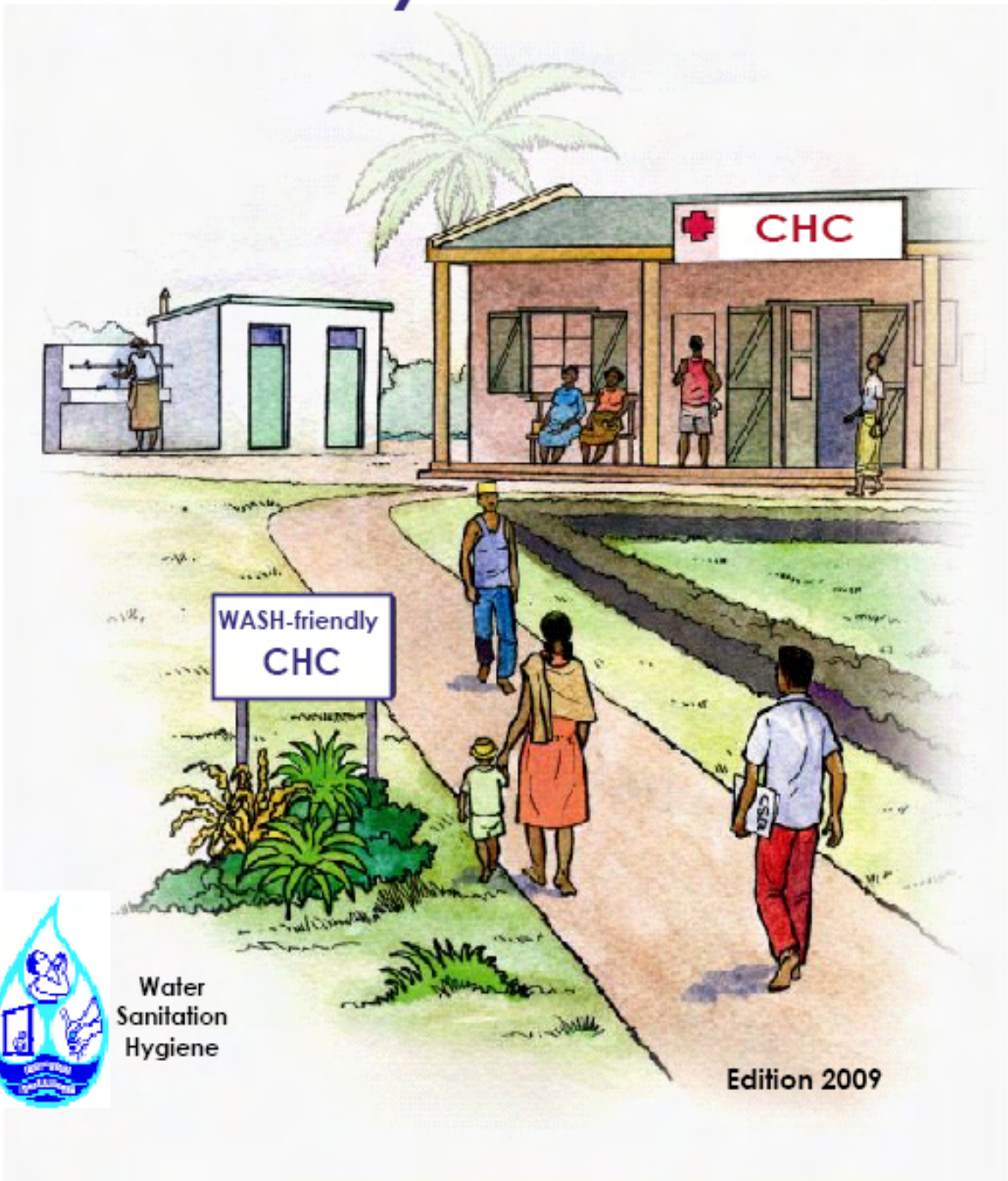
REPUBLIC OF MADAGASCAR

Tanindrazana - Fahafahana - Fandrosoana

MINISTRY OF HEALTH AND FAMILY PLANNING

TECHNICAL GUIDE

To set up WASH-friendly Community Health Centers



Water
Sanitation
Hygiene

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Preface

To combat water-related diseases and their heavy impact on children under the age of five, Madagascar has launched the WASH (water, sanitation and hygiene) Initiative to address Commitment 5 of the Madagascar Action Plan, which focuses on health.

The Ministry of Health and Family Planning is poised to play a leading role in coordinating the national WASH education campaign as well as using Community Health Centers (CHC)—health facilities that are very close to the population—to make hygiene behavior change a reality.

WASH-friendly Community Health Centers serve as models to demonstrate hygiene practices related to water and sanitation, while raising the awareness of clients and local communities.

By applying a quality assurance system, the WASH-friendly status of these health centers will be enhanced by effectiveness and professionalism. And by explaining how to set up a WASH-friendly CHC, this Technical Guide will help facilitate the achievement of the goal of 1,500 WASH-friendly CHCs by 2012 as well as encourage adoption of good hygiene practices among the population.

This document has been designed for use by health professionals and local officials. I encourage them to promote the expansion of WASH-friendly CHCs to ensure the success of this great campaign for health promotion.

The Minister of Health and Family Planning,

Dr. RALAINIRINA Paul Richard

Note about this English version of the WASH-Friendly CHC Guide:

This document was originally produced in French and Malagasy by the Government of Madagascar with the assistance of Diorano-WASH partners including the USAID-funded Hygiene Improvement Project (HIP). HIP carried out the translation into English in order to make the document available to a wider range of countries as a model for guiding similar programs to create WASH friendly health centers.

Introduction

The Madagascar Action Plan's (MAP) Commitment 5 for the health sector includes Challenge 8: "To provide the population with drinking water and spread hygienic and sanitary practices." Within this framework and under the aegis of the Ministry of Health and Family Planning, a national campaign for WASH health education was launched in April 2007.

Given that CHSs are located throughout the country and are a first point of contact for health and hygiene for the majority of the population, Community Health Centers are instrumental in fulfilling this health sector objective. The CHCs that participate in the campaign and influence clients and communities will be designated as "WASH-friendly CHCs."

The WASH-friendly CHC concept was drawn up during a workshop the Ministry of Health and Family Planning organized on July 17, 2007. To receive WASH-friendly designation, a CHC must contribute to the national WASH campaign by (1) rehabilitating or developing its water, sanitation and hygiene-related infrastructure; (2) having health workers and CHC clients carry out the three key WASH practices on a daily basis; (3) having trained health workers be key personnel overseeing hygiene practices related to water and sanitation; and (4) promoting good hygiene practices in the community with the support of the network of community health workers.

A plan to implement WASH-friendly CHCs has been drawn up at the national level. It aims to develop the necessary tools to implement this approach beginning with an experimental phase covering five health districts within four regions by the end of 2007. The program will continue to be phased in on a larger scale from 2008-2012.

By 2012, 1,500 WASH-friendly CHCs must be set up nationwide. These facilities will be certified by local WASH committees, and their number will represent an indicator of the MAP Commitment 5 Challenge 8.

This guide is a tool for setting up a WASH-friendly CHC. It has been designed for health officials at the district as well as local levels. It is designed to help the chief doctor of the Community Health Center and the local authorities to understand:

- What is a WASH-friendly CHC
- Benefits of this approach
- Challenges
- Key steps
- Actors' roles and responsibilities

It also includes the tools for diagnosis, action planning and monitoring as well as the standards for certification and supporting documents.

This guide is intended to support health professionals and local officials in promoting CHCs as facilities that model and disseminate improved hygiene practices related to drinking water and sanitation among communities in order to improve health and contribute to development.

Definition and Rationale for a WASH-friendly CHC

Hygiene and health are essential factors in development

In the MAP Commitment 5 for health, the vision for health is presented as holistic, combining—beyond the absence of diseases or disabilities - access to quality care, facilities and basic services such as drinking water that contribute to the well being of individuals and families.

Clearly, health appears to be one of the essential factors of development; healthy populations are more productive and more capable of taking charge of their own development.

In line with this spirit, access to safe water and sanitation facilities, and hygiene behavior change as recommended by the WASH Initiative, represent an integral part of the process for prevention and promotion of good health.

Working at the grassroots level, the CHC are especially well placed to facilitate this initiative. They benefit from the presence of professionals who are well versed in hygiene and other healthy behaviors. The WASH-friendly CHC (WFCHC) model is based on this assumption.

The WASH-friendly CHC

The WASH-friendly CHC is a Community Health Center that models and promotes the three key WASH practices, namely:

Hand washing with soap

Effective use of hygienic latrines

Keeping drinking water safe from storage to consumption

The process links health center staff, health center clients and the community. The health center represents a focal point for demonstration, practice, awareness-raising and training in messages related to water, sanitation, hygiene and health. A network of community health workers disseminates these practices beyond the health center to reach communities and households.

The WFCHC approach is a practical methodology for demonstration, awareness-raising and providing incentives for CHC clients and the community to change hygiene-related behaviors.

The approach encompasses improved water, sanitation and hygiene infrastructure for the health center along with training for its staff members and client involvement. Training modules will target health care workers, and increased the availability of information, education and communication (IEC) tools will help raise the community health workers' and population's awareness.

This guide focuses on the process of implementing a WASH-friendly CHC—how it is defined, organized, monitored and certified in relation to the stated goals.

Benefits of the WASH-friendly CHC Approach

The WASH-friendly CHC approach is an original process building on the following dual purpose of a health center: a Community Health Center is the first level of health services; it can also be the place to raise the community's awareness of the benefits of good drinking water, sanitation and hygiene practices.

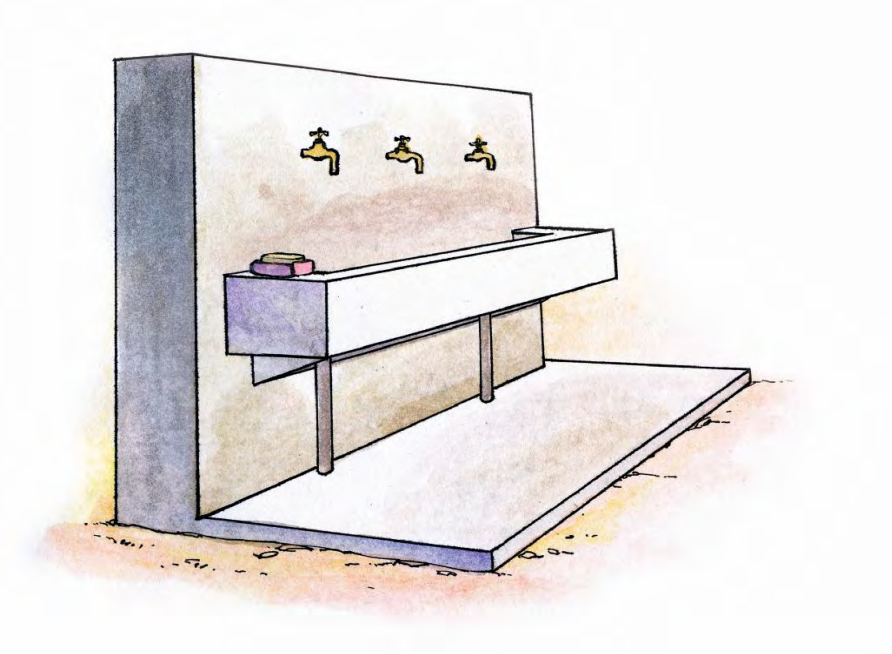
The potential benefits of this approach are listed below:

Positive change in hygiene practices

- Behavior change among target populations regarding WASH, facilitated by well-informed professionals who also carry out the improved practices.
- Support provided by a network of community health workers who are oriented and trained in water, sanitation and hygiene issues, and who are respected because they come from and live in close contact with the target communities.

Impact on health

- Decrease in the diseases related to unsafe water or lack of hygiene, and particularly decreases in the prevalence of diarrheal diseases.
- Prevention of mortality and morbidity in children under five years caused by diarrheal diseases.
- Decrease in the economic costs related to treatment of illness, school absenteeism and lost working days.



Quality of health care and quality of client services

- Repair or rehabilitation of the health center's drinking water and sanitation infrastructure including improved maintenance and hand washing.
- Clients' access to improved infrastructure, enhancing the quality of services and the attractiveness of the facilities.
- Improvement in quality of care as well as the health staff's working conditions, and more generally an increase in the quality of services offered.

Integration, synergy and influence of the CHC within the community

- Strengthened relationships between health workers, local officials and the community.
- Energizing of the Health Committee and community health workers, leading to heightened community involvement.
- Change in health center staff work habits—fostering a team spirit and encouraging active participation as well as encouraging concerted efforts toward clear and shared objectives.

Local development

- Establishment of programs related to improving water, sanitation and hygiene facilities at the commune and community levels; and implementation of alternative methods and small doable and important actions, called "PAFIs" (*petites actions faisables et importantes*). [See List of PAFIs in Annex III.]

What makes a CHC WASH-friendly?

To become a WASH-friendly CHC the following elements need to be in place:

1- Infrastructure is provided (water, sanitation, hand washing facilities) in the CHC

The Community Health Center has at its disposal facilities for drinking water, sanitation and for hand washing with soap that are accessible and well maintained, enabling the staff and clients to practice the three key behaviors. Alternative or interim solutions must be identified if standard facilities are lacking.

How ?

- Make a diagnosis of the existing infrastructure
- Repair any damaged facilities; undertake alternative solutions when necessary
- Engage in advocacy to obtain the necessary resources for infrastructure
- Draw up a schedule for immediate and mid-term improvements required to practice the three key WASH behaviors

-

2- The three key WASH behaviors are practiced

Health staff and CHC clients are able to practice the three key behaviors. Facilities are accessible and their maintenance is assured. Protocols practices are available. Demonstrations are regularly performed. When standard facilities are lacking, alternative or interim solutions are proposed: the PAFIs (*see the list of PAFIs in Annex III*).

How ?

- Draw up protocols for infrastructure use and maintenance
- Set up alternative solutions if necessary
- Practice the three behaviors and promote their practice by clients
- Monitor infrastructure maintenance and client access
- Carry out demonstrations for clients

3- Health workers are trained in WASH

Staff members receive training on the beneficial impact of good hygiene practices on health, on the use of the facilities and alternative practices, on behavior change and the WFCHC approach.

How ?

- Design and validate a training module
- Conduct training among a wide range of health workers
- Raise the Health Committee's awareness about the WASH campaign and improved hygiene practices

4- Community workers are trained and mobilized to convey WASH messages

Community health workers are trained in WASH practices and their impact on health and in behavior change communication techniques. They are convinced of the importance of behavior change; they adopt good practices and promote them among the target population.

How ?

- Hold awareness-raising sessions for community health workers
- Provide IEC support materials
- Ensure monitoring of activities

How to become a WASH-friendly CHC

A plan to implement the WASH-friendly CHC approach has been drawn up at the national level. Preliminary steps are necessary at the national, regional and district levels before starting the specific steps to change a CHC into a WASH-friendly CHC.

Preliminary steps

- Prepare a letter presenting the process at the DRSAS[1] level that includes an inventory of the CHC's water, sanitation and hygiene infrastructure
- Distribute the WFCHC Technical Guide
- Pretest with the monitoring report grid in Annex II

Step 1: Advocacy (at different levels: regional, district, commune)

- Make a presentation of the approach at the regional level (DRSAS) in the presence of officials from the different health districts
- Establish the monitoring team
- Choose the CHCs for launching the WASH-friendly process
- Contact local officials and the local health committee
- Conduct an assessment the WFCHC candidates (Ministry of Health and Family Planning and WASH partners)

Step 2: Training

- Conduct a workshop at the health district level introducing the concept of WASH-friendly CHCs, the Technical Guide and the implementation plan for setting up WFCHCs
- Train health workers in WASH and the 3 key behaviors, alternative methods for WASH and the PAFI
- Undertake demonstration activities

[1] Regional directorates of health and social affairs

- Train the community health workers on good WASH hygiene practices, BCC and PAFIs

Step 3: Negotiation of objectives

- Negotiate the objectives and the action plan, and sign a commitment contract
- Implement improvements, rehabilitation or repair of WASH infrastructure

Step 4: Implementation of activities

- Set up rules for operations, maintenance and monitoring
- Validate activities (the Health Committee)
- Set up protocols for carrying out the three key practices in the CHC
- Undertake activities for awareness raising and community mobilization

Step 5: Monitoring and evaluation

- Monitor the activities with the monitoring grid
- Self-evaluate and disseminate results
- Conduct an evaluation through the regional monitoring committee

Step 6: To make it official

- Celebrate and get certified

Actors, roles and responsibilities for setting up the WASH-friendly CHC

ACTORS	ROLES and RESPONSIBILITIES
Mayor of commune supported by commune-level committees	- The main coordinator of the activities to be undertaken - Provide support to identify, estimate and search for resources - Lead plenary meetings (setting the objectives, evaluation, celebration) - Rally partners and the community - Support the CHC in order to settle logistics problems
Chairman and member of the Commune Council	- Carry out advocacy with the district and regional levels authorities - Participate in the institutional support of the monitoring and evaluation team
Representative of administrative district	- Support project's administration and management so it runs smoothly
DRSAS	- Carry out advocacy with the authorities at the regional level - Coordinate the national WASH campaign - Participate in the WASH Regional Committee and present regular updates - Set up and provide institutional support to the regional WFCHC monitoring team
Regional monitoring team of WASH-friendly CHC	- Present the approach and carry out trainings - Identify sites and conduct initial diagnosis - Process monitoring data - Oversee evaluation and certification - Provide technical and institutional support to carry out activities - Pass information and support needs up the chain - Provide information to the WASH Regional Committee
SDSAS[2]	- Identify the WASH-friendly CHC - Provide technical and institutional support to carry out activities - Supervise and evaluate activities - Report to regional monitoring committees - Train health workers - Spread IEC media - Monitor activities
Heads of CHC	- Contribute to activity planning - Provide advice and technical support (norms, procedures, IEC/CCC, search for resources, etc.) - Help set up trainings for health workers and community health workers - Provide support for activity implementation - Report on activities - Assess existing infrastructures - Implement the rehabilitation schedule - Propose alternative solutions - Draw up protocols for facilities use and maintenance - Raise the Health Committee's awareness on the WASH behavior change campaign - Lead demonstration and negotiation activities - Raise the community health workers' awareness

[2] District Service of Health and Social Affairs

Chairman of the Health Committee	- Deputy coordinator of the activities - Ensure that activities run smoothly - Mediate and negotiate with the administrative bodies and communities regarding technical implementation respecting norm - Rally community - Responsible for advocacy
Members of health committees and community health workers	- Raise community's awareness - Supervise construction and protect newly built infrastructure - Report to heads of CHC - Negotiate with households to adopt the three key WASH behaviors or PAFIs
Community leader	- Advise and rally the community - Provide advocacy support - Practice the three key behaviors and encourage the population to practice them
Communities	- Provide resources - Participate in the activities (rehabilitation, maintenance) - Support neighbor-to-neighbor awareness-raising about the three key WASH behaviors and the PAFIs
Technical and financial partners (donors, NGOs, associations, etc.)	- Participate in the WFCHC implementation - Contribute to the organization of workshops at all levels - Support monitoring teams - Participate in the evaluation of WFCHC

ANNEX I

The Commitment Contract

WASH friendly Community Health Center

Commitment Contract

Region: …….
District: …….
Commune: …….
Community Health Center: ……..

We, representatives of the Commune ……..

Composed of the following fokontany (villages)……..
are convinced that the "WASH-friendly CHC" approach can be greatly beneficial for us and our development, particularly in health matters.

Therefore, we, authorities and leaders within the Commune, representatives of the health center, schools and different groups within the Commune, hereby commit ourselves to carry out the activities in the action plan to set up a "WASH-friendly CHC" for the development of our community.

Year: _____

Cycle start date: _____
Cycle end date: _____

Place: …….

Signed on: ……. 200 ……

Mayor,

Local Council Chairperson,

Health Committee Chairperson,

Head of CHC,

ANNEX II

WASH-friendly CHC Diagnosis and Monitoring Report

NAME: _____ COMMUNE: _____

DISTRICT: _____ REGION: _____

CHC (I) or (II): _____ Number of health staff members: _____

Date of construction ___/___/___

Building constructed by _____ (e.g. FID, CRESAN, JICA, ...)

Date of Monitoring visit		
Supervisor		
Head of the CHC		

Period		STARTING	ONGOING	END OF CYCLE
CRITERIA	**FEATURES**	**Y / N**	**Y / N**	**Y / N**
INFRASTRUCTURE EQUIPMENT LEVELS for water, sanitation, hygiene and solid waste treatment				
1- The CHC is supplied with safe drinking water	Check whether			
	1.1- The CHC gets water from a connection to the commune's or JIRAMA's (national utility) network, from a well or a drill hole with a pump, from a public tap of a piped distribution network			
	1.2-The CHC has an inside faucet and has water at its disposal all year round			
2- The CHC is equipped with operational hygienic toilets	Check whether			
	2.1- The CHC has at least 2 flush toilets with siphon above a septic tank or dry pit latrines with washable tiles (ceramic or concrete)			
	2.2- The CHC has flush toilets with a septic tank			
3- The CHC is equipped with a washbasin or sink	Check whether			
	3.1- The CHC has at least one basin or sink for hand washing with soap			
4- The CHC is equipped with a device for disposal of treatment waste	Check whether			
	4.1- The CHC has an operational incinerator, a safe pit ,or brings its waste to the hospital; specify ...			
CLASSIFICATION of the CHC equipment level regarding infrastructure	The CHC is classified in the **category of standardized infrastructure** (if the 4 above-mentioned criteria are positive)			
	The CHC is classified in the **category of alternative infrastructure** (if at least one of the 4 above-mentioned criteria is not fulfilled)			
PERFORMANCE STANDARDS regarding organization, practice and awareness raising of hygiene related to water, sanitation and solid waste management				
Area 1: Treatment, storage and use of drinking water				
1.1- Water is available at the CHC	Check whether			
	Implements to serve water are in good condition and clean: tap, bucket or specify ...			
	Water is available in or near examination/treatment rooms			
	Water is available for CHC users			
1.2- Water is treated before its consumption	Check whether			
	If boiling			
	- The container and its lid are clean (visibly or cleaned twice a week)			
	- The length of treatment is respected: heat until large rolling bubbles appear on water surface			
or ...	**If using "Sûr'Eau"**			
	- The "Sûr'Eau" measured into a cap is used for a bucket of 10 to 15 liters			
	- The treated water is kept in its container for 30 minutes before use			
or ...	**If using the Watalys kit**			
	- The kit is in good condition, well stored and instructions for its use are available			

	- Water is treated for the whole day			
	- Concentrated bleach is available or plans to prepare the product have been drawn up			
or …	**If using the SODIS process**			
	- The transparent bottles being used are PET and are exchanged once they are damaged, dirty, opaque			
	- The user rinses the bottle before pouring in water to be treated			
	- The user checks water cloudiness and/or filters it			
	- The user first fills the bottle up to ¾, shakes it, fills the bottle up and closes it			
	- The user puts the bottle(s) on a roof or lays it/them flat, or in the sunshine			
	- The user exposes the bottle(s) in bright sunshine for 6 hours or for 2 days if it is not sunny			
or …	**Others** (specify)			
1.3- Water is stored in hygienic conditions	Check whether			
	If stored in a container, the water container is:			
	- Covered with a lid			
	- Visibly clean			
	- Either equipped with a tap			
	- Or water served with a cup and/or a ladle, a "zinga"[3] or other implements with handle			
	- Served without being touched by hands			
	If water is stored in a reservoir:			
	- The reservoir is in good, clean condition			
	- The reservoir is emptied then cleaned at least twice a year			
	- The reservoir is equipped with a tap			
	The lid and implements for serving water are put or hung in a clean place that is safe from contamination			
	The water is stored and used within 24 hours after its treatment			
	Other (specify)			

Area 2: Use of latrines

2.1- The CHC has suitable latrines for clients	Check whether			
	The latrines are cleaned (inside/outside)			
	The latrines are easily accessible			
	The latrines are used			
	The latrines are well ventilated			
	The latrines allow privacy (roof, door, internal lock)			
2.2- The CHC has suitable latrines for health workers	Check whether			
	The latrines are cleaned (inside/outside)			
	The latrines are easily accessed			
	The latrines are used			
	The latrines are well ventilated			
	The latrines allow privacy (roof, door, internal lock)			
2.3- Regular cleaning is organized	Check whether			
	A broom is available inside or not far from the latrines			
	A person is responsible for the daily cleaning of latrines			
	Personal cleansing materials are available:			
	i) Paper or other wiping material			
	ii) A container for used papers			
	iii) A water container or a small water reservoir or cup			
	If there is a urinal:			
	The floor is watertight and washable, waste water is channeled toward a watertight pit, a soak pit or a drain			

Area 3: Hand washing

3.1- The CHC is equipped with one or more hand washing technologies	Check whether			
	There is a washbasin or a sink with a working tap			
or …	There are containers with a tap (jerry can, bucket…)			
or …	There are containers (bucket, basin, …) with "zinga"			

[3] A long-handled dipper

	(cup)			
or …	There are tippy taps			
or …	**Others** (specify)			
3.2- Facilities for hand washing are easily accessible	Check whether			
	The HW facilities are inside or not far from examination and treatment rooms			
	The HW facilities are not far from the toilets/latrines and are visible			
3.3- Soap (or ash) is available	Check whether			
	Soap or ash is placed near the hand washing facilities			
	Others (specify)			
3.4-Correct hand washing is practiced	Check whether			
	The health worker washes his/her hands before and after each medical activity with clean water and soap for 10 to 15 seconds or according to a written protocol			
	The health workers and clients wash their hands with soap for 20 to 30 seconds at critical moments			
	The health workers and clients dry their hands with individual towels that are clean or disposable, or by air drying			

Area 4: Management of treatment waste

4.1- A protocol for managing treatment waste is applied	Check whether			
	A protocol to manage treatment waste is available and displayed			
	Waste is routinely sorted (infectious waste, pointed-sharp items and household waste)			
4.2- A waste disposal facility is operational	Check whether			
	The CHC is equipped with a disposal facility (incinerator, a secure pit) that is functioning and maintained			
	Waste cannot be observed outside the site except for disposal areas; the public cannot come in contact with treatment waste			

Area 5: Training of health workers and awareness-raising activities in the CHC

5.1- The health workers have received WASH training	Check whether			
	The health workers have been given water, sanitation and hygiene training and information on implementing WASH practices			
5.2- WASH message promotional activities are undertaken	Check whether			
	WASH IEC materials are available in the health center			
	These IEC materials are visible, in Malagasy and/or in French and in good condition			
	The health center holds WASH/hygiene education sessions (there is a program, a notebook to record sessions held)			

Area 6: Training of community health workers

6.1- The community health workers have received WASH training	Check whether			
	A training program for community health workers on WASH themes has been carried out; specify: Number of CW: Number of sessions:			

Area 7: Community awareness raising on the 3 key WASH practices

7.1- Community awareness raising actions have been taken	Check whether			
	A program related to awareness raising of communities has been developed			
	Awareness raising sessions have been led in the communities; specify number of sessions:			

7.2- A support structure for WASH activities is in place	Check whether			
	There is a structure (Health Committee...) to support WASH activities led by the CHC			
	The committee members have been trained in WASH practices			

General observations:

Strong points:

Points to be improved:

The Action Plan to implement a WASH-friendly CHC

CHC of: Date:

SCHEDULED ACTIVITIES	EXPECTED RESULTS	MEANS	DEADLINE	WHO?
INFRASTRUCTURE				
PERFORMANCE STANDARDS				
Area 1: Treatment, storage and use of drinking water				
Area 2: Use of latrines				
Area 3: Hand washing				
Area 4: Management of treatment waste				
Area 5: Training of health staff and awareness-raising activities in the CHC				
Area 6: Training of community health workers				
Area 7: Community awareness raising on the 3 key WASH practices				

The Head of CHC: The Supervisor:

Monitoring Summary for setting up a WASH-friendly CHC

CHC: Date:

AREAS	TOTAL CRITERIA PER AREA	TOTAL OBSERVED CRITERIA	TOTAL CRITERIA	
			NUMBER	%
1- Treatment, storage and use of drinking water	3			
2- Use of latrines	3			
3- Hand washing	4			
4- Management of treatment waste	2			
5- Training of health workers and awareness-raising activities in the CHC	2			
6- Training of the community workers	1			
7- Community awareness raising of the communities on the 3 key WASH practices	2			

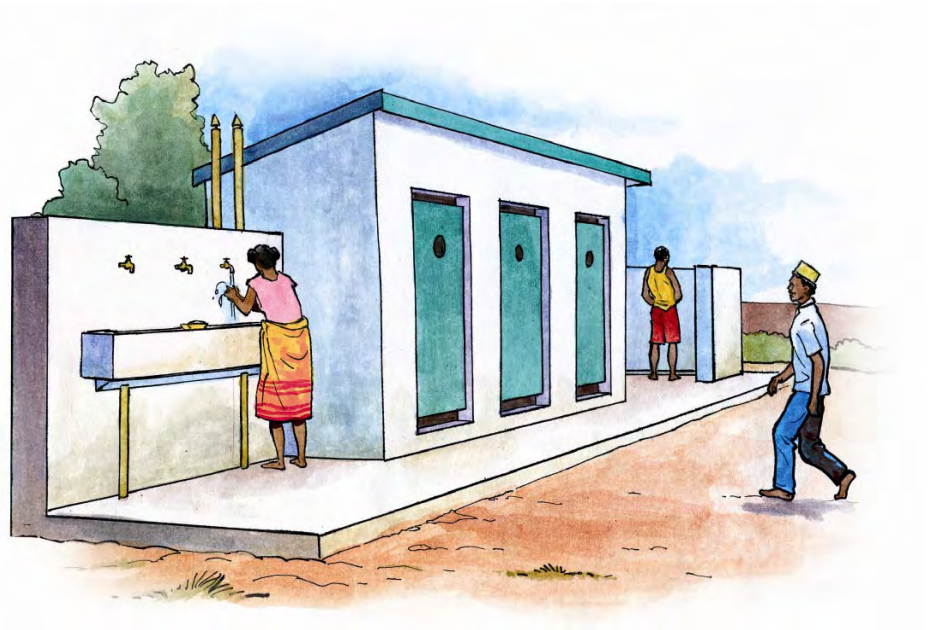
The Certification Grid

		THE CHC POSITION COMPARED TO WASH INFRASTRUCTURE		
		WASH-friendly CHC CATEGORY OF STANDARDIZED INFRASTRUCTURE		WASH-friendly CHC CATEGORY OF ALTERNATIVE INFRASTRUCTURE
CRITERIA	1- Storage, treatment and use of drinking water			
	2- Use of latrines in the CHC			
	3- Hand washing with soap			
	4- Management of treatment waste			
	5- Training of health staff and awareness-raising activities in the CHC			
	6- Training of community health workers			
	7- Community awareness raising on the 3 key WASH practices			
Certification as a WASH-friendly CHC if the 7 criteria are fulfilled				

ANNEX III

The small doable and important actions related to WASH (The PAFIs)

INTERVENTION AREA	METHOD	SMALL AND FEASIBLE BUT IMPORTANT ACTIONS (PAFI)
Drinking water	Boiling water	- Boil water in a "**clean**" container (visibly or rinsed twice a week)
Drinking water	Correct use of "Sûr'Eau"	- Have a bottle of valid Sûr'Eau (see expiration date) - Have a bucket (10-15 liters) - Show pictures to the mother and ask her to interpret them: pour the quantity of a cap into 10-15 liters of water; cover the container with a lid; preserve for 24 hours, then throw out and make a new batch of treated water with Sûr'Eau
Drinking water	Solar purification: SODIS	- Use transparent plastic bottles ("PET") and expose to the sunshine for 6 hours; for 2 days when it is not sunny - Fill a bottle up to ¾ then shake it, fill it up and put the bottle on a roof or lay it flat in the sunshine (e.g., on a roof) - Rinse the bottle before pouring in the water to be treated - Filter water if it is cloudy - Change the bottle if it is damaged, dirty, opaque
Drinking water	Purification using Biosand filter	- Inform/discuss how and when to use Biosand - Decide where to place in the home - Explain the effectiveness of a filter (thickened bio film, a filter is more effective, water pours slowly, a steady stream of water) - Decide when to clean the filter; when to change it
Drinking water		To use cup, ladle, "zinga" or other "clean" implements to serve drinking water: - Put the cup where it won't get dirty - Use a cup with handle or ladle to serve water - Serve water without touching it with hands
Drinking water		- Store water in a "**clean**" container (visibly clean or rinsed twice a week) - Make sure the container and the cup are cleaned regularly



Sanitation	Management of children's excreta	- If there are latrines: deposit children's excreta immediately into the latrines - If there are no latrines: bury children's excreta immediately (at a distance from home) - Use a potty for small children, to be emptied into latrine or hole and cleaned immediately after use
Sanitation	Use of latrines	- Each adult uses latrines each time he has to relieve himself
Sanitation	Use of pits or holes	- Use a pit/hole (basic latrines) - Make a hole with hoe - Bury excreta
Sanitation	Maintenance of latrines	- Wash the slabs of latrines - Maintain cleanliness and usability of latrines (soap, broom, light, ventilation, safe distance from water source)
Hygiene	Hand washing with soap	- Use soap or ash for hand washing - Rub hands together and rinse them with clean poured water - Dry the hands in the open air by shaking them
Hygiene	Hand washing at key moments (5)	- Wash hands at **key moments**: **(1)** before handling food or eating, **(2)** before feeding children, **(3)** after wiping children, **(4)** after using latrines/after defecation, and **(5)** wash children's hands often
Hygiene	Hand washing with soap near latrines	- Set up a facility for hand washing with soap near the latrines