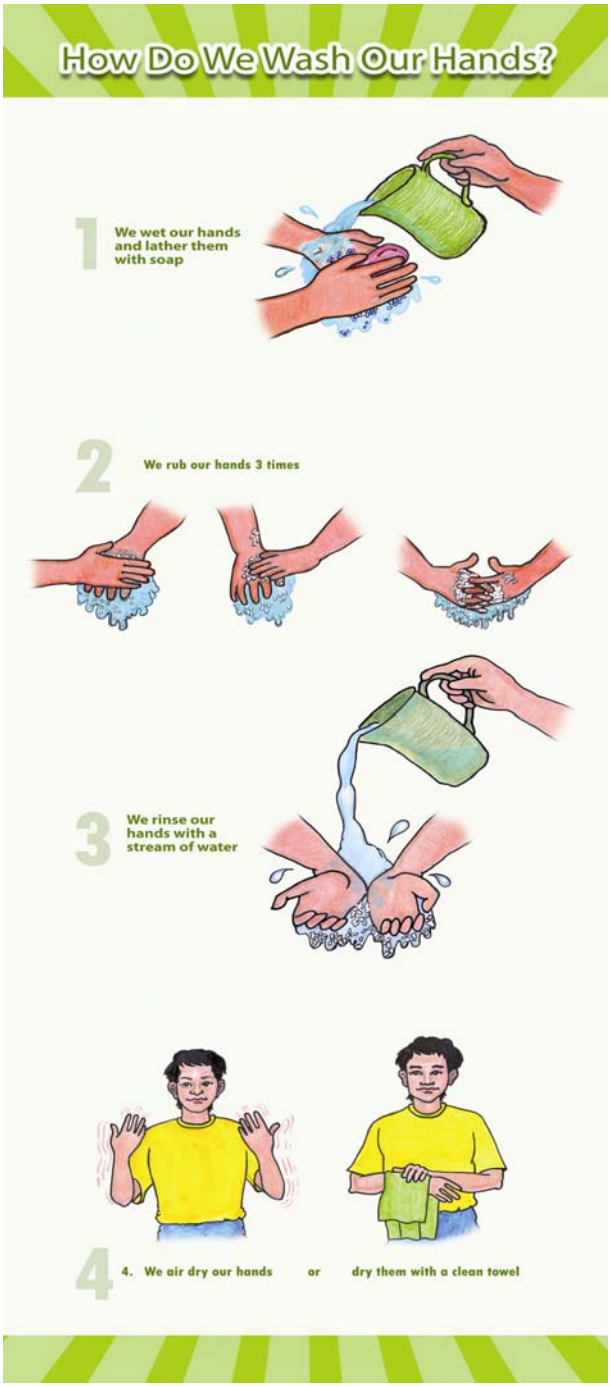
*Stirring water and racket; Filtering through a cloth*
*(CDC, D. Lantagne)*

*An alum chunk*
*(CDC, D. Lantagne)*

# D. How Do We Take Care of Our Drinking and Cooking Water: Module 1, Session 5

Credit: USAID/HIP and MSH/Peru

# E. How Do We Wash Our Hands Poster Module 3, Session 1




Credit: USAID/HIP and MSH/Peru

# F. When Do We Wash Our Hands Poster Module 3, Session 2

Credit: USAID/HIP and MSH/Peru

# G. Building a Tippy Tap: Module 3, Session 4

**Building a Hand Washing Device Can Help To Wash Hands at the Critical Times, Even When Water Is Scarce**

*Follow the easy steps below:*

**To Make a Hand Washing Device,**

**Find an Available Vessel**

**…. AND A HOLLOW TUBE to make the spout.**
**You can use a pen casing, a pawpaw stem …anything that is hollow.**

**You will also need a sharp knife, a nail, or a screwdriver to make a hole in the vessel for the tube.**

1. Decide on the design of your hand washing station before you begin working. Will your tippy tap sit on a bench or table or hang on a rope?

2. Wash the container and tube so they are free from visible dirt.

3. Heat the knife, nail, or screwdriver to make piercing a hole for the tube easier.

4. Make a small hole for inserting the tube. Make it as low on the container as you can, about 2 cm (two finger widths) from the bottom. Be careful to make it smaller than the tube.

5. Slowly and carefully push the tube into the hole. Be very careful not to make the hole so big that it leaks.

6. Test the water flow.

   When using a plastic bottle, water is delivered when the cap is unscrewed and stops flowing when the cap is tightly shut.

   When using a jerry can or gourd, water comes out when the cap on the pen or plug in the tub is removed. If you don't have the original cap, just find an old stick to "plug" the flow.

**Set up the Hand Washing Station:**

- Set up the station right by the latrine. Make another near where you cook and eat, if possible!
- After you have tested your hand washing bottle to make sure it functions, properly set it up by hanging it from a string around the neck of the bottle, or setting it on a stable platform.
- Hang or place an old shallow can or plastic bowl for soap or ash for washing.

# H. Feces Management Poster: Module 4

*Note: This drawing is meant to be illustrative. In step 2, water and quicklime, or water and ash can also be used to clean the latrine. In step 3, it should also be noted that open defecation is especially dangerous when shallow wells are in use. In all cases, to be safe, a latrine should be situated at least 15 meters downhill from the water source, and the pit of the pit latrine should be located 2 meters above the groundwater table.*

Credit: USAID/HIP and MSH/Peru

# Opportunities/ Techniques for Joint Planning

## A. Tips on Conducting Promotional Activities in the Community: Module 5, Session 3

In general, outreach workers will be working with three kinds of audiences: individuals; families; and general or specific groups such as mothers' clubs, cooperatives, and school teachers. When conducting activities, mainly for creating awareness and sharing information about WASH issues, the outreach worker will primarily be working with groups of people. The activities below are generally appropriate for groups of more than 10 people. When the outreach worker is conducting activities with an individual or family (to negotiate changes in behavior) he or she will be using IPC and the discussion tools.

### Tips for Conducting Successful Demonstrations

When you are planning a demonstration for an individual, family, or group:

- Make sure you have assembled all the necessary materials and equipment. Have these readily at hand. Audiences don't like to wait while you look for your props.
- Explain to the audience what you are about to do and why you are doing it, then give them time to move where they can see exactly what you are doing.
- It can help to have pictures for each step, or, if the audience is literate, a written point by point description of the steps. You can also tell the audience what you are doing as you demonstrate.
- Once the demonstration is over, ask the audience to comment on what they've seen (what was new, useful, important, feasible or not?). Generally you will have no trouble getting them to comment.

- If there's time, you might want to repeat the demonstration with audience participation, or have someone repeat it.

- Ask the audience members what they might do differently as a result of having seen the demonstration.

- Follow up with some negotiation (using the assessment tools and counseling cards) to get the audience members to commit to new behaviors and to talk about what would be easy or difficult for them.

## Tips for Conducting Successful Role Plays

The following are tips for when you are planning a role play using members of your audience (or fellow outreach workers).

Be aware that in many cultures, people are reluctant to participate in anything that makes them "stand out." Other cultures use role plays (skits) willingly. Know your audience beforehand.

- Make sure you've thought about what you'd like to achieve as a result of the role play. Role plays are a technique that's best suited for exploring skills (like the steps in a counseling session) and/or attitudes (like feelings about the level of cleanliness of the village). They are also good for showing what is "normal" or common in the community, without embarrassing any particular individual.

- Prepare the players by giving them enough information about the characters they will play. Give the players a couple of minutes to "get in role."

- Have them play their roles for a determined length of time. Five minutes is a good length of time. Do not let the role play go on too long. If the role play goes in the wrong direction, stop the action, regroup, and start again.

- Tell the actors to step out of their roles and talk about what it was like to play the parts. This will help them to talk about the role play as a member of the audience and not the character they were playing.

- Discuss the role play with the audience members. How did it go? Was it realistic?

- Talk about what they learned from watching the role play and what they plan to do as a result of having seen the role play. Transition to a role play to negotiate a new behavior, if appropriate.

## Tips for Managing a Group Meeting/Discussion

Here are some tips for when you might have to run a meeting with a large number of participants.

- When preparing, have a clear idea of what you want to accomplish. Is the meeting primarily for discussion, or will you need to reach agreement or a decision?
- Once everyone has assembled, explain some of the ground rules and go over the agenda, making sure you emphasize the timing.
- Facilitate by paraphrasing (saying back to the speaker what you've heard) and summarizing (stopping from time to time to capture the important points that have been made) as the discussion moves forward.
- Pay attention to body language and level of participation. Don't let people monopolize the floor.
- Encourage cross-participant dialogue and try to limit how much you yourself talk.
- Use visual aids.

# B. Self-Assessment Form for Outreach Workers: Module 6

Instructions: The program or project should modify this form as needed. For example, the outreach workers could assess each practice with yes/no or give a score (for example, 1, 2, or 3). The desired practices should also be modified if needed.

The outreach worker should complete this form honestly. The purpose is not to evaluate, but rather to give you and your supervisor feedback so you can improve over time. If all of your scores are perfect from the beginning, there is no room to improve!

## Self-Assessment Form

## Self-Assessment Form for Outreach Workers Counseling Families to Promote Hygiene Improvement

Name of Worker: _____ Name of Organization: _____
Name of Community: _____ Year: _____

| Desired Practice | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| I was friendly and polite. | | | | | | | | | | | | |
| I asked a lot of questions, both for assessing and planning. | | | | | | | | | | | | |
| I observed practices and conditions to compare what I saw with what people said. | | | | | | | | | | | | |
| I encouraged people to talk; I was a good listener. | | | | | | | | | | | | |
| I used my visual aids and other materials effectively. | | | | | | | | | | | | |
| I respected and tried to incorporate people's ideas. | | | | | | | | | | | | |
| At the end of counseling, people clearly understand what they will try to do. | | | | | | | | | | | | |
| Community members are able to make the improvements we discussed. | | | | | | | | | | | | |
| Follow-up Steps: | | | | | | | | | | | | |

Instructions: The program or project should modify this form as needed (before the training). For example, the project could ask each outreach worker to write "yes" or "no" for each practice at the end of each month. Or the outreach worker could be asked to use a scoring system, for example, 1 = always, 2 = usually, 3 = sometimes. The purpose of the follow-up step boxes is to give space for the outreach worker to write a few words about what he or she will try to do to improve during the next month. The project may decide to eliminate that section.

You, the outreach worker, should complete this form honestly. The purpose is not to evaluate but rather to give you and your supervisor feedback so you can improve the way in which you counsel community members on how to improve their WASH practices. If all of your scores are perfect from the beginning, there is no room to improve!

# Data Management

These following tools are intended to be used as examples of data tracking forms. The examples were created for a specific context cover only water treatment and handling behavior. These data tracking tools should be adapted to fit your particular program.

If you have a pre-existing process for data management, continue with the pre-existing process. If not, the use of a data management system is recommended. These Family Data Tracking Sheets are examples of such a system and can be adapted to cover all the behaviors included in your organization's program (water treatment, hand washing, and feces disposal), enlarged, and used if one chooses to do so. Some of the forms in this section may be difficult to read. These forms can be found in clearer formats and in Excel versions in the *Collection of Resource Materials*.

## A. Family Data Tracking Sheet: Module 7

The Family Data Tracking Sheet is used by the outreach workers to write down the current behaviors and commitments to try "improved" behaviors that are reported by each family after reviewing the Assessment Tool: Household Water. The Family Data Tracking Sheets are found in this Handbook (p. 58) and in the *Collection of Resource Materials*.

Steps for filling in the Family Data Tracking Sheet:

1. Write the meeting number in the title (for example, if it is the first meeting with the community, you put number one, if it is the second meeting, you put number two).
2. In the upper left hand section, write the name of the community member (i.e., the name of the person who is the leader of the subgroup).
3. Put the date in the upper left hand side of the sheet.
4. Write the name of the family in the column on the left titled "Surname." Information for each family will be recorded on the row with their name.
5. When talking with each family individually, the group leader copies the information from their Reminder Brochure of the Assessment Tool: Household Water onto the Family Data Tracking Sheet. For example, in the columns representing the options under "How Do We Treat Water?" if the family has put an "X" (for their current behavior) on the "I don't treat it" picture of their Reminder Brochure, then put an "X" on the "We don't treat it" column of that family's row on the Family Data Tracking Sheet. Similarly, if the same family draws a circle around the "Boiling" picture (which means that they are agreeing to boil their water), then in that family's row on the Family Data Tracking Sheet, draw a circle in the "Boiling" column.
6. At the end of the meeting, the total number of "X's" is added up for each column and written in the box on the last line titled, "Total."

7. Immediately after completing the Family Data Tracking Sheet, all of the small subgroup leaders meet with the outreach worker to review everyone's Family Data Tracking Sheets. The Family Data Tracking Sheet is the source for the data to complete the Data Consolidation Sheet.

# B. Data Consolidation Sheet: Module 7

The Data Consolidation Sheet helps the outreach worker put the totals from all of the small subgroup Family Data Tracking Sheets in one place so that it is possible to better understand the changes in behaviors of all of the families that participated in the group meetings.

Steps for filling in the Data Consolidation Sheet:

1. Put the meeting number in the title (for example, if it is the first meeting with the community, put number one, if it is the second meeting, put number two, etc.).
2. Write the name of the community on the upper right hand side of the sheet.
3. Under the name of the community, write the name of the district.
4. On the upper left hand side, write the name of the person responsible for filling in the information (the outreach worker).
5. Put the date under the name of the leader.
6. Immediately after each community meeting, the leaders of the small subgroups should gather to share their Family Data Tracking Sheets and use the information on these sheets to fill in the Data Consolidation Sheet, as follows:
   - The name of the small group leader is taken from the upper left hand corner of the Family Data Tracking Sheet and written in the column labeled "Small Group Leader's Name."
   - The number of families that participated in the subgroup at each meeting in the left-hand column of the Family Data Tracking Sheet is written on the Data Consolidation Sheet in the column labeled "No. of Families Who Participated in the Small Group."
   - The columns titled, "How do we treat our water?"; "How do we store our drinking water?"; "How do we serve drinking water?"; "When do we drink treated water?"; and "Who drinks the treated water in our family?" have sub-columns. In these sub-columns you should write the TOTAL NUMBER that appears in the last line of the Family Data Tracking Sheet in the corresponding column.
   - In the column titled, "Received Bucket" you need to write the TOTAL NUMBER that appears on the last line of the Family Data Tracking Sheet in the corresponding column.
7. Once you have transferred the information from the Family Data Tracking Sheets for all of the subgroups, you need to fill in the "Total" line on the Data Consolidation Sheet by adding up the numbers in each column.
8. The Data Consolidation Sheet must be given to the representative of the local government's Local Development Office at the district level to be entered into the information system.

The Data Consolidation Sheet will provide the data to create the bar graphs.

# C. Bar Graphs: Module 7

It is important to inform community members about how families are currently treating, consuming, and taking care of their water, and the progress made in improving these behaviors from meeting to meeting. The bar graph tools help convert the numbers from the Data Consolidation Sheet into a visual graph, which makes it easier to understand the information at a glance and may help less numerically-literate community members analyze the data. The outreach worker is responsible for creating a bar graph for EACH LINE of the assessment.

There are five bar graph tools, one for each question (row) in the Assessment Tool: Household Water. Each column on the bar graph represents the number of homes or families in the community engaged in a certain behavior. Each bar graph tool has an area specifically designated for the results of each of the four meetings. To create the bars on the graphs, the numbers from the "Total" line on the Data Consolidation Sheet are used.

Example:
Supposing that during the first meeting in a community with 31 households, the participants indicated that:

- 12 families do not treat their water with any method
- No families use SODIS
- 15 families boil their water
- 4 families chlorinate their water

To create the bar graph, first find the bar graph tool with the title "How do we treat our water?" In that section, use a marker to:

- In the column on the left, fill in the total number of families in the community. Since there are 31 households in the community in our example, then fill in 31 squares in this column.
- Locate the "Meeting 1" box on the left-hand side. Using a marker, fill in the number of families that participated in the meeting in the first column on the left.
- Fill in the 12 squares in the column above the picture of the man drinking water from the river, which represents "Does not treat" water.
- Do not fill in any of the squares in the column above the picture of the person putting bottles of water in the sunlight, which represents "SODIS."
- Fill in 15 squares in the column above the teapot, which represents boiling water.
- Fill in 4 squares in the column above the picture of a hand putting bleach in a bucket, which represents chlorination.

Repeat these steps for the other behaviors (on the bar graph tools with the following titles): Where do we store our drinking water? How do we serve our drinking water? When do we drink treated water? Who drinks treated water in our family?

# D. Tracking Sheets: Module 7

**MEETING: .....**
**FAMILY DATA TRACKING SHEET**
**Each Family's Behaviors in my sub-Group**

SMALL-GROUP LEADER'S NAME: .....
GROUP No.: .....
DATE: .....

| Family's Surname | How do we treat our water? | | | | How do we store our drinking water? | | | | How do we serve drinking water? | | | | When do we drink treated water? | | | | Who drinks the treated water in our family? | | | | Received Bucket | Signature |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | We don't treat it | SODIS | Boiling | Chlorinate | Without a lid | With a lid that doesn't fit well | With a tight fitting lid | With a tight fitting lid and spigot | With a bowl or cup | With a ladle | With a pitcher and glass | Using the container's spigot | Never | Only at home | At home, some outside the house | Always at home and outside the house | No one | Only adults | Children, people, elderly (vulnerable people) | Everyone (adults, children, babies) | | |
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| TOTAL | | | | | | | | | | | | | | | | | | | | | | |

**INSTRUCTIONS:**

Fill in the boxes using the following symbols:
"X" : Current household behaviors
"O": Promised improved behavior

2. Count the number of "Xs" in each colum and write the number in the row labeled "Total"

**MEETING: .....**

**DATA CONSOLIDATION SHEET**

**(Information on ALL the sub-groups)**

**NEIGHBORHOOD COUNCIL LEADER'S NAME:** .....

**COMMUNITY NAME:** .....

**DATE:** .....

**DISTRICT:** .....

| N° | Small-Group Leader's Name | No. of families who participated in the small group | How do we treat our water? | | | | How do we store our drinking water? | | | | How do we serve drinking water? | | | | When do we drink treated water? | | | | Who drinks treated water in our family? | | | | Received Bucket |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | We don't treat it | SODIS | Boiling | Chlorinate | Without a lid | With a lid that doesn't fit well | With a tight fitting lid | With a tight fitting lid and a spigot | With a bowl or cup | With a ladle | With a pitcher and glass | Using the container's spigot | Never | Only at home | At home, some outside the house | Always at home and outside the house | No one | Only adults | Children, ill people, elderly (vulnerable people) | Everyone (adults, children, babies) | |
| 1 | | | | | | | | | | | | | | | | | | | | | | | |
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| TOTAL | | | | | | | | | | | | | | | | | | | | | | | |

**INSTRUCTIONS:**

1. Fill in the boxes using the information from the "Total" row from the "Family Data Tracking Sheet"
2. Add up the numbers in each column and put the amount in the bottom row labeled "TOTAL"

## HOW DO WE TREAT OUR WATER?

COMMUNITY NAME: .....

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| TOTAL NUMBER OF FAMILIES IN THE COMMUNITY | |

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| | No. of families that participated in the meeting | We don't treat it | SODIS | Boiling | Chlorinate |

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| | No. of families that participated in the meeting | We don't treat it | SODIS | Boiling | Chlorinate |

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| | No. of families that participated in the meeting | We don't treat it | SODIS | Boiling | Chlorinate |

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| | No. of families that participated in the meeting | We don't treat it | SODIS | Boiling | Chlorinate |

**HOW DO WE STORE OUR DRINKING WATER?**

**COMMUNITY NAME:** .....

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| TOTAL NUMBER OF FAMILIES IN THE COMMUNITY | |

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| | N° of families that participated in the meeting | Without a lid | With a lid that doesn't fit well | With a light fitting lid | With a light fitting lid and spigot |

| MEETING 2<br>DATE: ..... | | | | | |
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| | N° of families that participated in the meeting | Without a lid | With a lid that doesn't fit well | With a light fitting lid | With a light fitting lid and spigot |

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| | N° of families that participated in the meeting | Without a lid | With a lid that doesn't fit well | With a light fitting lid | With a light fitting lid and spigot |

| MEETING 4<br>DATE: ..... | | | | | |
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| | N° of families that participated in the meeting | Without a lid | With a lid that doesn't fit well | With a light fitting lid | With a light fitting lid and spigot |

**HOW DO WE SERVE DRINKING WATER?**

**COMMUNITY NAME:** .....

| TOTAL | | MEETING 1<br>DATE: ..... | | | | | MEETING 2<br>DATE: ..... | | | | | MEETING 3<br>DATE: ..... | | | | | MEETING 4<br>DATE: ..... | | | | |
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| 45 | | 45 | | | | | 45 | | | | | 45 | | | | | 45 | | | | |
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| 38 | | 38 | | | | | 38 | | | | | 38 | | | | | 38 | | | | |
| 37 | | 37 | | | | | 37 | | | | | 37 | | | | | 37 | | | | |
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| 34 | | 34 | | | | | 34 | | | | | 34 | | | | | 34 | | | | |
| 33 | | 33 | | | | | 33 | | | | | 33 | | | | | 33 | | | | |
| 32 | | 32 | | | | | 32 | | | | | 32 | | | | | 32 | | | | |
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| 4 | | 4 | | | | | 4 | | | | | 4 | | | | | 4 | | | | |
| 3 | | 3 | | | | | 3 | | | | | 3 | | | | | 3 | | | | |
| 2 | | 2 | | | | | 2 | | | | | 2 | | | | | 2 | | | | |
| 1 | | 1 | | | | | 1 | | | | | 1 | | | | | 1 | | | | |
| TOTAL NUMBER OF FAMILIES IN THE COMMUNITY | | # of families that participated in the meeting | With a bowl or cup | With a ladle | With a pitcher and glass | Using the container's spigot | # of families that participated in the meeting | With a bowl or cup | With a ladle | With a pitcher and glass | Using the container's spigot | # of families that participated in the meeting | With a bowl or cup | With a ladle | With a pitcher and glass | Using the container's spigot | # of families that participated in the meeting | With a bowl or cup | With a ladle | With a pitcher and glass | Using the container's spigot |

**WHO DRINKS THE TREATED WATER IN OUR FAMILY?**

**COMMUNITY NAME:** .....

| TOTAL | MEETING 1<br>DATE: ..... | | | | | MEETING 2<br>DATE: ..... | | | | | MEETING 3<br>DATE: ..... | | | | | MEETING 4<br>DATE: ..... | | | | |
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| 50 | 50 | | | | | 50 | | | | | 50 | | | | | 50 | | | | |
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| 47 | 47 | | | | | 47 | | | | | 47 | | | | | 47 | | | | |
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| 45 | 45 | | | | | 45 | | | | | 45 | | | | | 45 | | | | |
| 44 | 44 | | | | | 44 | | | | | 44 | | | | | 44 | | | | |
| 43 | 43 | | | | | 43 | | | | | 43 | | | | | 43 | | | | |
| 42 | 42 | | | | | 42 | | | | | 42 | | | | | 42 | | | | |
| 41 | 41 | | | | | 41 | | | | | 41 | | | | | 41 | | | | |
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| 38 | 38 | | | | | 38 | | | | | 38 | | | | | 38 | | | | |
| 37 | 37 | | | | | 37 | | | | | 37 | | | | | 37 | | | | |
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| 34 | 34 | | | | | 34 | | | | | 34 | | | | | 34 | | | | |
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| 32 | 32 | | | | | 32 | | | | | 32 | | | | | 32 | | | | |
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| 27 | 27 | | | | | 27 | | | | | 27 | | | | | 27 | | | | |
| 26 | 26 | | | | | 26 | | | | | 26 | | | | | 26 | | | | |
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| 1 | 1 | | | | | 1 | | | | | 1 | | | | | 1 | | | | |
| TOTAL NUMBER OF FAMILIES IN THE COMMUNITY | | N° of families that participated in the meeting | No one | Only adults | Children, ill people, elderly (vulnerable people) | | N° of families that participated in the meeting | No one | Only adults | Children, ill people, elderly (vulnerable people) | | N° of families that participated in the meeting | No one | Only adults | Children, ill people, elderly (vulnerable people) | | N° of families that participated in the meeting | No one | Only adults | Children, ill people, elderly (vulnerable people) |
| | | | | | Everyone (adults, children, babies) | | | | | Everyone (adults, children, babies) | | | | | Everyone (adults, children, babies) | | | | | Everyone (adults, children, babies) |

**WHEN DO WE DRINK TREATED WATER?**

**COMMUNITY NAME:** .....

| TOTAL | | MEETING 1<br>DATE: ..... | | | | | MEETING 2<br>DATE: ..... | | | | | MEETING 3<br>DATE: ..... | | | | | MEETING 4<br>DATE: ..... | | | | |
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| 5 | | 5 | | | | | 5 | | | | | 5 | | | | | 5 | | | | |
| 4 | | 4 | | | | | 4 | | | | | 4 | | | | | 4 | | | | |
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| 1 | | 1 | | | | | 1 | | | | | 1 | | | | | 1 | | | | |
| TOTAL NUMBER OF FAMILIES IN THE COMMUNITY | | | Never | Only at home | At home, some outside the house | Always at home and outside the house | | Never | Only at home | At home, some outside the house | Always at home and outside the house | | Never | Only at home | At home, some outside the house | Always at home and outside the house | | Never | Only at home | At home, some outside the house | Always at home and outside the house |

# Space for Reflections/ Conclusions

## Module 1, Session 1: Orientation to the Program/Workshop

Expectations for the training. Below, jot down some thoughts about what you would like to get out of the outreach worker training. Your expectations can be of a technical nature (I'd like to know more about clean water) or of a nontechnical nature (I need to learn more about how to get people to change their behavior).

Based on the self-assessment, these are some areas you feel you need to work on both during the training and after you leave the training.

## Module 1, Session 2: Introduction to WASH

Write down two or three things that you learned during this exercise.

What do you want to remember about local WASH conditions when you're working as an outreach worker with individuals, families, and community groups?

## Module 1, Session 5: Contamination Cycle

What have you learned today about diarrhea and the contamination cycle?

Are the salt and hair activities something you might be able to do in your community?

What might you have to change so that your participants grasp the concepts?

How might the demonstrations help your participants change their behavior?

## Module 2, Session 1: Pretreatment

What have you learned about pretreating water?

What are you going to remember about the different methods of pretreating water if you conduct these activities for an audience in the community?

## Module 2, Session 2: Chlorination

What did you learn about chlorinating water?

What are you going to say when people say it tastes bad?

Can you plan how you will conduct this session with a community group?

What do you want to remember?

## Module 2, Session 3: Boiling Water

What did you learn about boiling water that you didn't know before?

What will you remember to do when you're conducting this session as an outreach worker?

## Module 2, Session 4: SODIS Method

What did you learn about the SODIS method?

What do you want to remember about this demonstration when you do it as an outreach worker?

## Module 2, Session 5: Filtration

What did you learn about filtration?

What do you want to remember about this lesson when you do it as an outreach worker?

## Module 2, Session 6: Transporting, Storing, and Retrieving Water

What did you learn about carrying, storing, and retrieving water?

What do you want to remember about this lesson when you do it as an outreach worker?

## Module 2, Session 7: Helping Families Choose

Remembering the definition of facilitation vs. training, what did you learn about facilitating a discussion around preferred treatment methods for water?

What do you want to remember about this session when you facilitate it as an outreach worker?

## Module 3, Session 1: How to Wash Our Hands

What did you learn?

Do you think the two demonstrations will work with the community members?
Why or why not?

## Module 3, Session 2: When to Wash Our Hands

What did you learn about when to wash your hands?

Do you think you can use the pictures to illustrate when the best times are to wash hands?

Would the sorting exercise work in the community?

## Module 3, Session 3: Water and Time

What did they learn about the amount of water necessary for hand washing?

Do they think they can help a family find ways to address a lack of water availability?

## Module 3, Session 4: Building a Tippy Tap

What did you learn about building tippy taps?

What materials are available in the community for building a tippy tap?

Do you think you can demonstrate this in the community?

## Module 4, Session 1: The Oral-Fecal Route

What did you learn?

Are you comfortable enough with this subject matter to facilitate a session in the community? If not, what do you need to do to become comfortable?

What do you want to remember about the 5 F's?

What else do you need to know/do to be ready?

## Module 4, Session 2: Proper Disposal of Feces

What did you learn about feces disposal?

Are you comfortable with the subject matter?

What are you going to remember about the sanitation ladder?

What kinds of problems might families have in improving how they dispose feces? What are some strategies they might use to make improvements?

## Module 5, Session 1: IPC for Improved Practices

What have you learned about interpersonal communication?

_____
_____
_____
_____
_____
_____

What do you plan on doing once you are back at home to continue to practice your skills?

_____
_____
_____
_____
_____
_____

## Module 5, Session 2: Using the Discussion Tools for Joint Planning

What did you learn about using the discussion tools?

_____
_____
_____
_____
_____
_____

What will you do to practice using the discussion tools and IPC at home?

_____
_____
_____
_____
_____
_____

## Module 5, Session 3: Opportunities/Techniques for Joint Planning

What do you want to make sure you remember about leading discussions, doing demonstrations, and conducting role plays?

## Module 6, Session 1: Action Planning

List any final reminders about what you have learned.

What will you do at home to launch yourself as an outreach worker?

## Module 7, Session 1: Tracking Progress

What will you do at home to continue the learning process about collecting data?

# Websites/Links

## Websites for WASH Information

**Hygiene Improvement Project**
http://www.hip.watsan.net

**IRC International Water and Sanitation Centre**
http://www.irc.nl

**Global Handwashing Day**
www.globalhandwashingday.org

**Global Public-Private Partnership for Hand Washing with Soap**
http://www.globalhandwashing.org

**Solar Water Disinfection**
http://www.sodis.ch

- Training Manual for Sodis Promotion. SANDEC Report No.13/06, 2006 © EAWAG/ SANDEC Regula Meierhofer http://www.sodis.ch/files/TrainingManual_sm.pdf

**UNICEF Water, Environment, and Sanitation**
http://www.unicef.org/wes/index.html

**Water Supply and Sanitation Collaborative Council (WSSCC)**
http://www.wsscc.org/

**WELL Resource Center**
http://www.lboro.ac.uk/well/index.htm

**WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation**
http://www.wssinfo.org/en/welcome.html

**World Health Organization – Water Sanitation and Health**
http://www.who.int/water_sanitation_health/hygiene/envsan/en

**Water, Engineering and Development Centre (WEDC)**
http://wedc.lboro.ac.uk/

**Useful Site for Finding Statistics (WHO)**
http://www.who.int/quantifying_ehimpacts/national/en/

**WASH Visual Aids Library**
Everything you need to run WASH activities: picture sets, photos, posters, leaflets, games, songs, radio slots, videos. Comes with instructions in English, French, and Spanish. Produced by the WASH Cluster Hygiene Promotion Project 2009 (c/o UNICEF). Will be available at www.humanitarianreform.org

## References for More Information on Varying Approaches to Hygiene in Communities

**The PHAST Approach**
http://www.who.int/water_sanitation_health/hygiene/envsan/phastep/en/index.html

**Community-Led Total Sanitation Approach**
http://www.communityledtotalsanitation.org/page/clts-approach

**Compendium of Hygiene and Sanitation Software**
Water Supply and Sanitation Collaborative Council (wsscc.org), Draft 3.0, February 2009

**WASH Standards in Schools in Low-cost Settings**
Edited by: John Adams, Jamie Bartram, Yves Chartier, Jackie Sims
World Health Organization, Draft, January 6, 2009
www.who.int/water_sanitation_health/hygiene/settings/wash_standards_schools_per_review2.doc

**Hygiene Promotion: A Practical Manual for Relief and Development**
By Susan Ferron, Joy Morgan, and Mario O' Reilly, Practical Action, 2007
http://www.irc.nl/page/38052

**Towards Effective Programming for WASH in Schools: A Manual on Scaling Up Programmes for Water Sanitation and Hygiene in Schools**
IRC International Water and Sanitation Centre, 2007
http://www.irc.nl/page/37479