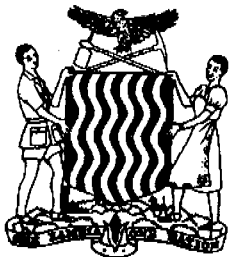




SECOND EDITION

Participatory Health and Hygiene Education

Supplementary Module 6b



RSU/N-WASHE, May 2000

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PREFACE

THE CORE TRAINING MANUALS AND SUPPLEMENTARY MODULES

The Core Training Manuals and Supplementary Modules have been produced to support the implementation of WASHE in Zambia.

WASHE

Water Sanitation Health Education



WASHE has been developed in Zambia over the last ten years. Learning mainly from the experiences of Western and Southern Provinces, it is now recognised as a sustainable approach to rural water supply and sanitation. The government has adopted this as a strategy towards implementation of Rural Water Supply programmes.

The Core Training Manuals provide the background to this development and explain its context in view of decentralisation. The Manuals are intended to provide flexible guidelines to assist the growth of WASHE, primarily at district level.

The Supplementary Modules provide community management guidelines for use at all levels; national to community. The series include technical, participatory health and hygiene education and community management titles. Each module has been written to stand alone or be used as part of an overall community management approach where each title in the series complements the next. It is helpful to get to know the titles and become familiar with the contents to enable you to make informed decisions.

At the back of this module is a list of the titles that comprise the Core Training Manuals and Supplementary Modules Series. Full details of the contents of each title can be found in *The Water Sector Reform Support Unit Publications List*. All titles are available from the RSU.

For further information
contact :

RSU
P/Bag 291X
Ridgeway, Lusaka
Tel : 226941-2/238438-9
Fax : 226904
email : rsu@zamnet.zm

The National WASHE (N-WASHE) Co-ordination and Training Team is a multi disciplinary group, based in Lusaka to develop WASHE principles and assist the national implementation.

For further information contact :

N-WASHE
P/Bag RW 124X
Ridgeway, Lusaka
Tel/Fax : 237490-1
email : nwashe@zamnet.zm

The guidelines and materials form the basis for the advocacy and training work of the National WASHE Co-ordination and Training Team (N-WASHE) which is the implementing Unit of RSU.

This is Supplementary Module 6b. It is called Participatory Health and Hygiene Education (Practical). We recommend that the module is used with Supplementary Module 6a, which provides the background information that you will need.

The facilitation of participatory health and hygiene education supports the WASHE process at community level.

WHO THE SUPPLEMENTARY MODULES ARE FOR

The Supplementary Modules 6a - 6b are written for people who are intending to promote health and hygiene education as part of their overall objective for sustainable rural water supply and sanitation. These people are likely to represent :

- district councils and D-WASHE committees
- specific line ministries
- NGOs
- donors
- volunteer agencies
- development organisations

The individuals are likely to be :

- rural and peri-urban extension officers from WASHE line ministries
- Environmental Health Technicians (EHTs)
- Community Development Workers (CDWs)
- Community Health Workers (CHWs)
- teachers
- project personnel

The guidelines have been developed within a Zambian context, but can easily be adapted to meet the needs of other developing countries.

Throughout the Core Training Manuals and Supplementary Modules, the **Community** refers to a group of people with a common interest or potential interest in WASHE. A single family unit is referred to as a **household**.

By **Community Management** we mean : the ability of the community to have the **responsibility, authority, accountability and control** of the WASHE process that exists for their benefit.

The RSU believes that community management will only become a reality if issues of gender are seen to be integral to the project cycle and participatory process. By gender in rural water supply we mean : **the context and reality of both women's and men's lives that can together affect self determined change. Gender is not a women's issue alone.**

HOW THE SUPPLEMENTARY MODULES 6a - 6b WERE DEVELOPED

CMMU was mandated in 1993 to look at issues of long term sustainability in the rural water and sanitation sector. CMMU began a programme of participatory research throughout the country and it was during this time that it became evident that some regions had a better chance of sustainability than others. While many projects were advocating a community management approach, few links were being made between community health and water or sanitation.

The absence of an overall approach to the issues of community health and well-being related to water and sanitation meant that the development of participatory health and hygiene education was at best patchy.

In order to address this, the CMMU set about collecting "best practice" ideas, knowledge and materials from around the country. It concentrated on participatory tools and techniques that were being used for the promotion of health and hygiene messages that could be developed to support a community management approach.

The RSU, which has taken over the activities of CMMU, further recognises the need to continue with the promotion of WASHE and district level training is being undertaken by the National WASHE Training and Co-ordination Team.



See Supplementary Module 6a - WASHE and Gender



Related Supplementary Modules include :

- the Community Management Series 7a - 7p
- Options for Excreta Disposal Facilities 5a
- Latrine Construction Techniques 5b
- WASHE and Gender 8a



By well-being we mean : that the community is content socially and able to participate in community life fully. Good health contributes to this



Supplementary Module 6a describes background information that is required to gain an understanding of the transmission routes of water and sanitation related diseases and the barriers that can be introduced to reduce the risk of infection. It is very important that facilitators understand these basic concepts before they work in the community

The results, through a series of consultative workshops and extensive participatory research, is the current series of supplementary modules, 6a and 6b.

ACKNOWLEDGEMENTS

Many people and organisations were involved in the development of the Core Training Manuals and Supplementary Modules. The RSU would like to thank the communities in Mansa, Mongu, Kasama, Solwezi and Southern Province for their input and constructive criticism during the elaboration of the methods, tools and techniques that are described in these Modules. Additionally, we would like to acknowledge our appreciation of all Government, donor and NGO field workers at community, extension, district, provincial and national level for their invaluable experience, ideas and opinions.

Special thanks to the members of staff of the former CMMU for the research and development done to produce these Modules.

The research and development required and the production of these publications would not have been possible without considerable financial support from the European Union, NORAD and UNICEF, for which we are most grateful.

THE PRODUCTION TEAM FOR FIRST EDITION

Dermot Carty, Team Leader

Research, Development And Drafting

Isaac Mbewe, Rural Water Supply Engineer
Musonda Kaluba, Sociologist
Paul Mboshya, Sociologist
Joseph Mathe, Health Educator
Emelia Mweemba, WASHE Facilitator

Editing Team :

Dermot Carty and Sue Coates

Layout and Graphics : Davy Ng'oma, Graphic Artist

Desk Top Publishing Technicians : Fostina Mwale and Mwazida Mbewe

Data Processing Technician : Jomo Nyirenda

Secretarial Support : Theresa Siwakwi and Felix Kajiro

THE PRODUCTION TEAM FOR THE SECOND EDITION

Oswald Chanda (Project Manager)

Musonda Kaluba (Rural Water Supply Specialist RSU)
Research, Development & Drafting

Isaac Mbewe (Co-ordinator N-WASHE) Research,
Development & Drafting

Paul Mboshya (Sociologist N-WASHE) Research,
Development & Drafting

Davy Ng'oma (Graphic Artist) Layout & Graphics

Mushuka Kamwela & Samuel Bwalya (Desktop
Publishing/Data Techs.) Typing, Editing

SECTION ONE

Section
1

INTRODUCTION



ABOUT THIS MODULE

This module provides step by step guidelines on how to conduct participatory health and hygiene education activities with the community.

- Section 1 Introduction
- Section 2 Preparation for facilitating participatory health and hygiene education activities
- Section 3 Facilitating participatory health and hygiene education activities
- Section 4 Recording activities and evaluation

The format is designed to help you :

- find things quickly
- work systematically through the contents
- prepare yourself for participatory activities with the community

The Core Training Manuals and Supplementary Modules were developed entirely within the CMMU and are being produced by RSU



Remember, the suggestions for activities are guidelines. The final choice of action will be based on your dialogue with the community, their needs as they perceive them and local circumstances. Health and hygiene education is a dynamic process - be creative and use local expertise and the advice of local institutions wherever possible.

Feel free to adapt the materials, ideas and tools to suit the local situation.

In the margin of each page, you will find useful information and tips.

Space has also been left for your notes.



Tells you that further information is available



Describes a new technique or approach



Duration of the activity



Reminds you to evaluate progress so far



Brings your attention to an important point



Indicates when to use the participatory materials that are provided in your Tool Kit

To equip you with the knowledge, techniques and skills to:

- promote behaviour change that induces improved health and hygiene practices in the community
- enable you to use participatory methods, materials and tools
- facilitate participatory sessions with the community
- assist the community to understand the links between safe, adequate water supply and sanitation and community health and well being

The CMMU was mandated to look at issues of long term sustainability in the rural water supply and sanitation sector. The development of participatory health and hygiene methods, materials and tools was part of the process.

The CMMU believed that a participatory approach to community health and hygiene education and sensitisation was an effective way to promote community health and well being.

The CMMU advocated for community participation in health and well being promotion in the context of rural water supply and sanitation. A community is more willing and able to be involved in the community management of its resources and facilities if it is (a) healthy, (b) able to see and understand the links between its health, water and sanitation practices, and (c) able to take action by putting barriers in place that will reduce the risk of disease transmission.

In rural water supply and sanitation, the long term aim of government is to see programmes that are "community based" and it is in this context that the CMMU developed Supplementary Modules 6a and 6b to complement a community management approach to the sustainability of rural water supply and sanitation for health.

Community health and well being is directly linked to safe, adequate water supply and sanitation practices. One cannot exist without the other. The CMMU hoped that the community, with its partners in WASHE, will be encouraged to take responsibility for its own health and well-being through the use of these modules.



OVERALL OBJECTIVES OF THIS MODULE



By well being we mean that the community is content socially and able to participate in community life fully. Good health contributes to this



THE PARTICIPATORY HEALTH AND HYGIENE EDUCATION PROCESS



Community participation in the context of participatory health and hygiene education means community involvement in the learning process that aims to induce change in behaviour or attitude.



Community management means the community has the responsibility, authority, accountability and control over their development

Community management cannot become a reality if poor health and well-being stops the community from participating in the process



The basic principle behind participatory health and hygiene education is that interventions can be made, either physically or through behavioural change, that will place a barrier in the disease transmission route that will lead to a reduction in the number of people at risk of infection

DEVELOPMENT OF THE PARTICIPATORY METHODS AND TOOLS



In November 1995 the CMMU initiated the formation of a core group of actors that are involved in rural water supply and sanitation projects in Zambia. The group, as part of its task to look at compiling and drafting the community management modules (Supplementary Modules 7a - 7p), also looked at participatory health and hygiene education in the context of water supply and sanitation. Using their own invaluable experiences, materials, methods and tools together with those of their partners, the group agreed upon the ones that should be recommended as the most appropriate for use with rural communities in Zambia.

For details on how to contact the
RSU see page i



The methods and tools which have been included in the Module are the ones that have been tried and tested in the field. The CMMU believed that there are probably many other effective participatory methods, tools and materials being used in Zambia or regionally. If you are finding success with a particular tool or material that is not included please let us know.

INTEGRATING PARTICIPATORY HEALTH AND HYGIENE EDUCATION



Community Management is a **process** and, if facilitated effectively, will develop a true sense of ownership and continued development for community gain and benefit. As we have **stressed**, participatory health and hygiene education complement and assist the community management process.

The CMMU, with its partners, has developed participatory techniques that relate to the project cycle for community management in rural water supply. This project cycle is in 14 stages and has been adapted from the standard project cycle that is widely used in participatory community development projects throughout Zambia. The basic philosophy behind the WASHE concept is that water, sanitation and health education must be integrated in order to induce improvement in peoples' health and well-being. The provision of safe water alone may not necessarily bring about this improvement.

See page 21 for information about
the water ladder



It could be, therefore, argued that a project cycle for sanitation, health and hygiene education should be developed in the same manner as that for rural water supply. Many of the stages in the project cycle for water supply are common to a sanitation, health and hygiene project cycle. For example, making an appointment, community mobilisation and sensitisation, conducting community assessment, and so on. Many of the tools used during these stages in the project cycle for water

supply are the same as those described in this module, especially the water and sanitation ladders and the community mapping exercise, the major difference here being the focus, and the manner in which they are administered.

Therefore, participatory health and hygiene education activities build on and complement the activities in the project cycle for rural water supply.

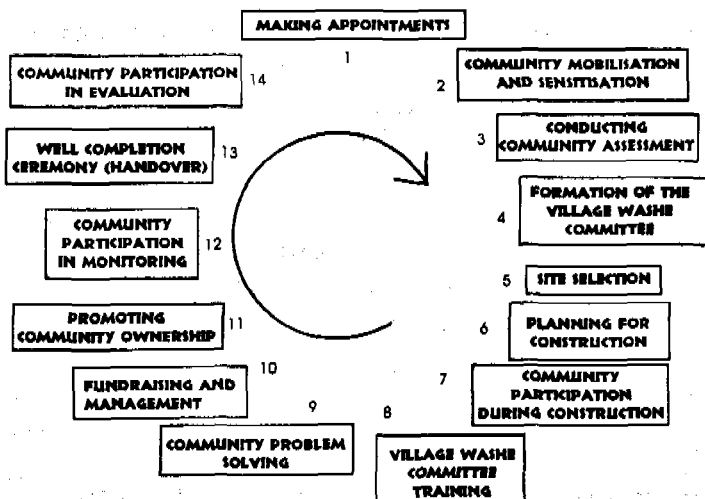
The stage at which participatory health and hygiene education activities are integrated as part of the WASHE process will depend on the specific situation, but should at all times take into account the community's capacity (availability of time) to undertake all the exercises.

For example, *community mobilisation and sensitisation is Stage 2 of the project cycle for rural water supply and is facilitated through the use of various participatory health and hygiene tools, including the water ladder. The water ladder is described in this module.*

We suggest that you become familiar with the community management approach and the project cycle so that your work with the community does not become isolated and detached from efforts to address the problems of supplying sustainable, safe, adequate water and sanitation facilities in partnership with the community.



Find out if a D-WASHE Committee operates in the district. As a Sub-committee of the DDCC, this group is responsible for the planning and facilitation of a comprehensive District Water, Sanitation and Health Education plan.



PROJECT CYCLE FOR COMMUNITY MANAGEMENT IN RURAL WATER SUPPLY



FACILITATION

It is intended that the reader becomes the **facilitator** of the process of community management and the promoter of health and hygiene education. That means that the information acquired from this module becomes **shared knowledge** between the reader and the community so that community based decision making becomes a reality.

ABOUT THE PARTICIPATORY TOOL KITS

The WASHE concept is very much dependent on the active participation of all the actors in the rural water supply and sanitation sector. At community level every effort should be made to encourage their participation and to support this participatory “tools” have been developed to enhance active involvement. Participatory tools can take many forms - songs, dances, drama, pictures and posters, etc.

In the Supplementary Modules, participatory tools and their application have been described in detail to support the various activities in community management. In this Supplementary Module (6b), seven tool kits are attached :

6b : Water : Water Ladder

6b : Water : Water Use and Practices

6b : Water : Three Pile Sorting; Water Collection

6b : Water : Three Pile Sorting; Water Storage

6b : Sanitation; Sanitation Ladder

6b : Personal Hygiene, Stand Alone Posters; Hand Washing Times

6b : Personal Hygiene, Stand Alone Posters; Hand Washing Methods

6b : Refuse Disposal; Stand Alone Posters

Tool Kit 6b : Water; Water Ladder is used during Section Three Topic Area One, Suggested Tool : Water Ladder, see page 21.

Tool Kit 6b : Water; Water Use and Practices is used during Section Three Topic Area One, Water Use and Practices, Suggested Activity : Visualised Discussion and Community Mapping, See page 26.

Tool Kit 6b : Water; 3 Pile Sorting, Water Collection is used during Section Three Topic Area One, Water Collection, Suggested Activity : 3 Pile sorting, see page 32.

Tool Kit 6b : Water; 3 Pile Sorting, Water Storage is used during Section Three Topic Area One, Water Storage, Suggested Activity : 3 Pile Sorting, see page 36.

Tool Kit 6b : Sanitation; Sanitation Ladder is used during Section Three Topic Area Two, Suggested Tool : Sanitation Ladder, see page 40.

Tool Kit 6b : Personal Hygiene, Stand Alone Posters; Hand Washing Times is used during Section Three Topic Area Three, Suggested Activity : Stand Alone Posters, see page 45.

Tool Kit 6b : Personal Hygiene, Stand Alone Posters; Hand Washing Methods is used during Section Three Topic Area Four, Suggested Activity : Stand Alone Posters, see page 49.

Tool Kit 6b : Refuse Disposal; Stand Alone Posters is used during Section Three Topic Area Four, Suggested Activity : Story With a Gap, see page 54.

**Section
2**



**PREPARATION
FOR
FACILITATING
PARTICIPATORY
HEALTH AND
HYGIENE
EDUCATION
ACTIVITIES**

SECTION TWO**PREPARATION FOR FACILITATING PARTICIPATORY HEALTH AND HYGIENE EDUCATION ACTIVITIES**

By the end of this section you will :

- understand the importance of participatory health and hygiene education in the context of rural water supply and sanitation
- have thought about the preparation you need to do before conducting participatory health and hygiene activities with the community
- have thought about how the activities that you are planning to facilitate relate to the community's overall development

SUGGESTED APPROACH

A number of participatory activities, methods and tools are suggested to facilitate community led health and hygiene education. These activities are designed to be used as part of an overall community development approach and it is important to first answer some questions in order to prepare yourself adequately for the field.

Why use a participatory approach to health and hygiene education?

This question is perhaps best answered by asking why non-participatory health and hygiene education is not effective.

Health and hygiene practices which are *imposed* or *prescribed by outsiders* are often not effective for many reasons, these include :

- a lack of clear understanding between community perceived needs and those of the outsider
- the desire for communities to fit into a pre-determined health care programme that they see no relevance in or need for
- the fact that many outsiders do not understand the way the community works, its beliefs, cultural practices and norms
- the effect that existing attitudes, traditions and practices have on the ability to change long practised behaviour

Health education - means any combination of learning experiences designed to facilitate voluntary adaptations of behaviour conducive to health



Hygiene education means all activities aimed to change attitudes and behaviour in order to break the chain of disease transmission associated with inadequate hygiene and sanitation



- the problem of outsiders working in isolation from other actors and the fact that they work *for* the community rather than *with* the community
- that often outsiders are forced to tackle situations that have already happened, rather than working with the community to prevent problems occurring, for example a cholera outbreak
- that health and hygiene education is seen as an *add on* aspect of community development, rather than an integral part of the WASHE process
- that matters of sanitation and personal hygiene are perceived as issues for individuals, families or households and not for the whole community to discuss collectively
- that what is seen to be important to one family or household may not be for the next
- the historical factors that can hinder the success of WASHE programmes, for example the digging of pit latrines, may have been imposed on communities by district commissioners during colonial times, rather than because communities understood the reasons for their use or indeed wanted to use them
- sanitation and improved measures for personal hygiene practices may exist on the surface, but not in reality, for example a pit latrine building programme may have resulted in 100 neat latrines, but only a percentage may be used for their original intention



The CMMU believed that personnel who are not familiar to the community should always work with GRZ counterparts. The local D-WASHE Committee should be able to assist in the organisation of this. D-WASHE can be contacted through the Council. See page ii



See page 13 for more information about deciding when it is appropriate to work with the community or individuals

Alternatively, participatory health and hygiene education promotes :

- community and household ownership of the process
- confidence
- dignity
- choice
- awareness
- co-operation and partnership

Participatory health and hygiene education starts with the community and individuals, and identifies their needs, working in partnership to find solutions. Its use aims to ensure healthier communities that are self reliant and able to contribute effectively to the community management of their resources and facilities.

The activities are best co-ordinated through the D-WASHE committee that is responsible for the planning and management of the water, sanitation and health education strategy in the district.
See page 12 or page ii



It is important to always remind ourselves of how participatory health and hygiene education fits into the existing community-based primary health care system. The activities can and ideally should be integrated into the work of local Environmental Health Technicians (EHTs), Community Health Workers (CHWs) or project staff that are dealing with health and hygiene issues that are directly related to water supply and sanitation.

The use of participatory health and hygiene education materials, methods and tools assist the community and those working with them to :

See Supplementary Module 6a which describes these diseases in more detail



- understand the causes of common diseases, for example diarrhoea and malaria
- understand the factors that contribute to poor health and well being in relation to poor water supply and sanitation practices
- realise the changes that can be made by linking efforts to improve water supply and sanitation directly to efforts to improve health by placing effective barriers to reduce risk of disease transmission
- realise the importance of inducing small changes in behaviour and taking a step by step approach to the promotion of safe health and hygiene practices

THE IMPORTANCE OF INDUCING SMALL CHANGES



The CMMU believed that this point cannot be over emphasised. The answer to effective health and hygiene education is not a sudden change to high cost technology options. Behaviour change takes time, sometimes years or a lifetime - we encourage realistic step by step improvements and urge implementing agencies to always view the long term effect of an intervention
Technology improvements can be made incrementally and whenever possible this should be encouraged

What else needs to be considered ?

Prior to facilitating a participatory health or hygiene activity with the community there are some important factors to consider and be clear about these include :

- a clear understanding of your reasons for working with the community, or motives behind a proposed activity that addresses health and hygiene issues
- being careful not to prejudge the outcome of an activity
- a clear understanding of how, when and why the proposed activity fits into existing community health and WASHE development programmes
- background knowledge about activities that have happened before within the community to promote health or hygiene messages - their success, failure, response, etc.
- judgements about whether or not the selected materials (pictures, plays, etc.) are thought to be appropriate with a particular community or not

- the steps and measures that the community has already taken to improve their situation
- whether or not health and/or hygiene education programmes have been imposed on the community in the past and the effect of these
- whether it is advisable to work with smaller groups of community members, individual households, gender specific groups, and so on



See Supplementary Module 8a - WASHE and Gender and Supplementary Module 7p Group Dynamics and Energiser Tool Kit

What preparation has to take place?

The CMMU (then) and now the RSU strongly advises that considerable preparation is undertaken before work with the community begins. Careful planning will benefit everyone and will minimise the confusion that can arise when nobody is sure who is doing what, when and why. It is never a good idea to work in isolation as good community development relies on people as the main resource. As a facilitator, you need to seek the assistance of others and ideally form a facilitation team. We suggest the following guidelines be adapted when forming a facilitation team.

In Zambia, it is likely that an external agency (NGO or Donor) is involved in projects for rural water supply, sanitation and related health and hygiene education. By their nature, these agencies come into the area from the "outside". While they are often very experienced, they probably do not have the wealth of local knowledge that is at the fingertips of those who work and live close to the community on a permanent basis.

In all cases where there is external agency involvement it is important that a partnership is formed with GRZ counterparts. These people are likely to be Environmental Health Technicians (EHTs), Community Development Officers (CDOs), Community Health Workers (CHW's) and other extension officers that are active in the project area. Additionally, it is valuable to harness the co-operation and assistance of Traditional Birth Attendants (TBAs) and any other active community animators. Agency staff must take the responsibility for making viable links with the GRZ extension services.

Agency project workers should be seen to support the process of development and they should always be mindful of their responsibility to strengthen existing services and structures.



Facilitation - a team effort

- facilitation is intensive and demanding - share the work load
- each aspect of facilitation needs to be prepared in advance - share the responsibility
- during the facilitation, the main facilitator will need constant back up - share the effort
- facilitators need feed-back on their performance and the reaction of the participants - share reflection and evaluation
- a team of facilitators provides greater creativity and productivity - share your talents



A good facilitator is:

- patient and able to listen
- shares responsibilities
- self aware, open
- willing to learn
- confident, but not arrogant
- respectful of others
- able to create an atmosphere of mutual respect and confidence
- flexible - able to change course and sequence
- sensitive to the dynamics in the group
- a clear writer

The D-WASHE Committee is a Sub-committee of the District Development Co-ordinating Committee (DDCC) and is responsible for the development of all district rural water supply and sanitation activities. This takes the form of the D-WASHE plan



The facilitation team should work in liaison with the D-WASHE committee, where they exist, to ensure that the relevant line ministries and other actors in the project area are aware of their work. This prevents duplication and allows the team to benefit from the lessons of previous projects. **It is very important that all health and hygiene education initiatives are part of a D-WASHE strategic plan for water and sanitation related community development and primary health care in the district.**

Once the facilitation team has been convened, it is important that they plan the activities that they are going to do with the community *before* arriving in the village.

All of the activities described in this module are directly related to reducing the risk of disease transmission. The techniques in themselves will not provide a starting point for discussion. Effective communication is very important and facilitators should use the materials and techniques together with their knowledge of disease transmission routes and effective interventions

What activities will we facilitate?

This Module suggests the following participatory activities for the promotion of health and hygiene messages and practices that are directly linked to water supply and sanitation :

- the water ladder
- water use and practices - visualised discussion and community mapping
- water collection - 3 pile sorting
- water storage - 3 pile sorting
- the sanitation ladder
- hand washing times - stand alone posters/pictures
- hand washing methods - stand alone posters/pictures
- refuse disposal - story with a gap

These activities are described in Section 3 and are designed to promote a change in attitude or behaviour. **Remember** that this does not, indeed will not happen over night. Also remember that these activities need more than one person to facilitate; they deal with personal issues that can be embarrassing to talk about and may not be readily accepted. Conducting the activities will also provide you with invaluable base-line information about the community that you are working in partnership with.

See Supplementary Module 6a for background information



Never facilitate a participatory health or hygiene activity without consultative planning.

Remember that the activities and guidelines for facilitation are flexible and should be adapted to suit the particular community you are working with. Therefore, be creative and use the ideas and expertise of others and your own invaluable experience and knowledge of what works best. The activities are described to allow for optimum participation by all "the users" and these will include; traditional leaders, local councillors, women, men and children in the community. The aim is to involve as many people as possible in promotion of health and hygiene education for change.



During the development of the materials and methods described in this Module, the CMMU worked with community groups, women's groups, GRZ extension personnel and school children

Who will we facilitate the activities with?

By its very nature, health and hygiene education is about personal choice, behaviour, perception and attitude. Facilitating health and hygiene education related to water and sanitation is difficult. A number of steps can be taken to make the task easier.

Through working with the whole community it is hoped that the members themselves will take the role of advocate, speaking with their neighbours in favour of change. As a unit, the community is a strong force that can persuade each other from within. The role of the facilitator is to empower the community to do this.

When working with a community take the following into account :

- who in the community you are trying to influence and which members you think will assist this process
- always be clear about your intention; are you facilitating an activity that has a specific objective or is it primarily investigative, and so on
- where your information has come from; why are you working with this community now and who are you collaborating with
- always work and facilitate activities as part of an overall approach to improve the WASHE situation in the community
- work *with* the community members never *for* or *at* them - always use participatory tools and learn when a session has been taken as far as it can for one day

Observation is an acquired skill which is of great value to a facilitator. By observing the behaviour, attitudes and actions of individuals, it is possible to learn about their perceptions and the reasons why choices are made. In turn, this knowledge can be used to decide how and when to target individuals or groups



Always check that the community understands the pictures that you are introducing.



- do not expect change to happen overnight
- always plan, observe, evaluate and base your next step on the outcome of the first
- decide which topic areas can be discussed with large community groups and which ones demand small group work
- use your experience and knowledge of the community and your common sense
- always work with extension staff who know the community

Finally, in many of the activities use pictures and we advise that you be particularly careful when using these to stimulate discussion. Always check that the pictures mean something to the community and the individuals who are looking at them. Remove pictures that are of no relevance to the community unless you are able to demonstrate content in their context.

It is important that the facilitation team feels comfortable with the activities and is aware of their flexible nature. In Section 4 there are tips and ideas about evaluation to help the facilitation team assess their impact. The materials that you will need to facilitate the activities are listed in Section 3 alongside the activity.

FACILITATING PARTICIPATORY HEALTH AND HYGIENE EDUCATION

Section
3



SECTION THREE

FACILITATING PARTICIPATORY HEALTH AND HYGIENE EDUCATION

By the end of this section you will :

- be familiar with the activities and tools that are suggested to promote participatory health and hygiene education
- understand the issues related to participatory health and hygiene education in different situations
- be able to select and adapt the most appropriate activities to facilitate with the community

SUGGESTED APPROACH

There are a number of activities that can be undertaken to facilitate participatory health and hygiene education. All the tools and materials used can be adapted to suit different communities or promote a number of different health and hygiene messages. It is only through using the tools and materials, and gaining confidence in them, that you will be able to use them in a flexible way to promote a range of messages.

Participatory health and hygiene education is dynamic. This means it is an active, ever changing process that grows from the reactions and contributions of the participants. Each time an activity is facilitated, it is the participants that take the lead and not the facilitator. Facilitators may think they know what to expect, but this is usually not the case. What is achieved in a session will be dependent on the interaction of the participants and how they see or relate to the tool or materials. Facilitators must always work with an open mind and use what participants say and do in a session to plan the next. During a participatory activity the community is involved in :

- investigation
- evaluation
- reasoning
- questioning

The results of this process will always be different and as individual as the community is from their neighbours. For this reason, it is advisable to **never set rigid objectives**

Working on a community map, which is one of the participatory tools described in this module

and to **allow programmes to evolve**, planning the next session from the outcome of the last. Keep an open mind!

We have done two things to make this module easier :

1) Split the materials and tools into topic related areas, these are :

- water
- sanitation (excreta-disposal)
- personal hygiene
- refuse disposal



The way that the materials and tools have been organised and described should not in any way narrow your choice. Always make your own decisions about what you think works best and learn from your experiences. Be flexible!

2) And we have indicated where the materials and tools can be used *across* topic areas



This information is important and emphasises the flexible and adaptable nature of the materials and tools

Topic area one : WATER

This area looks at health and hygiene education that is related to water. It is split into water sources, water use and practice, water collection and water storage.

The following tools are suggested for this topic area :

- the water ladder
- visualised discussion and community mapping
- 3 pile sorting

Topic area two : SANITATION

This topic area looks at health and hygiene education that is related to excreta disposal.

The following tool is suggested for this topic area :

- the sanitation ladder

Topic area three : PERSONAL HYGIENE

This topic area looks at health and hygiene education that is related to personal hygiene. It is split into hand washing methods and hand washing times.

The following tool is suggested for this topic area :

- stand alone posters/pictures

Topic area four : REFUSE DISPOSAL

This topic area looks at health and hygiene education that is related to refuse disposal.

The following tool is suggested for this topic area :

- story with a gap

As you read through the Module and use the tools you will notice that all the topic areas are linked together and that activities cannot be effectively facilitated in isolation.

THE SANITATION AND WATER LADDERS

The **sanitation ladder** and the **water ladder** are two separate tools that were developed and adapted by the CMMU. The tools are the result of intensive participatory research and design. The ladders form the catalyst from which the overall participatory health and hygiene education approach has been developed.

The use of the ladders in the community is limitless and in this Module we can only describe their basic use in the hope that you will experiment further. However, during their development the use of the ladders provided the following :

THE SANITATION LADDER :

- a knowledge of the excreta disposal methods practised in different parts of the country by different rural communities
- a better understanding of how men and women perceive the issue of excreta disposal; their perceptions of safe and unsafe practices, levels of knowledge concerning the relationship to health and hygiene and disease transmission
- a broader understanding of how different communities perceive and deal with the management of excreta disposal; methods and practices
- the different practices followed by men as opposed to women and/or children related to traditional belief and culture
- the regional differences that exist in how excreta disposal is managed and people's willingness to discuss the issues

The Sanitation Ladder :

The sanitation ladder is a set of 15 pictures that each show a method of excreta disposal commonly practised in certain parts in Zambia. The pictures are designed to be used together to make a 'ladder' or continuum of 'poor to good' practices or as stand alone posters to facilitate discussion of one method or practice.



The Water Ladder :

The water ladder is a set of 10 pictures that each show a particular water source or technology. As with the sanitation ladder, these pictures can be used as a set to create or build a ladder or as stand alone posters



The introduction of the water and sanitation ladders into different communities has highlighted the urgent need to address gender issues in the context to rural water supply and sanitation. If you would like to find out more about the current strategies that are being implemented contact N-WASHE, Lusaka. See page ii for details



From the wealth of information that was gathered the CMMU confirmed its view that :

- excreta disposal is a community *and* household issue
- the effects of poor health linked to unsafe practice affects the whole community's ability to participate in community development projects and initiatives
- the sanitation ladder is a useful participatory tool that activates discussion and breaks down some of the barriers that exist around talking about excreta
- other sanitation related issues need to be discussed with communities to strengthen the understanding of the links between health, hygiene and sanitation
- the whole topic of excreta disposal is incredibly complex, not fully understood from a sociological point of view, but it can be discussed with communities in a way that may induce behaviour change
- water and sanitation should be linked through the facilitation of health and hygiene education
- meaningful results can be achieved by encouraging communities to improve their excreta disposal facilities and personal hygiene practices in a step by step way - the answer is not to move from crude defecation to a VIP latrine in one step, or necessarily deciding that a low cost technology is inferior to high cost/high technology options
- low cost technology options should be encouraged



This is the basic principle of the WASHE concept and community management approach to sustainable rural water supply and sanitation



See Supplementary Modules (5a) - Options for Excreta Disposal Facilities



For example, the development of participatory tools to discuss hand washing practices, methods and times. These are described in this Module. See page 45 and 49

THE WATER LADDER :

- a knowledge of what existing sources a particular community is using
- an understanding of what a community perceives to be "a poor" water situation
- an understanding of what a community perceives as "a good" water situation
- a greater understanding of where a community considers its existing source and practice to be in terms of a "poor" to "good" continuum
- a way of discussing the source in terms of safe supply and adequate supply
- a way of looking at possibilities to improve the existing source

- a tool to facilitate thinking about the problems and barriers which make achieving the desired 'good' source difficult
- a tool to demonstrate, through pictures, different types of technology and practice
- an understanding of the level of knowledge in a community of the links between water and health
- a way to open dialogue about the links between water and health with a community

From the wealth of information that was gathered, the CMMU confirmed its views that :

- communities do not necessarily make the link between poor health and hygiene and safe, adequate water supply
- communities often think high technology options are the only options without considering incremental improvements
- historically, communities have often viewed existing water points as being GRZ or project owned rather than community resources, for which they are responsible
- people tend to rely on more than one water source throughout the year and this affects their access to a consistently safe supply
- a more co-ordinated linkage needs to be made between the provision of sanitation facilities (particularly excreta disposal) and access to safe, adequate water supply

Example of pictures from the Sanitation and Water Ladders

TOPIC AREA ONE : WATER

By learning about the water ladder you will :

- have an understanding of its basic use
- be able to facilitate its use in the community
- be aware of its flexibility and potential
- be better equipped to use the tool as part of your overall approach
- understand the importance of using the tool in an open, free way to encourage participation

SUGGESTED TOOL : THE WATER LADDER

PREPARATION

The Water Ladder is an excellent participatory tool that has more than one use.

In this Module, we describe the basic use of the Water Ladder so that it can then be adapted to meet different objectives.

Before using the Water Ladder it is important to think about the information that you may gain from its use. Your skills as a facilitator will develop over time, but from the start you should :

- have an open mind
- ask open questions
- be prepared for the unexpected, so avoid going to the community with preconceived outcomes
- be flexible
- let the community take the lead

The Water Ladder is a set of 18 pictures that each depict a particular water source. The pictures include traditional sources, for example shallow wells and rivers and common hardware technology types.

The pictures have been developed to cover the range of water collecting practices found in Zambia, but it should be remembered that these practices differ slightly from province to province. When using the Water Ladder always check that the community or household group understands and can interpret each picture in their own



This activity usually takes approximately 2 hours depending on the size of group and the level of participation



Use Tool Kit referenced : 6b : Water Ladder



Open questions :

- induce curiosity
- touch matters of common interest
- bring out good qualities in people
- have a purpose, i.e. move a group forward
- are not leading

USING THE WATER LADDER ACROSS
TOPIC AREAS:

Be creative and think of different ways to use the ladder, remember that you do not have to use all the pictures at once

Possible uses developed as a result of its initial use include:

- looking at excreta disposal in water sources and safe water collection
- discussing a particular problem associated to a water source or health and hygiene issue
- finding ways to make small improvements to a source
- discussing a particular technology type or option
- looking at barriers and problems associated with achieving the desired source
- establishing current practices in the use, collection and storage of water

The information gained from the ladder will probably lead to its further use and the use of other participatory tools

context. If a particular picture is confusing or simply not recognised, take time to explain it, or if the participants still do not accept it, remove it from the exercise.

The basic principle of the Water Ladder is that water sources can be ranked through a sequence, as being "poor to good" or "not ideal to ideal". How this sequence or continuum is decided upon is up to the community and their perceptions of "not ideal" and "ideal". These decisions will be based on a combination of many factors which may include:

- the community's traditional beliefs and the practices of past generations
- the community's perception of what is, and is not, clean water
- the amount of external influence and previous donor or agency involvement
- the work of existing community animators and the messages of extension staff
- local constraints and reliable access to water at different times of the day or year
- the stability of the community and whether or not they shift throughout the year, for example the movement of fishing communities
- the local environment and soil conditions that the community may understand better than the implementing agency
- what the community thinks you want to see and hear
- the over-promotion of a particular technology type by one donor or agency

It is important that you are aware of these influences and understand which can be worked upon and which are fixed attitudes that you may not be able to change or indeed wish to.

We suggest that the **Water Ladder** is one of the first participatory health and hygiene tools introduced to the community. From its use you will be able to develop a direction that can be followed with a particular community or group of people within it. Its use will stimulate an interest in, or a need to look closer at current health and hygiene practices and areas where it is desirable to influence a change in behaviour. Remember to use the

tool in a flexible, open way and try not to have preconceived ideas about the outcome.

Guidelines for facilitating the use of the Water Ladder :

- divide the community into groups, ideally no more than ten people per group to make sure that everyone can see the pictures, can contribute and that the Ladder does not become overcrowded
- give each group a set of pictures, making sure that they are shuffled and do not already pre-determine a particular order that may suggest a "right" or "wrong" sequence
- try and allocate one facilitator to each group. The task of facilitator is to ask open questions and probe the community to think about the decisions that they are making. Most importantly, the facilitator is there to listen and observe, learning and absorbing as much as possible about the community
- make sure that each group has enough space to work in and that the groups are not too close to each other. Spacing the groups will allow for active discussion that will not disturb others. Also, spacing will stop one group from influencing the next. The groups will need to be able to place the pictures in a single line, probably on the ground, and have sufficient room to move them around
- before making the Ladder make sure that the participants see and discuss each picture, removing any that they perceive to be irrelevant to their situation
- next, ask them to begin to sequence the pictures starting with the worst scenario to the best, so making a ladder. It is important during this part of the activity to encourage dialogue and questioning to ensure that influential members do not over dominate the rest and that a consensus is reached about why one picture is "better" or "worse" than another
- ask the participants to vote (one vote per person) as to where they consider their community to be now. If the Ladder has been constructed on the ground pebbles or beans could be used as voting counters. After each person has placed their counter try and reach a consensus on the most common current practice(s) and conclude the vote
- when the Ladder is completed to the agreement of everyone, record the sequence and name of the group for future reference (the pictures are coded to allow you to do this) - always make 2 copies, one for the facilitation team and another for the community



It is very important to consider how the community is divided into groups. For example, men and women if in separate groups, will probably see the ladder differently as they have terms of water and water use. Men may see little need for a more convenient source, however, women may see things very differently as the main users of the source



See Supplementary Module 7p - Group Dynamics and Energiser Tool Kit for ideas and tips about group work

Looking at the Water Ladder



Depending on the time of year and water availability, the practices may vary or be multiple

Rotating Plenary



- instead of returning to the main plenary area, participants gather around the working area of each group
- the host group shows and explains its work to the rest of the community/participants
- the participants move together to the next group area, and so on

These first ladders should be seen as providing baseline information. They indicate how the community perceives its current situation. How the ladders have been ordered will tell you a lot about the community's existing knowledge of safe, healthy and hygienic practices. Using this information, the facilitation team will be able to plan its next step



- ask the participants to nominate one person to describe the Ladder to the rest of the community. For ease of presentation we suggest that a rotating plenary is used - make sure that each group has the opportunity to present
- you may find that the Ladders from each group are very similar, however, if there are striking differences, ask the community to reach an agreement on a common Ladder - this may take some time and should be facilitated carefully to minimise conflict - look out for differences between the views of women and men and challenge them
- when a final Ladder has been agreed upon record it so that the facilitators can discuss it during their evaluation session
- finally and most importantly, facilitate a discussion on the messages and issues that have been raised through the activity - decide with the community if they want to change the current situation and plan when you will next help them to realise this goal

Things to watch out for :

- throughout the activity make notes for yourself about the different themes or issues that are being generated - use these as opportunities and plan your next sessions based on the information gathered
- always listen, observe, question and develop ideas for action
- the success of this tool rests on the discussion that is generated as a result of sequencing the pictures - we can not overemphasise the importance of observation and listening on the part of the facilitator
- as with all group activities, consider the group dynamics; how individuals relate to each other, who dominates the activity, who mediates, and so on



Always hold an evaluation session after the activity and share the information that has been generated in the different groups. Decide how the information can be used to promote your overall aim of establishing an adequate safe water supply.

TIPS FOR RECORDING THE LADDERS :

- do not mark the pictures that you are using with the community with codes that may suggest an order that is "correct"
- make copies of the record sheet that follows and always remember to fill in the date, community, group name, facilitators name and purpose of the session. One Ladder record sheet can look very like another and they are easily confused! Always make a double record of the information -one for the facilitation team and another for the community.



The pictures in the Water Ladder tool kit are coded for the facilitator's use. The codes should not suggest a right or wrong sequence

WATER LADDER ORDER RECORDS									
VILLAGE :					DATE :				
PURPOSE OF ACTIVITY :					Facilitator :				
PICTURES	GROUP ONE		GROUP TWO		GROUP THREE		GROUP FOUR		TOTALS
	ORDER	VOTE	ORDER	VOTE	ORDER	VOTE	ORDER	VOTE	
A									
B									
C									
D									
E									
F									
G									
H									
I									
J									
K									
L									
M									
N									
O									
P									
Q									
R									

RECORDING WORK

Pictures of the Water Ladder

USING THE TOOL ACROSS TOPIC
AREAS:

This activity can be used in conjunction with the Water Ladder to gain an in-depth view of water use and practice and the community's hopes and aspirations. Always be careful during your planning session to make sure that you are not duplicating activities or objectives - this will lead to boredom and a lack of interest and participation.

This activity will take between 2 - 3 hours, depending on the size of the group and the level of participation.



Use Tool Kit referenced : 6b : Water; Water Use and Practices

TOPIC AREA ONE : WATER USE AND PRACTICE

By the end of this activity you will have :

- learned which are the water sources that the community relies on
- discussed what water is being used for
- identified the problems around existing supplies
- discussed possible opportunities

**SUGGESTED ACTIVITY : VISUALISED DISCUSSION
AND COMMUNITY
MAPPING****PREPARATION**

Before facilitating specific health and hygiene education activities with the community it is important to establish what they are using water for. Equally, it is worth finding out how the water is used for different purposes and what the practices are.

We know that water is used for a variety of purposes which most commonly include :

- drinking
- washing
- cooking
- irrigating
- livestock
- gardening
- bathing

Sometimes all the water that a community needs will come from one source, but not always. Throughout the year it may be necessary to change source as one after another runs dry, and so on. How the community uses water, collects it and stores it will have an effect on their health and well being. Gaining a clear picture of water use helps the community to focus on the issues related to health and better resource management.

The National Water Point Inventory details all known water points in rural Zambia



There is an inventory for each district. The inventory gives detailed information about each point it's reliability, use, owner, etc. that was correct at the time of the survey

Contact either N-WASHE, Lusaka (see page ii) or the District Council for details

This activity is built around two participatory tools : pictures that depict different situations and community mapping. The tools complement each other and link health and hygiene issues to the project cycle for rural water supply, but they do not have to be used in that context.

By looking at pictures that show different water uses and practices the community is given the opportunity to build on their own experiences and knowledge. The information is then drawn on a community map and the facilitator is able to use this to stimulate discussion. This is a fact finding activity and one which provides baseline information to assist you to decide what to work on next.

Community mapping is used during the participatory assessment stage of the project cycle for rural water supply. We strongly suggest that you facilitate this activity in the context of community assessment as the outcomes will lead to the participants making decisions about their needs.

Before facilitating the activity make sure that the facilitators understand how the tools are to be used.

- visualised discussion using pictures

Sometimes it is difficult to understand, describe things and agree by only using words. Pictures are a useful and effective way of focusing attention and agreeing on what is seen. In this activity a set of pictures is used to stimulate discussion and generate ideas before moving on. The pictures show different uses of water and the common practices related to the use. As always, whenever pictures are used it is important to make sure that they are relevant to the community. If the community does not identify with the content of the picture, then it should not be used.

- community mapping

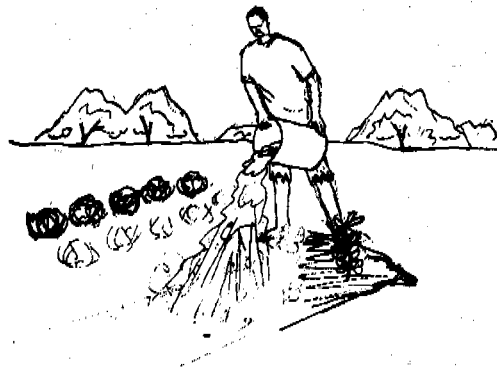
Mapping enables community members to visualise all their resources by drawing them on the ground (or on paper), using local materials such as charcoal, stones, sticks, leaves, or grasses in the form of a two or three dimensional picture or "map".



The Project Cycle for Rural Water Supply is described in Supplementary Module 7a. The cycle is the basic framework for a community management approach in rural water supply and Supplementary Module 7a - 7p take you through the process



See Supplementary Module 7d - Conducting Community Assessment



6b : Water; Water Use and Practices, Picture B

Explaining a community map

Community maps take various themes which usually stem from a resource or a social issue. Maps can stand alone to investigate one community feature or be linked together to discuss a variety of community issues.

In this activity we suggest that water use is the theme for a community map

Community maps are dynamic, they can be added or deleted as a situation within the community changes. Once drawn on the ground they are transcribed to a sheet of paper and referred to throughout the community development process. Mapping can involve modelling (making three dimensional representations of features, e.g. houses, wells etc.) and this is an effective way to involve the younger members of the community who may not readily fit into the community meeting structure. Maps remain the property of the community and the facilitator should only be in possession of a duplicate.

Remember that promoting health and hygiene education is an integral part of a community management approach. See Supplementary Modules 7a -7p



As this activity is being facilitated encourage discussion beyond simply what water is used for. For example, if water is being used for irrigating a garden how often is it collected, from which source, how long is it kept, how is it stored, is it used for anything else, and so on. By extracting this information a comprehensive picture can be built.

Guidelines for facilitating the activity :

Before conducting this activity check with the community and/or extension worker if a mapping activity has been carried out previously in the village. If it has, find out when the activity took place and why. Ask to see the map and seek permission to use it for this activity.

- introduce the activity by asking the community to think about how, when and why they use water
- pass the pictures around the group to stimulate discussion and generate ideas
- make sure that all the participants see the pictures and that they agree on what is shown

- open the discussion to include :
 - what water is used for
 - where these activities take place in relation to the source
 - which sources are used when
 - how and where the water is stored
- next invite the community to draw or construct a picture on the ground that shows the issues that you have been discussing with them, for example :

water sources; traditional wells, boreholes, rivers, etc.

gardens, cooking areas, places where clothes are washed, bathing areas - activities related to water use

the location of water storage containers

Remember the following when facilitating a community mapping exercise :

- the facilitator should help the community to get started by letting the community determine the first marks on the ground - the facilitator's role is to encourage others
- from this point on the facilitator should sit back and watch and listen - if facilitators start to interfere or direct the process it is better that they walk away!
- make sure that the community is given enough time to draw the map and that people on the edge of the activity are invited to take part
- encourage the use of three dimensional representation using pebbles, maize cobs, torn banana plant leaves, sticks and stones, etc.
- when the participants have exhausted the activity ask the groups to decide who is going to explain the map to the rest of the community
- view the map(s) and, if necessary, conduct a rotating plenary - always compare and contrast if there is more than one map
- as each presentation is taking place ask the community to make any necessary alterations, additions or deletions, making sure that consensus is reached at all times



The map will need to show the layout of the community, huts, communal areas, roads etc.

Make sure that there is sufficient space to carry out this part of the activity in the shade, where nothing will be disturbed



Rotating Plenary

- instead of returning to the main plenary area, participants gather around the working area of each group
- the host group shows and explains their work in situ
- the participants move together to the next group area, and so on

This part of the activity cannot be pre-determined. What you talk about will depend on what the map has shown. Use your knowledge of the community, their conditions and experience to relate the situations that have been highlighted to health and hygiene messages



- facilitate a discussion about how community health may be related to the situations that have been highlighted on the map, for example :

if you know the community has a high incidence of diarrhoeal disease, ask which water sources are specifically used for drinking, are the sources safe or are they a possible cause of the recurring health problems. You can then target specific health and hygiene messages at a later date or assist the community to take action to change the situation

- ask the community to evaluate what they have visually described in terms of :

- is the situation satisfactory?

- what immediate action can be taken to improve the situation?

- is supply adequate for the purpose?

- are there specific problem areas, and so on

- by this stage you are beginning to see potential opportunities, for example a traditional source that would benefit from fencing, a soakaway area that could be used for gardening purposes, a cooking area that could be protected from chickens, storage containers that could be raised off the ground to give better protection from contamination, etc.

Remember that your aim is to put in place barriers that will help to reduce the risks of disease transmission



- build on these opportunities and use them to plan future sessions and activities

- decide with the community what will happen next

- always summarise the activity and never walk away with the only one copy of the map - one copy should always stay with the community



Maps should always be transferred to paper so that a permanent record can be kept for future use - always label, date and number maps



Things to watch out for :

- do not let community leaders dominate the construction of the map
- ensure women are able to participate, it is advisable to let them make their own maps and then compare and contrast these with those drawn by men
- do not tackle too many issues in one session -the exercise will probably provide you with more information than you are able to deal with - observe, listen and plan for future activities



See Supplementary Module 8a -
WASH and Gender

The evaluation stage of this activity cannot be rushed and its value underestimated. Make sure that the facilitators discuss how the activity went and what opportunities for health and hygiene promotion have been presented as a result.

Decide what work needs to be done and what issues can be discussed with the whole community, for example :



- a) the community is prone to diarrhoea; from the map it seems their drinking water may be contaminated due to the chickens that they are keeping near the water storage containers, what can be done
- b) the community uses a traditional source for part of the year which is not protected from cattle in the area - could action be taken collectively to improve the situation?

TOPIC AREA ONE : WATER COLLECTION

By the end of this activity you will have :

- established how the community collects water for different purposes
- determined the type of containers used and the levels of hygiene practised
- discussed with the community safe and appropriate collection practices
- thought about the actions that can be taken to improve the existing situations

SUGGESTED ACTIVITY : 3 PILE SORTING

This activity will take between 1 1/2 - 2 hours depending on the size of the group and level of participation



Use Tool Kit referenced :
6b : Water : Three Pile Sorting;
Water Collection



This activity looks at how water is collected from the source and taken to its storage place. This is important to establish because if the water is contaminated during collection the chances of diarrhoeal disease will be increased. Encouraging careful, safe and adequate collection practices will help to reduce the risk. If we think of the physical effort and time spent collecting water, it seems to be wasted if the water then causes sickness and diarrhoea in the community due to the way it was collected.

This tool uses a **set of eight pictures** that show either a "good", "bad" or "in-between" way of collecting water from a health and hygiene point of view. The community discusses the pictures and makes decisions about whether what they see is a "good", "bad" or "in-between" practice. The use of sorting allows the community to use their existing perceptions of what is a "safe", "unsafe" or an "in-between" practice before the advice of the facilitator is called upon. This way, the community is drawing upon its own experiences and knowledge to form conclusions, rather than having ideas imposed by outsiders. The sorted piles provide the basis for discussion and are an investigative tool.

There are a number of practices which lead to the contamination of water while it is being collected, these include :

- whether the source is protected or not
- collecting from a protected source the drawing bucket may be put on the ground, or the rope falls to the ground; thus contamination
- the bucket or container being dirty
- the bucket has been cleaned in the source before collection, so leaving dirt in the water
- leaves having been put over the bucket in an effort to improve taste, protect the water or reduce spills
- the collector having stepped into the source while collecting the water
- contaminated/dirty hands pollute the safe water whilst collecting
- the water being left uncovered during the time it took for it to be transferred to its storage container

6b : Water : Three Pile Sorting; Water Collection, Picture b

While some of those practices do not appear to be potentially harmful, this is not the case. It is a common practice in Zambia to cover the collection bucket/container with leaves. Some communities believe the leaves add to the taste of the water, but often the vegetation falls into the water along with harmful bacteria, dust or insects which have a harmful impact on the quality of the water instead of improving it. Stepping into the source, perhaps a shallow unprotected well, while filling the container also causes contamination.

Deciding what the water is to be used for has an effect on how it is collected, but the advice is that all water should be collected in a safe manner. For example, collecting river water for gardening may seem appropriate, but collectors may find themselves with bilharzia if the source has bilharzia germs.

So safe water collection involves :

- collecting from safe, protected sources
- washing hands before drawing water
- using clean, designated buckets or containers, never those that have been used for fertiliser, pesticides, etc.



Bilharzia (Schistosomiasis) is preventable. Communities that live near rivers or lakes should be encouraged :

- never to urinate in or near the river
- to always use a latrine
- to avoid walking barefoot in water that is carrying schistosomiasis
- to get treatment early if the disease is suspected

- ensure rope/bucket for drawing does not touch the ground
- cleaning the bucket or container away from the source
- being aware of what the water is to be used for and protecting it accordingly, i.e. covering the bucket with a lid (if available) and not leaves. If trying to stop spilling do not overfill the container
- never stepping into the source or defecating in or near it

Guidelines for facilitating the activity :

- introduce the activity and explain that you are going to discuss safe water collection with the community/household
- depending on the members of the community that you are working with, if necessary split the participants into groups. If possible, allocate one facilitator per group and make sure that they have a set of pictures.

Ask each facilitator to :

- make sure that all the participants see all the pictures and that together they discuss what they see
- next ask that the participants start to sort the pictures into 3 piles; one pile for "good or safe" practices, one pile for "bad or unsafe" practices and one pile for those pictures that appear to be somewhere in the middle of good and bad, i.e. "in-between"
- discuss in the group why certain pictures have been placed in certain piles, always linking the water collection practice to the intended use for that water and the underlying reasons for these practices
- determine which practice is currently used by the community/household and whether they consider it to be adequate, safe or appropriate
- when each group has fully discussed the pictures and is happy with the contents of each pile, ask them to decide who will present their work to the rest of the community
- as each group presents, try and establish whether or not there is a consensus about which are safe, unsafe or appropriate practices
- summarise the activity by highlighting when and why safe water collection is important and decide with the community how they can improve their own practice

Water collection is traditionally the role of women and in the immediate term it is their practice that you may be trying to influence. However, a healthy community is the responsibility of everyone and so do not exclude men and children.

Dividing men and women into separate groups may be beneficial, but this needs careful planning so that the women are not marginalised or blamed for poor practice



Refer to Supplementary Module 6a for more information regarding the transmission routes of diseases related to poor water storage



Things to watch out for :

- it may be necessary to conduct some small group work with women in the community to effect a change in practice. Perhaps target women's groups, those attending rural health centre under 5 clinics, PTA's, and so on
- do not exclude men - health and hygiene education contains messages for everyone and the responsibility for change rests with everyone
- target Child-to-Child where it exists - assist teachers to learn how to use the tool with children, particularly the girl child who will be involved in water collection at home



The D-WASHE Committees should be able to provide information about the Child to Child activities in the district

Always evaluate the activity and think about your next step. Also consider how this activity links into the overall development of the community.



USING THE TOOL ACROSS TOPIC
AREAS:

It is important that before facilitating this activity you have:

- discussed with the community/ household what they are using water for

The Water Ladder activity and the water use and practice activity will help you to achieve this. See page 21 and 26

Also consider this activity in relation to water collection, See page 32

This activity will take between 1 1/2 - 2 hours depending on the size of the group and level of participation



Use Tool Kit referenced:
6b: Water: Three Pile Sorting:
Water Storage

TOPIC AREA ONE : WATER STORAGE

By the end of this activity you will have :

- established how the community currently store their water
- determined the type of containers that are used, when and why
- discussed with the community safe and appropriate water storage for different purposes

SUGGESTED ACTIVITY : 3 PILE SORTING

This activity looks at how and where water for different use is stored. Depending on what the water is being used for makes a difference to how and where it should ideally be stored.

For example, water that is being used only for bathing or irrigating a garden does not require the same careful storage as water that is meant for drinking or cooking. However, **all water is potentially drinking water** and so it is very important that communities are clear about their water storage practices.

All water storage should be appropriate in order not to introduce contamination!

Reducing contamination and careful water storage will help the community to stay healthy.

This tool uses a **set of eight pictures** that show either a "good", "bad" or "in between" way of storing water from a health and hygiene point of view. The community discusses the pictures and makes decisions about whether what they see is a "good", "bad" or "in-between" practice. The use of sorting allows the community to use their existing perceptions of what is a "safe", "unsafe" or an "in-between" practice before the advice of the facilitator is called upon. This way, the community is drawing upon its own experience and knowledge to form conclusions rather than having ideas imposed by outsiders. The sorted piles provide the basis for discussion and are an investigative tool.

6b: Water: Three Pile Sorting: Water Storage, Picture

6b: Water: Three Pile Sorting: Water Storage, Picture

Before facilitating this activity it is important that the facilitators are aware of the importance of safe water storage methods. The following information will help you to prepare for the facilitation :

- ***ideally drinking and cooking water*** should be clean and protected during storage
- ***bathing, irrigation and washing water*** need not be as clean as drinking or cooking water and does not require the same careful storage
- **drinking and cooking water** should be *kept separately* from **bathing, irrigation and washing water**

Water can become contaminated during storage when :

- the water is stored uncovered allowing animals, dust, insects and perhaps harmful bacteria to access it
- if the container it is stored in is on the ground and a knocked off by animals or children, allowing to contamination
- drinking and cooking water is not stored separately from washing water

This can be avoided by making sure that :

- stored water is covered at all times
- stored water is kept off the floor/ground
- drinking and cooking water is kept separately from water used for other purposes

Finally, before facilitating the activity always make sure you are familiar with the pictures and that you have sufficient sets to work with.

There are a number of ways that this exercise can be adapted. Depending on the objectives, add new cards to suit the needs of the community that you are working with



Check at each step that there is no misunderstanding between the facilitator and the community about what the intended use of the water in the particular situation or picture is



This activity can also be facilitated in the following way:



- in groups form a circle
- ask 2 volunteers to stand in the centre
- give them a set of pictures
- ask them to start sorting them into good, bad and in-between
- encourage the other participants to join in until everyone has contributed and a consensus has been reached
- discuss what has happened and comment on the piles

Different households within a community may use different methods. Discuss the pros' and cons' of these tactfully and try and reach a consensus about the best practice



Guidelines for facilitating the activity :

- introduce the activity and explain that you are going to discuss safe water storage with the community/household
- depending on the members of the community that you are working with, if necessary split the participants into groups. If possible allocate one facilitator per group and make sure that they have a set of pictures.

Ask each facilitator to :

- make sure that all the participants see all the pictures and that together they discuss what they see
- next ask that the participants start to sort the pictures into 3 piles; one pile for "good or safe" practices, one pile for "bad or unsafe" practices and one pile for those pictures that appear to be somewhere in the middle of good and bad, i.e. "in-between"
- discuss in the group why certain pictures have been placed in certain piles, always linking the water storage to the intended use of that water
- determine which practice is currently used by the community/household for its different water uses and whether they consider it to be adequate, safe or appropriate
- when each group has fully discussed the pictures and is happy with the contents of each pile ask them to decide who will present their work to the rest of the community
- as each group presents try and establish whether or not there is consensus about which are safe, unsafe or appropriate practices for the intended water use
- summarise the activity by highlighting when and why storage is important and decide with the community how they can improve their own practice

Things to watch out for :

- it may be necessary to think of income generating activities if containers need replacing at household or communal level
- if a communal source is contaminated talk about how the V-WASHE committee or well committee can help to solve the problem
- always link the need for safe water storage to health and use real examples whenever possible

Always evaluate the session and think about the cheap, or no cost, quick steps that can be taken to improve the situation. What other health and hygiene issues have been raised as a result of the activity? How can you assist the community to look at these?



TOPIC AREA TWO : SANITATION

By learning about the Sanitation Ladder you will :

- have an understanding of its basic use
- be able to facilitate its use in the community
- be aware of its flexibility and potential
- be better equipped to use the tool as part of your overall approach
- understand the importance of using the tool in an open, free way to encourage participation

SUGGESTED TOOL : THE SANITATION LADDER**PREPARATION**

The Sanitation Ladder is an excellent participatory tool that has more than one use.

In this Module we have described the basic use of the Sanitation Ladder so that it can be adapted to suit different situations.

Before using the Ladder, it is important to think about the information that you may gain from its use. Your facilitation skills will develop over time, but from the start you should :

- keep an open mind
- ask open questions
- be prepared for the unexpected
- be flexible
- let the community take the lead

The Sanitation Ladder is a set of 15 pictures that each show an excreta disposal method, practice or technology.

The pictures have been developed to cover the range of excreta disposal methods, practices and technology options found in Zambia. How excreta disposal is managed differs from province to province, district to district. Often within a district practice varies. For example, in a district that has a valley and plateaux, the people in the valley may defecate in or near the river because of the rich grass land, while those on the

This activity usually takes approximately 2 hours depending on the size of group and the level of participation



Use Tool Kit referenced :
6b : Sanitation : Sanitation Ladder



Open questions :

- induce curiosity
- touch matters of common interest
- bring out good qualities in people
- have a purpose, i.e. move a group forward
- are not leading



plateaux may defecate in the bush. A further variation in the district may be found near the tarmac where pit latrines are in existence following a recent donor intervention and decline in the bush nearby. Even within a village practices may vary as excreta disposal is a household issue. One household may allow everyone, women and men, to use the latrine at all times, while another, because of traditional belief, may prevent women from using the latrine during pregnancy, and so on. The issue is complex and assumptions should never be made.

The Sanitation Ladder allows participants and facilitators to analyse what the existing situation is in a community and why. This baseline information can then be used to decide what to do next. Perceptions and attitudes about excreta disposal will always be different and using the Ladder will help to expose them.

Due to the range of practices and understanding of issues related to excreta disposal, facilitators should always check that the community understands and can interpret each picture in their context. If a particular picture is confusing or simply not recognised, take time to explain it, or if the participants still do not accept it, remove it from the exercise.

The basic principle of the Sanitation Ladder is that the disposal of excreta can be ranked, through a sequence from "poor" to "good", or a "not ideal" to an "ideal" practice or method.

The key message through using the Ladder is that "poor" disposal methods or practices are so because of their direct bearing on the health of the community.

"Good" practices and methods are so because they use safe hygiene practices (in the context of excreta disposal).

Because using the Sanitation Ladder deals with people's perceptions and attitudes of what is "safe" or "good", there is no right or wrong way to build it. How a community builds the Ladder will provide indicators of their existing knowledge of safe health and hygiene practice and how this knowledge is applied to the methods that they choose to use.

Using the Sanitation Ladder with the community. Here the Ladder is hung on a washing line so that everyone can see it and the pictures can be changed around easily

USING THE TOOL ACROSS TOPIC
AREAS:

Be creative and think of different ways to use the Ladder, remember that you do not have to use all the pictures at once.

Possible use developed as a result of its initial use included:

- discussing a particular problem associated to a water source that is also used as an excreta disposal site
- finding ways to make small improvements to sanitation facilities
- discussing a particular technology type or option; for example, grass or brick structures
- looking at barriers and problems associated with achieving the desired level of facility
- establishing current practices and their relation to hygiene, hand washing, etc.

The information gained from the Ladder will probably lead to its further use and the use of other participatory tools

It is important to consider how the community is divided into groups. For example, women may perceive sanitation very differently from men. Traditional practice and culture has an effect on equal access to technology options and acceptable excreta disposal methods. Women may not be allowed to use the same latrine as their husbands and pregnant women may be restricted to the bush. Depending on the make up of the groups, there is likely to be different information coming forward. Consider this carefully before beginning the activity



See Supplementary Module 8a - WASHE and Gender



See page 47 for more details regarding voting techniques



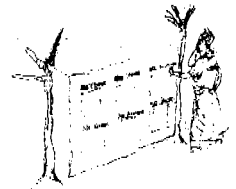
We suggest the **Sanitation Ladder** is one of the first participatory health and hygiene tools that is introduced to the community. From its use you will be able to develop a direction that can be followed with a particular community or group of people within it. Its use will stimulate an interest in, or a need to look closer at, current health and hygiene practices and areas where it is desirable to influence a change in behaviour. **Remember** - use the tool in a flexible, open way and try not to have preconceived ideas about the outcome.

Guidelines for facilitating the use of the Sanitation Ladder :

- divide the community into groups, ideally, no more than ten people per group to make sure that everyone can see the pictures, can contribute and that the Ladder does not become overcrowded
- give each group a set of pictures, making sure that they are shuffled and do not already pre-determine a particular order that may suggest a "right" or "wrong" sequence
- try and allocate one facilitator to each group. The task of facilitator is to ask open questions and probe the community to think about the decisions that they are making. Most importantly, the facilitator is there to listen and observe, learning and absorbing as much as possible about the community
- make sure that each group has enough space to work in and that the groups are not too close to each other. Spacing the groups will allow for active discussion that will not disturb others. Also, spacing will stop one group from influencing the next. The groups will need to be able to place the pictures in a single line, probably on the ground and have sufficient room to move them around
- before making the Ladder make sure that the participants see and discuss each picture, discarding any that they perceive to be irrelevant to their situation
- next, ask them to begin to sequence the pictures starting with the worst scenario to the best, so making a Ladder. It is important during this part of the activity to encourage dialogue and questions to ensure that influential members do not dominate the rest and that consensus is reached about why one picture is "better" or "worse" than another
- ask the participants to vote (one vote per person) as to where they consider their community to be now. If the Ladder has been constructed on the ground, pebbles or

beans could be used as voting counters. After each person has placed their counter try and reach a consensus on the most common current practice and conclude the vote

- when the Ladder is completed to the agreement of everyone, record the sequence and name of the group for future reference (the pictures are coded to allow you to do this) - always make 2 copies, one for the facilitation team and another for the community
- ask the participants to nominate one person to describe the Ladder to the rest of the community. For ease of presenting we suggest that a rotating plenary is used. Make sure that each group has that opportunity to present
- you may find that the Ladders from each group are very similar. However, if there are striking differences ask the community to reach an agreement on a common Ladder. This may take some time and should be facilitated carefully to minimise conflict
- when a final Ladder has been agreed record it so that the facilitators can discuss it during their evaluation session
- finally, and most importantly, facilitate a discussion about the messages and issues that have been raised through the activity. Decide with the community if they want to change the current situation and plan when you will next help them to realise this goal



Rotating Plenary

- instead of returning to the main plenary area, participants gather around the working area or each group
- the host group shows and explains their work in situ
- the participants move together to the next group area and so on



Watch out for the different ideas and opinions coming from women and men and challenge them



These first Ladders should be seen as providing baseline information. They indicate how the community perceives its current situation. How the ladders have been ordered will tell you a lot about the community's existing knowledge of safe health and hygiene practices. Using this information, the facilitation team will be able to plan its next step

Things to watch out for :

- throughout the activity make notes for yourself about the different themes or issues that are being generated - use these as opportunities and plan your next sessions based on the information gathered
- always listen, observe, question and develop ideas for action
- the success of this tool rests in the discussion that is generated as a result of sequencing the pictures. We can not over emphasise the importance of observation and listening on the part of the facilitator
- as with all group activities, consider the group dynamics; how individuals relate to others, who dominates the activity, who mediates, and so on



Always hold an evaluation session after the activity and share the information that has been generated in the different groups. Decide how the information can be used to promote your overall aim of establishing safe excreta disposal practice.

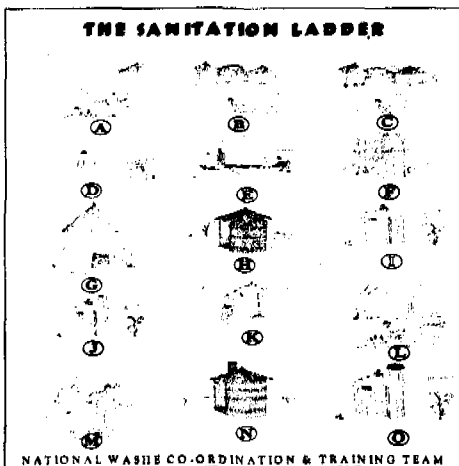
The pictures in the Sanitation Ladder tool kit are coded for the facilitator's use. The codes should not suggest a right or wrong sequence



TIPS FOR RECORDING THE LADDERS :

- do not mark the pictures that you are using with the community with codes that may suggest an order that is "correct"
- make copies of the record sheet that follows and always remember to fill in the date, community, group name, facilitators name and purpose of the session. One ladder record sheet can look very like another and they are easily confused! Always make a double record of the information -one for the facilitation team and another for the community.

RECORDING WORK



Pictures of the Sanitation Ladder

WATER LADDER ORDER RECORDS									
VILLAGE :					DATE :				
PURPOSE OF ACTIVITY :					Facilitator :				
	GROUP ONE		GROUP TWO		GROUP THREE		GROUP FOUR		TOTALS
PICTURES	ORDER	VOTE	ORDER	VOTE	ORDER	VOTE	ORDER	VOTE	
A									
B									
C									
D									
E									
F									
G									
H									
I									
J									
K									
L									
M									
N									
O									
P									

TOPIC AREA THREE : HAND WASHING TIMES

By the end of this activity you will have :

- established when community members wash their hands
- established the reasons why the community thinks hand washing is important at certain times and not at others
- established the existing levels of knowledge about hand washing and hygiene in relation to the risk of disease transmission

SUGGESTED ACTIVITY : STAND ALONE POSTERS

PREPARATION

The promotion of hand washing methods and hand washing times should be seen as an integral part of ensuring community health and well being. The provision of water supplies and sanitation facilities alone will do little if personal and community hygiene is not also addressed.

When people wash their hands, or remember to do so, is a personal matter, but failure to do so regularly can affect the whole community. The transmission of germs, bacteria and disease, from the hand of one person to the mouth of another, either directly or via food, is a constant threat to the community if hand washing practices are poor.

Promoting the practice of hand washing at particular times of the day is important because :

- the risk of germs, bacteria and disease transmission is higher following certain daily activities, for example :
 - after defecating or passing urine
 - after handling the faeces of small children
 - after working, for example in the fields
- if food is handled, either during its preparation, while cooking or being eaten, when hands have not been washed, then the risk of transferring germs, bacteria or disease greatly increases
- where there is no soap - scoring materials like "luster sponge", etc. may be used



USING THE TOOL ACROSS TOPIC AREAS :

This activity should be facilitated with, or in relation to, the activity described for hand washing methods. See page 48.

This activity could also be used in conjunction with pictures from the Sanitation or Water Ladder to discuss hand washing times in relation to water use and excreta disposal practices



This activity will take between 1 - 2 hours depending on the size of group and participation levels



Use Tool Kit referenced :
6b : Personal Hygiene Stand Alone Posters; Hand Washing Times



Supplementary Module 6a Section 2 - Common diseases related to poor water and sanitation practices.

The faeces of small children and babies contain harmful germs, bacteria and carry the risk of disease transmission



Ideally, soap should be used, but it is not always available or indeed affordable. The important thing



6b : Personal Hygiene Stand Alone Posters; Hand Washing Times, Picture B

See Supplementary Module 6a



Hand washing is linked directly to the availability of water. If water is available but in short supply, it is unlikely that people will use it for hand washing before prioritising the drinking aspect of it. How can this be overcome?



- hands should always be washed at the following times :
 - after defecating or passing urine
 - after handling the faeces of small children or babies
 - before handling or eating food
 - before handling water containers
 - before scooping water to drink
 - after working in the fields

The activity described to promote appropriate hand washing times uses **stand alone posters** to establish when the community considers is the right time(s) to wash their hands. Once the current behaviour patterns have been established, a discussion is facilitated about why hand washing is carried out at these times and not others. Further discussion will hopefully lead to an understanding of what the community perceives to be a risk to health in relation to different activities and hand washing times. Decisions can then be taken to decide how behaviour can be changed or influenced.

There are many reasons why a community may not wash their hands at regular times, these include :

- a lack of knowledge and understanding of faecal-oral transmission routes
- poor or no access to water
- a lack of awareness, and generally not making the links between water, sanitation and health
- personal habits, choice and simply not remembering to do it!

Hand washing after or before particular activities should be part of everyday life, yet most of us forget to do so sometimes. If forgetting is the only problem, then the task of influencing change will be easier. If lack of knowledge is the main reason then the work of the facilitator to induce change will probably involve a long, slow process.

The reasons for hand washing at regular and specific times are the same as those for using safe hand washing methods. See page 50.

Guidelines for facilitating the activity :

- introduce the session and divide the community into groups, and if possible allocate one facilitator per group

Ask each facilitator to :

- give the posters to the participants and let them discuss what they see in each one. *Alternatively*, one poster can be shown at a time and discussed before the next one is introduced
- when all the posters have been seen by all the participants in the group a consensus should be reached about what is seen and understood in each one
- the groups can then return to plenary where the lead facilitator begins to go through the posters once more
- the lead facilitator shows each poster in turn to the whole community and checks that there is consensus that everyone sees and agrees upon the context of each poster
- when everyone is satisfied the facilitator introduces the pocket chart or an **alternative voting technique** and explains the voting procedure
- each person is asked to think about *when* they wash their hands - which activities of the ones shown are linked to the *need* to wash hands?
- each person, in turn, is asked to vote by placing a counter, pebble or bean into the pocket behind the poster (if using the pocket chart) that most closely represents their practice. Each person may want to vote a number of times
- when everyone has voted, count the votes and declare the results
- next, either in small groups or in plenary, discuss the poster(s) that represent the times when people **do** wash their hands and the times when the voting has suggested that they **do not**
- try and establish why it is perceived to be important to wash hands at some times rather than others



Think carefully about how people are divided into groups. Men and women should wash their hands equally. However, women undertake different activities to men, for example preparing food, handling the faeces of small children and collecting water - these activities carry greater risk to community health than others. Working with women's groups will be important if behaviour is to be influenced



See page 52 for information about how to use the pocket chart voting technique

ALTERNATIVE VOTING TECHNIQUES :

TECHNIQUE ONE : DOT VOTING

1. Choose a place where people can vote easily
2. Mark a grid on a large piece of paper or on the ground

Place a counter, pebble or bean in each box that is to be voted upon

Participants in turn take a counter, pebble or bean, using a marker pen or charcoal, in the box that contains the activity they support

Count the votes in each box. Each dot, two votes

Announce the results to everyone and count the votes

TECHNIQUE TWO : PEBBLE OR BEAN VOTING

This is a similar method to dot voting but is probably the easiest to use

Each choice is given a vote. Voting is done in secret by placing a pebble, bean or small stone in the pot. The pots can then be emptied in front of the community and the votes counted

See page 49 for hand washing methods



- ask open questions to establish if the practice is seen to be :
 - hygienic
 - adequate
 - safe
- link the times when hand washing is practised to the methods used
- develop the discussion to include the relevant health and hygiene messages
- discuss how remembering to wash hands at certain times can be encouraged
- in plenary, summarise the activity reinforcing the health and hygiene messages and linking these to the health of the community and the desire to reduce diarrhoeal disease
- always take the time to explain why poor hand washing practices are linked to poor health, particularly diarrhoeal disease

See Supplementary Module 6a



Things to watch out for :

- *be aware that the hand washing times indicated as being normal practice may not be consistent practice*
- look out for differences in when men and women wash their hands and seek to establish why this is the case
- it will probably be necessary to conduct sensitisation work with women; they are at greater risk, both in terms of their own health and that of their families - women will be the people handling the faeces of small children and babies, handling the food, serving water, etc.



Always evaluate the session as a group of facilitators. Discuss how the messages can be further promoted and link the activity to others that you are involved in.

TOPIC AREA FOUR : HAND WASHING METHODS

By the end of this activity you will have :

- established what methods the community is currently using to wash their hands
- discussed with the community why they consider these methods to be appropriate
- discussed possible alternatives
- established the community's perception of safe, adequate practice
- an idea of the existing levels of knowledge concerning faecal-oral disease transmission
- related the methods used to wash hands and when they are used

SUGGESTED ACTIVITY : STAND ALONE POSTERS

PREPARATION

How people wash their hands is important if the risk of disease transmission is to be reduced. *How* hands are washed is directly related to *when* hands are washed so this activity should be seen in relation to the promotion of appropriate hand washing times.

People wash their hands in different ways, some people use soap, some do not, others use ash, sand or just water, some regularly wash their hands while others only do so when they consider their hands to be very dirty.

Hands that are not washed in a safe and adequate way are a risk to community health as they may carry germs, bacteria and dirt that contributes to the spread of disease. The previous activity in this Module looked at *when* hands should be washed. Here the focus is on *how* best hands should be washed.

The activity uses **stand alone posters** to establish which are the most common hand washing methods used by a community. Once the method used has been established a discussion is facilitated about why this method is used and how effective it is from a hygiene perspective.

Hand washing is a personal issue and how hands are washed is linked to people's perceptions of when their hands need to be clean and how clean they should be.



USING THE TOOL ACROSS TOPIC AREAS:

This activity will only be beneficial if used with or in relation to the activity described for hand washing times. See page 45



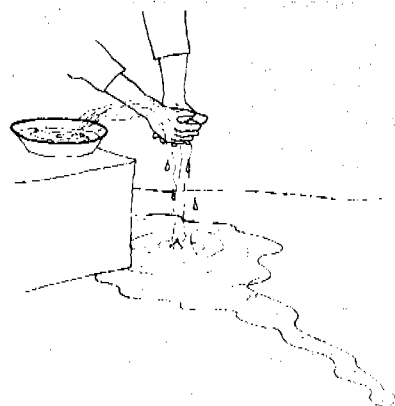
This activity will take between 1-2 hours depending on the size of the group and participation levels



Use Tool Kit referenced :
6b : Personal Hygiene; Hand Washing methods.



Dirt is a subjective concept and the amount of dirt tolerated by people is different from one person to the next. Different people have different perceptions of what is dirty and clean



6a : Personal Hygiene; Hand Washing Methods, Picture D

Washing with water alone is not enough. To remove faecal contamination, hands must be washed with an agent such as soap, mud or ashes which requires the hands to be rubbed together.

There are many reasons why regular safe hand washing is not practised and these need to be discussed with the community, for example :

- some communities do not have access to sufficient water
- preference or availability has led to hands being washed with soap only after eating nshima with fish, meat, etc. and not before, if at all
- the use of one dish of water to wash a number of people's hands is common practice
- hand washing is linked directly to usual behaviour or "habit" and it is very difficult to induce change
- hand washing may simply not be seen as an important part of maintaining community and personal health

For many people hand washing with soap before eating nshima leads to the taste of soap being left on their hands, instead hands are rinsed in water only, if at all



The facilitator should always explain the transmission routes of disease and emphasise how hand washing acts as an important barrier which reduces the risk of infection



Hand washing should be part of everyday life, something that is done automatically, yet very few people practice the use of hygienic methods *all the time*

The method of hand washing used is important because :

- bacteria and germs that are left on the hands, particularly after defecation, can be passed on to the mouth if hands have not been washed
- the handling of food becomes dangerous if hands have not been washed after defecation or assisting young children after they have defecated or handling a baby's faeces
- diarrhoeal diseases, such as cholera, are rapidly spread through poor hygiene conditions and this includes poor hand washing

The best method of washing hands is :

- for each person to use different water - this can be from the same bowl but the hands should be washed away from the bowl so as to prevent dirty water getting back into the clean water in the bowl
- hands should be washed using soap *at all times*, rinsing adequately to remove the taste and smell. This safe method should always be linked to *when* hands should be washed

This information is also related to the reasons why people only wash their hands at certain times and not others. See page 47



Children's and babies' faeces are often thought to be not dangerous in terms of hygiene. This is not the case. All faeces harbour germs and the risk of disease transmission from their handling. Children's faeces are more harmful than adults' because they have not built up immunities that adults' have



Sometimes a scoop or cup can be used to transfer water from the bowl to the hands



As we have said, influencing change in hand washing practice is very difficult and is never guaranteed to be sustained. For this reason, it is important to think about the way you are going to try and induce behaviour change. For example :

- safe hand washing methods should be promoted in schools where behaviour can be influenced
- projects to improve excreta disposal facilities should always include hand washing promotion and practical ways to ensure this happens
- influential community members should be targeted so that they understand the dangers of faecal-oral disease transmission and can influence behaviour change in others
- hand washing methods should be promoted as part of an overall health and hygiene education programme, linked to clean, safe and adequate water, refuse disposal and excreta disposal
- under 5 children's clinics and ante-natal clinics should be targeted so that women are aware of the risks to their health and that of family members

Before facilitating this activity it is a good idea to observe what happens in the community. Discuss the issue with the EHT and/or community health worker and include these people in the facilitation team.

Guidelines for facilitating the activity :

- introduce the session and divide the community into groups and if possible allocate one facilitator per group

Ask each facilitator to :

- give the posters to the participants and let them discuss what they see in each one *alternatively*, one poster can be shown at a time and discussed before the next one is introduced
- when all the posters have been seen by all the participants in the group a consensus should be reached about what is seen and understood in each one
- the groups can then return to plenary where the lead facilitator begins to go through the posters once more
- the lead facilitator shows each poster in turn to the whole community and checks that there is consensus that



Teachers can influence children's behaviour by ensuring that there are adequate hand washing facilities near pit latrines and food halls. This can be a container of water and the provision of soap
Alternatively, a scoop system can be introduced in pit latrines that are pour flush

Child to Child programmes should include hand washing education activities



Diarrhoeal diseases in young children and babies can be prevented - careful hand washing is part of this. Women need to be aware



Make sure that the facilitators are familiar with the posters and how they are to be used



See page 47 for advice about splitting participants into groups

POCKET CHART VOTING



Pocket chart voting allows all the participants to select what they see as their own method or practice by placing a vote:

- choose a place where people can vote privately
- the pocket chart on a wall hang or between two trees
- pin one poster per pocket in a random order
- ask participants to cast their vote by placing a counter, pebble or bean into the pocket that most closely represents their current hand washing method
- allow one vote per person
- show the results by publicly counting the beans or pebbles from each pocket
- always involve community members in the counting stage

It is important to discuss with the community why the use of soap should be encouraged. The discussion might include why people do not want to use soap, for example the smell, taste or cost. The facilitator should reinforce the benefits by using examples and linking the message directly to community health and collective responsibility for this



everyone sees and agrees upon the context of each poster

- when everyone is satisfied, the facilitator introduces the pocket chart or an alternative voting technique and explains the voting procedure :
- each person is asked to think about the *methods* that they currently use to wash their hands this should be the one that they *most commonly use*
- each person, in turn, is asked to vote by placing a counter, pebble or bean into the pocket (if the pocket chart is being used) behind the poster that most closely represents their own practice
- when everyone has voted, count the votes and declare the results
- next, either back in small groups or in plenary, discuss the poster(s) that represent(s) the most commonly practised method and try and establish the reasons for its use
- ask open questions to establish if the practice is seen to be :
 - hygienic
 - adequate
 - safe
- link the practice to what times the method is used
- develop the discussion to include the relevant health and hygiene messages
- discuss alternative methods, perhaps referring to the other posters
- reach a consensus about the pro's and con's of different methods and decide what action can be taken
- in plenary, summarise the activity reinforcing the health and hygiene messages and linking these to the health of the community and the desire to reduce diarrhoeal disease
- always take the time to explain why poor hand washing practices are linked to poor health, particularly diarrhoeal disease

Things to watch out for :

- there may be more than one common method and each one should be fully discussed
- look out for any differences in how men and women wash their hands and seek to establish why this is the case
- are children encouraged to wash their hands in a particular way - have children brought new methods into the community as a result of Child-to-Child Programmes, and so on
- do opportunities readily exist in the community that can be used to induce behaviour change, for example :
 - pit latrines that could have a simple hand washing facility near them
 - a school or clinic that can more actively promote the use of safe methods of hand washing



The D-WASHE Committee should be able to provide information about Child-to-Child activities in the district

Always evaluate the session as a group of facilitators. Discuss how the messages can be further promoted and link the activity to others that you are involved in.



TOPIC AREA FOUR : REFUSE DISPOSAL

By the end of this activity you will have :

- discussed with the community the problems associated with poor refuse and waste disposal
- exposed the community to safe and adequate refuse disposal practices
- linked community and household hygiene to health

SUGGESTED ACTIVITY : STORY WITH A GAP

Community hygiene can be greatly improved through the safe and adequate disposal of everyday household waste. This waste is made commonly up of :

- food waste; maize cobs, peels, mango, stones, etc.
- vegetation; leaves, sticks, natural building materials
- paper, tin, broken household items, etc.

Keeping the village and surrounding environment clean is a joint community and household responsibility; if one or two households have littered areas, then the whole community is put at risk. In villages it is difficult to determine where one household stops and another starts; pathways and communal facilities are shared by all and fencing around individual houses is not common. As communities grow and members take on new roles, the responsibility for keeping the environment clean and safe from the risk of disease belongs to everyone - men, women and children.

This activity uses a **story with a gap** to look at the cause and effect of poor waste and refuse disposal. The tool uses two pictures. The first picture shows a situation where safe and adequate refuse disposal is ignored, and the second where steps have been taken to keep the village clean, resulting in a healthier community. The pictures are used to stimulate discussion and give the community the opportunity to analyse the problems of poor refuse disposal in their own context.

Before facilitating the activity it is important to understand the need for safe and adequate refuse disposal and the effects of poor practice.

This activity will probably take 1 - 2 hours depending on the size of group and level of participation



Use Tool Kit referenced
6b : Refuse Disposal; Stand Alone Posters.

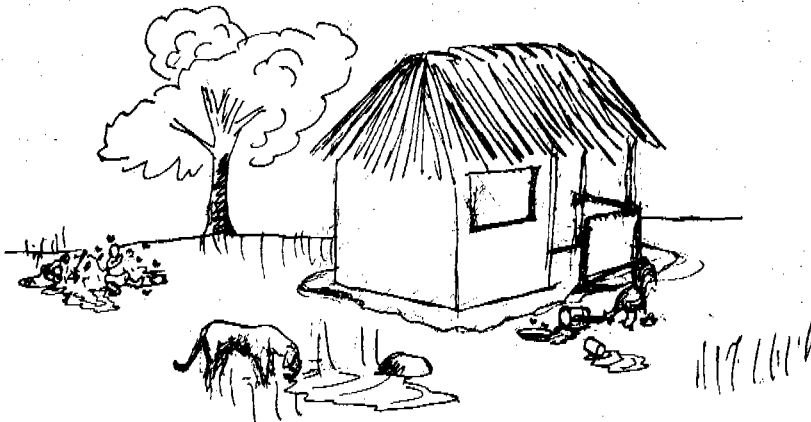


In some areas young adults and older children move into their own shelters away from their parents house. Hygiene education has to start at an early age so that every one can play their part



The picture below shows a village where the community has neglected to think about the negative effects of not disposing of refuse safely or adequately.

This picture from the *story with a gap* tool kit helps us to focus on the problems, these include :



- the presence of rotting food and moist waste which in the heat causes smells, attracts flies which breed and carry germs to food and animals (dogs, chickens, goats, etc.)
- animals which are attracted by food waste defecate in these areas this causes a health and hygiene problem because :
 - flies are attracted and carry germs and the risk of food contamination is increased
 - people tread in the faeces, do not wash properly and the bacteria is passed from their feet, hands and mouths
 - small children and babies are likely to play on the ground and constantly put their hands in their mouths, so getting the harmful bacteria directly
- during the rainy season the risk of refuse and other waste (animal faeces, etc.) being washed into unprotected water sources increases, the community in turn drinks the contaminated water



Flies are thought to be a cause of disease transmission, carrying harmful bacteria from waste and faeces to food, which is then eaten by the community



The dehydration from diarrhoea kills over four million children each year in developing countries



Almost 80% of patients presenting to hospitals and clinics in developing countries are suffering from preventable diarrhoeal diseases

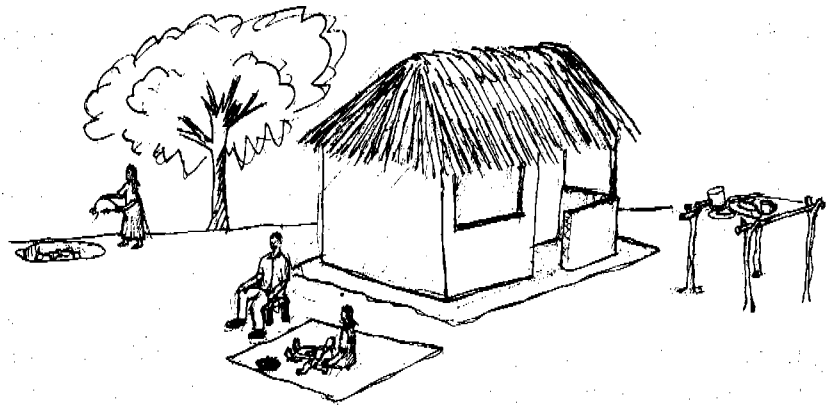
Between 1989 - 1992 an average of almost 1.1 million people attended clinics in Zambia for the treatment of diarrhoea related diseases



- vegetation left to pile and rot can contribute to the pooling of waste and rain water, which can in turn become breeding ground for mosquitoes - the community then gets malaria

So, a situation like the one below will help the community to remain healthy, but it will only happen if collectively they take action.

So, what action can the community take to keep its environment clean? The most simple and effective measures are :



- the digging of household refuse pits - these are holes in the ground of at least 1 metre deep, a convenient distance from the house to make sure it is used and a minimum of 30 metres from a source of water. Pits can be shared brick pits, etc.
- reducing the flies in the pit by covering the waste with soil or with ashes from the fire used for cooking - preferably on a daily basis
- because of environmental pollution, deforestation etc.

Guidelines for facilitating the activity :

- introduce the activity and divide the community into groups, allocating one facilitator to each if possible
- with the help of the facilitator make sure that :
- each participant sees picture A and is asked to describe what they see, what could be the result of this situation and what causes it to develop
- next, begin to develop a story by introducing picture B and asking the participants to describe what has happened, what improvements have been made, what are the benefits of this improvement and how to attain it
- before sharing everyone's ideas in plenary, ask the participants in their groups to put together what they have discussed into a story that they present to the rest of the community
- ask each group to present their work and then facilitate a discussion to capture the main points and health and hygiene messages
- at the end of the discussion ask the community to decide if it is going to take any action to solve its own situation - what will this be, when and how?



See Supplementary Module 7p Group Dynamics and Energiser Tool Kit.



Picture A shows a littered village with dogs, goats and chickens eating waste food, etc



Picture B shows the effect that picture A has upon the community - people are sick.



Picture B shows an improved, ideal situation - there is a household refuse pit and the community is healthy

Things to watch out for :

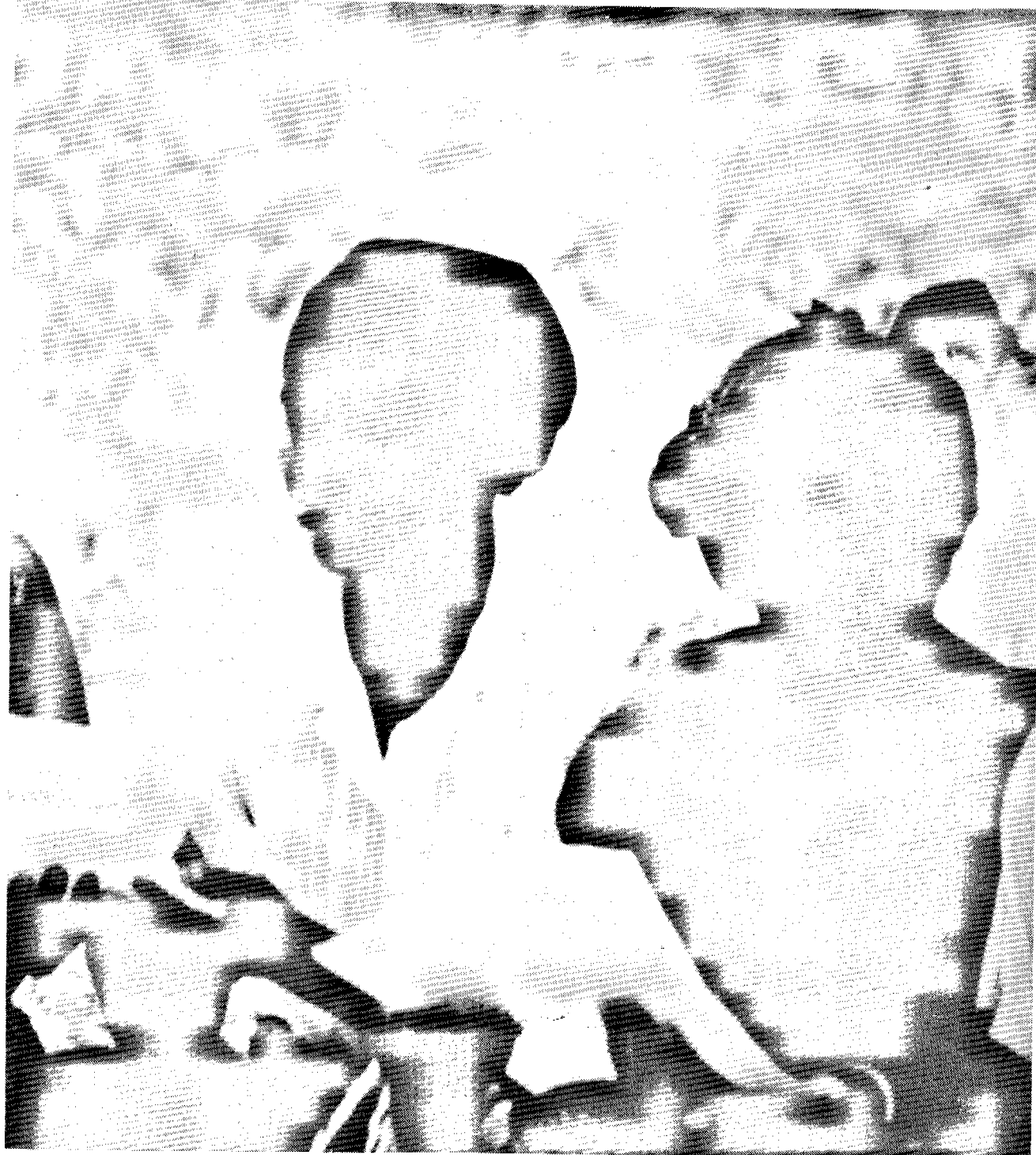
- always relate the discussion to the actual situation in the community
- use real life examples to make a point whenever possible - what is the environment like where you are holding the meeting, etc.
- always be tactful and sensitive
- if the community does not seem keen about the effort involved in digging refuse pits, emphasise the positive aspects: no cost, collective benefit and pride, etc.

Evaluate the activity with the facilitators and decide how best to support the community's next move. Think about demonstration pits and action plans to help the use of refuse pits to become a reality. Whichever route you decide to take, never walk away and just expect something to happen by itself. This type of work is long and slow, so do not become discouraged !



EVALUATION

Section 4



SECTION FOUR

EVALUATION

By the end of this section you will have :

- thought about what you are trying to evaluate and why
- considered the importance of evaluation
- an idea of how to adapt your facilitation techniques, materials and style to meet different or emerging objectives

Evaluation is an important part of the process of facilitating participatory health and hygiene education. By looking back at a session, judgements can be made about how things are going and what needs to be done in future.

Evaluation in the context of participatory health and hygiene education is about **reviewing progress** and **being critical**. It is about **learning from experience** and **being able to adapt**.

A number of skills are required during evaluation, these include :

- listening
- an ability to reflect, review and be self-critical

Throughout this module we have suggested that the facilitation team evaluates the sessions that it has been conducting with the community.

An evaluation session will be of best use and value when it :

- is held very soon after the community session
- involves everyone who took an active role
- includes feedback from community participants
- takes into consideration the weaknesses and strengths of the facilitation team
- is a learning process where everyone is heard and respected
- ends with an action plan



It may be necessary to repeat, using a different approach, some of the activities that did not work so well. Equally, it is important to establish what works particularly well with a community and why



Always hold your evaluation session soon after the activity - this way people will not have forgotten what happened.



During the activities that you are conducting with the community ask for feedback about how the participants feel everything is going - always try and get a more objective answer than "just fine!"



Encourage participants to be critical of the activities that they are involved in, they may not be used to thinking this through

During an evaluation session we suggest that the following happens :

- there is a summary of why the community session was facilitated, what the main outcomes and actions points were and generally how the session was conducted
- a close critical look is taken at each activity in terms of how it went, what went wrong or how the facilitation process can be improved upon
- each participant should be given time to express how things went from their point of view
- an action plan is agreed upon for the future

An evaluation should also include making sure that everyone has gained as much as possible from the activity. It is useful to think about the session that you are evaluating in terms of :

- the information that was collected
- the reactions and responses of the different participants
- the success of the participatory tools
- the levels of participation throughout the activities - who participated and why
- the roles taken by women and men
- the problems experienced by facilitators
- what went well and what didn't
- what steps need to be taken and which areas need follow up, etc.

Always make sure that you have all the information about the session you are evaluating at your fingertips. During the community session did you record all the activities carefully? Was there sufficient attention to detail? Are there any gaps in your notes? Work out how you can improve your recording practice and share the responsibility among the facilitation team.

Make a record of your next intended step. Why have you decided to do this? Is it an adaptation of a tool or activity that did not work so well first time around? What are you hoping to achieve?

Always summarise the evaluation session making sure that everyone agrees with the conclusions and proposed action.

Remember, if a session that you have been involved in has *not gone to plan* there will be good reasons why. These may not all be negative and you may have achieved more than you intended to, but in an unexpected way.

Finally always :

Plan - Review - Question - Reflect - Plan

THE CORE TRAINING MANUALS AND SUPPLEMENTARY MODULES

No TITLE/DESCRIPTION

MANUALS AVAILABLE

- Manual 1 Understanding the WASHE Concept
- Manual 2 WASHE in the Water Sector Reforms
- Manual 3 Introducing WASHE at District Level
- Manual 4 Establishing WASHE at District Level

SUPPLEMENTARY MODULES AVAILABLE

- 1a Coverage Parameters for Rural Water Supply in Zambia
- 1b The Status of Rural Water Supply in Zambia
- 1d Partners in WASHE
- 5a Options for Excreta Disposal Facilities
- 6a Participatory Health and Hygiene Education (Theory)
- 6b Participatory Health and Hygiene Education (Practical)
- 7b Making Appointments
- 7c Community Mobilisation and Sensitisation
- 7d Conducting Community Assessment
- 7e Formation of a Village WASHE Committee
- 7f Site Selection
- 7g Planning for Construction and Rehabilitation
- 7h Community Participation During Construction
- 7i Village WASHE Committee Training
- 7j Community Problem Solving
- 7k Fund Raising and Management
- 7l Promoting Community Ownership
- 7m Community Participation in Monitoring
- 7n Well Completion Ceremony (Handover)
- 7o Community Management in Evaluation
- 7p Group Dynamics and Energiser Tool Kit
- 8 WASHE and Gender