



# Trainers Participatory Hygiene and Sanitation Promotion Manual



## Preface

Lack of adequate knowledge and awareness on the effect of poor sanitation and hygiene is contributing to high mortality and morbidity rates due to faeco-oral diseases especially amongst children. This could be attributed to lack of quality training materials and inappropriate approaches being adopted by sector professionals. The low level of awareness on hygiene is a major area of concern highlighted in various evaluations that were conducted between 2004 and 2007 including the Output to Purpose Review (OPR) of DFID. Part of the OPR recommendations was the need to harmonize all the existing Hygiene and Sanitation promotion manuals to develop a quality manual that would facilitate improved hygiene and sanitation behaviour change and ensure achievements of programme objectives in a sustained manner.

This step- by- step training manual is designed to help personnel involved in the implementation of Water, Sanitation and Hygiene (WASH) activities improve their knowledge and skills to facilitate community engagement processes. The principal aim of the manual is to enable practitioners and facilitators/trainers involved in hygiene promotion to adapt innovative methods in learning, planning with groups and working with communities. The manual is designed as a workbook for adaptation in a variety of learning situations.

A Consultant was engaged by UNICEF to work with a team of experts from the National Water Resources Institute (NWRI), Federal Ministry of Agriculture and Water Resources, Federal Ministry of Environment, Housing and Urban Development, and other stakeholders to harmonize all the existing Hygiene and Sanitation promotion manuals with a view of developing high quality, harmonized and consistent training manuals for WASH programme. The development of this manual involved series of stakeholders' consultative meetings and field testing to ensure that materials produced are relevant to the local context and appropriate for use in the country. A local artist was engaged to help with illustrations and sketches depicting local cultures and environment.

This manual presents methodologies to assist development workers in promotion of behaviour change for safer hygiene practices, and to help make hygiene promotion programmes more effective. Since these methodologies require efficient and effective facilitation, the manual provides training and facilitation skills and techniques to do this effectively. However, the manual is only a guide and its effectiveness can only be realised if the user is innovative, committed and convinced on the use of participatory approaches for hygiene and sanitation promotion.

The manual is part of UNICEF's contribution to sustained WASH sector development and the organization will continue to support other initiatives that would ensure survival, growth and development of children in Nigeria.



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Several Hygiene and Sanitation promotion manuals from various organizations were harmonized to produce this manual. The inputs of these organizations are acknowledged. Also acknowledged are the contributions of participants from Federal Ministry of Agriculture and Water Resources; Federal Ministry of Environment, Housing and Urban Development; Federal Ministry of Health, Federal Ministry of Education, WaterAid, GHARF NGO, UNICEF and State Rural Water Supply and Sanitation Agencies that took part in several consultation meetings and field testing of this manual.

Worthy of mention are the contributions of UNICEF staff in Abuja and Field Offices who contributed to reviewing of the manual.

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## **1.0 Introduction to the Trainers Manual**

### **1.1 Preamble**

This step- by- step manual is designed to help personnel involved in the implementation of Water, Sanitation and Hygiene (WASH) activities improve their knowledge and skills to facilitate community engagement processes. The principal aim of this manual is to enable practitioners and facilitators/trainers involved in hygiene promotion to adapt innovative methods in learning, planning with groups and working with communities. The manual is not written on stone, it is a workbook designed with flexibility that could be used depending on the situation.

### **1.2 Why Hygiene and Sanitation Manual?**

Sanitation and Hygiene Promotion activities are major components of the Federal Government and UNICEF Water Sanitation and Hygiene (WASH) Programme in Nigeria. This component of the programme was rated very low during the Output to Purpose Review (OPR) conducted by DFID in 2004. Part of the recommendations of the OPR was the need for the development and production of manuals, hygiene promotion tools and other Information, Education and Communication (IEC) materials that would facilitate effective programme implementation.

Some manuals on hygiene and sanitation promotion have been produced in the past but these do not contain some key behaviours and appropriate approaches to support the delivery of hygiene and sanitation components of the WASH programme. Hence the need to harmonize and develop quality hygiene and sanitation promotion training materials and manuals.

### **1.3 What are the Objectives of the Manual?**

The general Objective of this training manual is to improve the level of understanding of hygiene and sanitation behaviour change process and facilitate achievement of programme objectives in a sustained manner through participatory and coordinated learning events.

#### **The specific objectives are to:**

- Provide personnel working in Water supply, Sanitation and Hygiene with a model for sensitizing, and motivating communities to adopt safe hygiene and sanitation behaviour.
- Provide personnel involved in supporting communities to adopt safe hygiene and sanitation behaviours with tools for empowering communities to identify, plan, implement and monitor interventions that can result in sustained safe hygiene and sanitation behaviour.
- Provide WASH personnel with methods and approaches that can lead to sustained hygienic use of water and sanitation facilities.

### **1.4 What is the Target Group and Its Size?**

- This training package is designed for State and LGA level Hygiene, Sanitation and Mobilisation officers, facilitators, trainers and other practitioners who are involved in water supply, hygiene and sanitation programme implementation.

- It can be used by Health workers;
- It can be used as Training of Trainers (TOT) Guide;
- It can be used by Managers and Planners of Water, Hygiene and Sanitation programmes.

The ideal number of participants, which permits intensive exchange of experiences, is 15 to 20, but could go up to 30 if the course or workshop is guided by experienced trainers and facilitators. Since this manual is intended to support the WASH programme staff as well as community based implementers, it is thus written in simple language to facilitate easy understanding and transfer of knowledge and skills.

### 1.5 What is the Structure of the Package?

This training package is designed as a guide to State and LGA level Hygiene, Sanitation and Mobilisation officers, facilitators & trainers who will conduct courses and workshops on hygiene and sanitation promotion.

The structure of the manual is flexible, which permits adaptation to local/actual circumstances – e.g. shortening certain sessions, extending others, or adding locally relevant information. The manual is developed using the modular format. Each module can be used as a stand alone document or can be linked to others depending on need. The manual is designed to go hand in hand with Hygiene and Sanitation Participatory Toolkit developed alongside this manual.

The manual provides guidelines and hints on how best to facilitate the training activities and workshops. Adult learning calls for a lot more than teaching as it should make use of the participants' own experiences in a constructive way in order to effectively ensure sharing of basic relevant knowledge and experience. The manual therefore considers it important to guide trainers and facilitators on how to conduct sessions that would give optimum benefits to the participants.

To achieve the purpose of the manual, the information has been structured to provide learners with the following types of support:

- I. **A process flow chart:** This is an overview of the process of awareness-raising or training in flow chart form with linkages to tools.
- II. **A process guide:** This is essentially a training plan to support learners/facilitators to achieve demand responsive identification, prioritisation of problems and solutions by users during the awareness/ training session.
- III. **Tools:** These are participatory tools linked to the process guides. They support effective learning and focus on key behaviours that need to be promoted. They are either included as appendices to the

manual, or reference is made to them for easy access by the facilitator.

#### **IV. Background information:**

This is learning material on the various water, sanitation and hygiene related issues. The facilitator is expected to internalise this information to support users in the process of identification, prioritisation of problems and solutions.

The Manual is divided into modules and units as follows:

##### **Module 1: Hygiene and Sanitation Promotion**

This module provides basic information, knowledge and skills about water, hygiene and sanitation promotion and focuses on key issues and steps in hygiene promotion planning and programming. It has five (5) Units and gives an example of a generic agenda with a suggested training curriculum, tools and duration of the training. This can be adapted to suit each situation and need.

##### **Module 2: Participatory Methods for Behaviour Change**

This module provides basic information, knowledge and skills about water, sanitation and hygiene promotion and aims at equipping the hygiene promoters with skills to use participatory tools and approaches for behaviour change. It has five (5) Units. It also gives an example of a generic agenda with a suggested training curriculum, tools and duration of the training. This can be adapted to suit each situation and need.

##### **Module 3: Water, Sanitation and Hygiene (WASH) promotion in Schools**

This module provides basic information, knowledge and skills about the WASH Programme for schools. It aims at equipping planners, programmers and Education officials at State and LGA levels with skills of establishing and promoting water, sanitation and hygiene for school programmes. It has seven (7) Units. The module also covers gender issues on school hygiene and sanitation, puberty, menstruation and menstrual hygiene. The contents can be incorporated in the training at the State and the LGA levels or can be utilised as a stand alone module for those working purely in schools.

#### **1.6 What is the Duration of the Training Programme?**

The manual is designed to take from two weeks (for a training event at State and LGA level) to six months to go through the entire manual with a community group depending on their level of hygiene awareness. The method aims at stimulating learning and change, with enough time for information-sharing and feedback. Facilitators/trainers need to be sensitive and allow the group to set the pace.

The duration given for each activity is an estimate only. Be guided by the energy level (especially at community level training) and enthusiasm of the group. If the group appears restless or bored, or if you are under time pressure, organize a break or plan the next meeting accordingly.

## 1.7 Methodology

The methodology in this package makes use of participatory learning techniques, as much as possible, but also includes some background information. When learning, people remember 20%<sup>1</sup> of what they hear, 40%<sup>2</sup> of what they hear and see, and 80%<sup>3</sup> of what they discover for themselves. This calls for a change in the way of teaching, from typical lecturing to a more participatory approach.

The participatory approach to training is based on the concept that participants learn more effectively when they are presented with activities which take into account their knowledge and experience and which meet their needs. By being involved in this process, both individuals and the group gain a new awareness of their potential, develop greater self-confidence, and see new possibilities. They also become more critically aware of the reasons that underlie their perceptions, attitudes and actions. This learning process also builds the capacity of the participants in handling behaviour change activities.

## 1.8 How to be an Effective Facilitator/Trainer

### 1.8.1 Profile

The facilitator should be a professional (resource person or trainer) who is acquainted with participatory training methodologies. This is because the manual is based on using facilitation techniques rather than “conventional” teaching techniques, although the latter, such as lectures and presentations are not excluded.

If the facilitator is going to be involved through the whole course, he/she should preferably be knowledgeable about new developments in the water and sanitation sector. It is advisable to have a team of facilitators rather than just one because many of the activities require the participants to work in small groups. It is sometimes necessary and useful to have a facilitator to work with each small team or group.

### 1.8.2 Role of the Facilitator/Trainer

In the participatory approach to training, the role of the facilitator is to facilitate the process of learning, using his/her own experiences and those of the participants in order to raise awareness or transmit knowledge on a particular subject in a “sharing approach”.

Facilitation works best when certain values are accepted and practiced not only by the facilitator, but also by the entire group –values such as **democracy** (each person has the opportunity to participate without prejudice), **responsibility** (each person is responsible for his/her experiences and behaviour), and **cooperation** (the facilitator and participants work together to achieve the same collective goal).

As a facilitator, you can influence the group dynamics and discussions by how you present your information, what kind of atmosphere you set within the group, and your attitudes towards the people you are working with. Many participants will be unfamiliar with facilitation as a leadership

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<sup>1</sup> ( Source: *Community Participation: A trainers' Manual – UN Habitat 1988*)

<sup>2</sup> ( Source: *Community Participation: A trainers' Manual – UN Habitat 1988*)

<sup>3</sup> ( Source: *Community Participation: A trainers' Manual – UN Habitat 1988*)

style. You should make sure everyone in the group understands what your role is. Your own attitude towards your skills and resources should be a humble one. Demonstrate to the participants that their opinions count, by respecting their ideas.

Your role is to help or “facilitate”. Using the activities in the manual, you can help groups to:

- Identify issues of importance to them
- Express their problems
- Analyze their problems
- Identify possible solutions
- Prioritize problems and solutions
- Select appropriate options
- Develop a plan to implement the solutions they identify and agree on, and
- Evaluate the outcome of the plan.

So you must not:

- Direct the group
- Give information instead of letting the group find it for itself
- Advise or suggest what the group should do
- Make assumptions about what is the right response to an activity
- Correct the group before finalizing the group tasks.

### 1.8.3 Communication

Communication is the essential ingredient of any group. Your effectiveness as a facilitator depends on your ability to communicate well with the group and to help the group members to communicate effectively with each other. Some factors will enable you to communicate better, such as:

- **Your language** – make sure that the terms you use are easily understood by the group
- **Your style** – the way you dress and interact with others
- **The way you listen** – when someone is talking to you, you are often not really listening but thinking about what you are going to say in response; therefore, when you listen to someone, try not to immediately evaluate what is being said in terms of how it affects you; instead, try to understand what it means from the other person’s perspective
- **Being aware of what is happening in the group** – restlessness, silence, attention, postures
- **Giving feedback** – after an exercise, a discussion, or a session, it helps the group to be made aware of the progress made.

### 1.8.4 Facilitating Discussions

Your role as a facilitator in a discussion is also important. Here are some hints which could enhance your work in facilitating discussions:

- i) Everyone should know exactly **what the discussion is about**, and the reason for having it.
- ii) **Use questions** to stimulate discussion. The following provocative “open-ended” questions enable the facilitator to encourage a group to find ideas in a creative way: What is similar? What can be changed? Why? How? Who? When? By which means? Avoid “closed-ended” questions requiring “yes” or “no” answers, which are unsuitable for group discussions.
- iii) **Prepare questions in advance**

- iv) Relate the discussion to the **participant's experience** (it is difficult for people to feel involved in a discussion which is highly abstract or beyond their own experience; give examples from field experiences).
- v) **List ideas on a board/flip chart** as they are proposed, and regroup or summarize them
- vi) **Clarify/interpret** (you may sometimes rephrase what has been said to make it clearer).
- vii) **Keep the discussion focused on the subject** (your role may include reminding the group when the discussion strays off the subject or goes into matters not in the agenda that was agreed on at the beginning).
- viii) **Keep track of time** (it is your role to make the group aware of how the discussion is proceeding and when it may be time to move on)
- ix) **Use humour/energizers** to break tension and boredom.

### **1.8.5 General Instructions for all Activities**

- Choice of conducive venue
- Try to limit the size of your group to not more than 30 persons
- Have all the materials for each activity ready before starting
- Make sure that people can talk to one another easily; preferably use a circle where possible.
- Take into account the participants' literacy level and work out ways in which they can keep records of what is discussed and agreed.
- Begin each new session with a warm-up activity such as a game, short story or song.
- At the beginning of each new meeting of the group, ask the group to review what it has done so far and the decisions it has taken
- Make sure the materials are large enough to be seen by all participants
- Go through each activity one step at a time and follow the instructions in the guide
- When giving the group its task, use the exact/similar words provided for this purpose.
- Be guided by the requirements of the group when facilitating activities.
- Encourage and welcome the input that individuals make. Remember, there are no wrong answers but do not compromise focus/achievement of objectives.
- Facilitate the group, do not direct it.
- Try to encourage the active participation of each participant. Be careful not to find fault or make critical comments when you respond to people.

- At the end of each activity, ask the group members to evaluate each activity on the basis of what they have learnt, what they liked and what they did not like
- At the end of each session, congratulate the group members on their efforts and explain briefly what will be covered at the next session
- Have the group keep the materials and records in a safe place

## **1.9 Getting Prepared**

### **1.9.1 Prepare before you start**

Before you begin working with a group you must:

- Read through the entire manual carefully and make sure that you understand the purpose and expected result of each activity
- Gather together all the materials you will need for the group activities such as: tools, masking tape, markers, various coloured VIPP cards, coloured pens, large sheets of paper or newsprint, cards, small scraps of material, cotton, buttons, small stones, beads, seeds, pebbles, scissors, pins, masking tapes, containers (such as a basket, bowl, hat or box).

**Caution:** During an activity, do not use glue or any other permanent adhesive to attach the pictures or drawings because they will need to be moved around, removed and re-used.

### **1.9.2 Selecting Group**

In selecting a group you will have to use your own judgment. But here are some examples of typical groups to give you an idea of the sort of group you might choose and for what purpose:

- A community wishes to improve the water and sanitation facilities at a school. The Parent-Teacher Association would be an obvious group to work with. Some pupils could also be included to make the group even more representative
- A community worker is asked to help a community carry out diarrhoeal disease prevention. After discussions with the health clinic staff and village leaders, a group of about 30 people, who represent different village interests, could be formed.
- The community already has a water, sanitation and hygiene committee of 15 persons. Community leaders decide that this group should represent the community.
- An urban community of squatters, living in extremely bad conditions without formal recognition by local government, is given an opportunity to improve its environmental conditions. Normally such a community has informal leaders. Discussions with these individuals lead to a creation of a working group that is representative of that community. Each group should choose a leader and recorder of its activities.

### **1.9.3 Keep Records and Activity Outputs**

The group should keep a record of its findings and decisions for each step. Usually these findings and decisions will be clear from the product of the activity, such as a *community map*. The results of each activity can be displayed on walls, perhaps in a community centre where the rest of the community can see them. How records are made will depend on several factors, including the literacy level of the group. Keeping records means participants can quickly review their progress when they need to.

Certain ideas might have to be written down for display and to give to those not directly taking part. Generally, it is best if the group selects one or more volunteers to do this job. If no-one volunteers, you could ask someone whom you think would do the task well.

Make sure records are brought to each meeting so that the results of the previous meetings can be reviewed easily. If the group is unsure what to do, confused, unable to reach agreement, or if participation is becoming slow, you may need to help the group review decisions and conclusions reached in past sessions.

### **1.9.4 Evaluate Each Activity**

Feedback on the relevance of activities, on what the group thought was good or bad, and on where improvements could be made, is important. So each activity should be evaluated at its conclusion and again, if possible, before a new step or activity is started.

### **1.9.5 Removing and Storing Materials**

Plan ahead on how you will remove and store materials for future use. Organize a team well ahead of time to take pictures off the walls and pack material. (in large envelopes or boxes which are carefully labelled) after the final meeting. If possible, prepare a checklist of all the materials so that nothing is left behind or lost.

## 2.0 Contents of Training Modules

### Summary of Module 1

Module	Hygiene and Sanitation Promotion			
<b>Overall Objectives</b>	At the end of this module, participants should be able to identify at least 5 key issues of concern for hygiene and sanitation promotion and demonstrate how to plan suitable interventions to address them.			
Unit	Topic	Objective	Tool	Duration
	<b>Introduction and Climate Setting</b>	At the end of this session, participants should be able to demonstrate at least two ways of creating a conducive learning atmosphere	Group Exercises	30-40 minutes
<b>Unit 1</b>	Understanding Hygiene and Sanitation Promotion	At the end of this unit, participants should be able to : <ul style="list-style-type: none"> <li>▪ Define hygiene, sanitation and promotion</li> <li>▪ List 5 important hygiene issues</li> </ul>	Exercises Brainstorming in buzz groups	1½ hours
<b>Unit 2</b>	Understanding How Behaviours Change	At the end of this unit, participants should be able to describe how behaviours change and list 3 factors that influence this change in community.	Short presentation, Group work	1 hour
<b>Unit 3</b>	How to Identify and prioritize Key Hygiene Behaviours	At the end of this unit, participants should be able to describe and demonstrate at least 2 key hygiene and sanitation practices that give the highest health benefits	Brainstorming  Group exercises Transect Walk	3 hours  Up to one day depending on the distance.
<b>Unit 4</b>	Developing Hygiene Messages	At the end of this unit, participants should be able to: <ul style="list-style-type: none"> <li>▪ List 3 ways of identifying target hygiene messages for different audiences and</li> <li>▪ List 4 steps in making a communication plan for the messages</li> </ul>	Group Exercises	4 hours
<b>Unit 5</b>	Developing an Action Plan.	At the end of this unit, participants should be able to demonstrate their understanding of how to develop an action plan by developing one chosen from a list of 5 strategies.	Group exercise	3 hours
<b>Unit 6</b>	Programme	At the end of this unit, participants	Group Exercises	3 hours

	Management	should be able to identify and mention at least 3 key roles of relevant institutions that are involved in hygiene promotion, sanitation or school water and sanitation programmes.		
<b>Plan a Field Visit</b>		To practice and test the steps outlined in the programme	Field Visit	1 or 2 days
<b>It is important to conduct daily evaluations to assess participants using mood meter and also final evaluation to determine training event outcomes versus objectives</b>				

## Summary of Module 2

<b>Module 2</b>		<b>Participatory Methods for behaviour change:</b>		
<b>Overall Objectives</b>	<b>Objectives of the Module:</b> At the end of this module, participants should be able to: <ul style="list-style-type: none"> <li>▪ list four ( 4) basic principles of participatory methods</li> <li>▪ mention at least four (4) basic steps of participatory hygiene promotion activities in communities</li> <li>▪ demonstrate the use of participatory approaches in hygiene and sanitation promotion</li> <li>▪ mention at least 3 basic steps in participatory Monitoring and Evaluation</li> </ul>			
<b>Unit</b>	<b>Topic</b>	<b>Objective</b>	<b>Tool</b>	<b>Duration</b>
	<b>Introduction and Climate Setting</b>	At the end of this session, participants should be able to demonstrate at least one way of creating a conducive learning atmosphere	Group Exercise	30-40 minutes
<b>Unit 1</b>	Problem Identification	At the end of this unit, participants should be able to identify at least 5 key Hygiene/ Sanitation related issues facing the community and prioritize them	-Community Map -Transect Walk - Community Dialogue - FGDs - Role-play on Nurse Omenka	3½ hours
<b>Unit 2</b>	Problem Analysis	At the end of this unit, Participants should be able to list at least four hygiene and sanitation related practices that may cause faeco -oral diseases.	- Hypothetical flow chart - Pocket chart - Three pile sorting - F- Diagram	6½hours
<b>Unit 3</b>	Planning for solutions	At the end of this activity, participants should be able to mention at least five key ways of preventing the spread of faeco- oral diseases	-F- Diagram -Story with a gap - Story telling	4 hours
<b>Unit 4</b>	Planning for New Facilities and behaviour change	At the end of this unit, participants should be able to identify at least 4 different steps in planning for behaviour change	- Planning posters - Task Allocation - Problem Box	4 hours
<b>Unit 5</b>	Planning for monitoring and evaluation	At the end of this unit, participants should be able to mention at least 3 basic steps in participatory Monitoring and Evaluation	- Monitoring Chart - Community Map - Socio-drama	6 hours
<b>Plan a field visit towards the end of the training event</b>		At the end of this activity, participants should be able to demonstrate the steps, skills and use of tools learnt during the training event	Field Visit	2 days
<b>It is important to conduct daily evaluations to assess participants using mood meter and also final evaluation to determine training event outcomes versus objectives</b>				

## Summary of Module 3

Module 3	Water, Sanitation and Hygiene (WASH) Promotion in Schools			
<b>Overall Objectives</b>	<p><b>At the end of this module, participants should be able to:</b></p> <ul style="list-style-type: none"> <li>▪ describe one way of developing a micro-plan</li> <li>▪ demonstrate at least 3 ways of working with children</li> <li>▪ list at least 5 steps in the formulation of a WASH in School programme</li> </ul>			
Unit	Topic	Objective	Tool	Duration
	<b>Introduction and Climate Setting</b>	At the end of this session, participants should be able to demonstrate at least one way of creating a conducive learning atmosphere	Group Exercise	30-40 minutes
<b>Unit 1</b>	Starting Up and Social Mobilisation	At the end of this unit, participants should be able to: <ul style="list-style-type: none"> <li>▪ mention and describe at least two methods they can use in social mobilisation</li> <li>▪ demonstrate the use of community mobilisation by developing a social mobilisation plan.</li> <li>▪ list 4 processes involved in social mobilization.</li> <li>▪ Demonstrate the use of community mobilization by developing a social mobilization plan</li> </ul>	Planning for Education and Social Mobilisation	1 hour
<b>Unit 2</b>	Conducting a Baseline Survey	At the end of this unit, participants should be able to demonstrate the use of a checklist to conduct a simple baseline survey	Checklist	1 hour
<b>Unit 3</b>	Developing School Micro-Plan Formats	At the end of this unit, the participants should be able to prepare a micro-plan for WASH at the school level.	WASH Micro-plan format	2 hours
<b>Unit 4</b>	Working with Children	At the end of the unit, participants should be able to <ul style="list-style-type: none"> <li>▪ mention at least 3 key lessons learnt while implementing WASH in schools programmes</li> <li>▪ demonstrate at least 4 methods of working with children</li> </ul>	Group Exercises, role plays and brainstorming sessions	4 hours
<b>Unit 5</b>	The Role of School Environmental Health Clubs	At the end of this unit, participants should be able to mention the key roles of a School Environmental Health Club and strategies of orienting members of the club	Group exercise and discussions, brainstorming	30 minutes
<b>Unit 6</b>	Choosing Water and Sanitation Facilities	At the end of this unit, participants should be able to mention at least 5 key priority areas that should be improved in their school	Focus Group Discussions	1 hour

<b>Unit 7</b>	<b>Menstruation and menstrual Hygiene</b>	At the end of this unit, participants should be able to; <ul style="list-style-type: none"> <li>• explain menstruation and menstrual cycle.</li> <li>• List at least three appropriate materials that could be used during menstruation.</li> <li>• List at least two methods of hygienic disposal of menstrual materials.</li> <li>• Explain at least three safe menstrual practices</li> </ul>	<ul style="list-style-type: none"> <li>• Brainstorming</li> <li>• FGD</li> <li>• Role Play</li> <li>• Demonstration</li> </ul>	4½ hours
<b>Plan a Field Visit</b>		To practice and test the steps outlined in the programme	Field Visit	1 or 2 days
<b>It is important to conduct daily evaluations to assess participants using mood meter and also final evaluation to determine training event outcomes versus objectives</b>				

**Note:**

Depending on need, each of these modules may form a training course of 5 to 6 days to allow a deeper and in-depth discussion, understanding and skills development.

The participants who have attended Module 1 training course may also attend the course described in Module 2 to understand and gain skills in the use of participatory tools and approaches for use at the community level.

Module 3 is designed especially for those working directly or indirectly with schools. All participants attending courses in modules 1 and 2 may also attend the course in module 3.

### 3.0 Module 1: Hygiene Education and Promotion

**Objectives:** At the end of this module, participants should be able to identify at least 5 key issues of concern for hygiene and sanitation promotion and demonstrate how to plan suitable sanitation and hygiene promotion interventions to address them.

#### Introduction

The levels of sanitation and hygiene coverage in the country are generally low. These low levels of coverage can be attributed to one or a combination of the following;

- a) ineffective sanitation and hygiene promotion approach,
- b) Inconsistency in reinforcing basic messages
- c) Lack/inadequate follow up activities at community level
- d) Poor hygiene and sanitation promotion content
- e) Poor service delivery among so many other factors.

Planning for effective sanitation and hygiene involves conducting participatory action research which will provide information on existing practices. The key steps for the participatory action research include the following:

#### Participatory Action Research to Design a Hygiene Promotion Programme

Step	Guiding Questions
Identify prevalent diseases	Which diseases are most common
Identify Risk Practices	Which specific practices are allowing diarrhoeal pathogens to be transmitted to children?
Select Practices for Intervention	Which risk practices are most common?  Which risk practices can be improved?
Define the Target Audiences	What group of people practice risk behaviours? (by age, gender, tribe, etc)  How many people practice risk behaviours?  What are the factors for influencing the primary audience?
Determine Message Positioning	What motivates those who currently use 'safe' practices?  What are the perceived advantages of the 'safe' practices
Select Communication Channels	What channels are currently used for communication?  What are the preferred communication channels?  What channels are commonly relied upon for such messages?

**This training module is designed to address the key steps outlined above.**

## 3.1 Introduction and Climate Setting

### Objectives

At the end of this unit, participants should be able to demonstrate at least 2 ways of creating a conducive learning atmosphere.

### 3.1.1 : Ice Breaking and Familiarising

#### Introduction

It is to be recognized that the participants may be shy of each other and particularly of the facilitator(s). Therefore the expected general atmosphere at the start of the training may be one of suspicion and feeling of inadequacy because people are not sure of what is or may be expected of them. In addition, they may have some fears concerning the training session. In view of these, it is necessary to engage in exercises that will break down barriers and open up the trainees' mind before the actual training commences.

#### Activity 1: First name Introduction

##### Purpose

- To start training session on an informal note
- To introduce each participant and get all to know one another
- To create an atmosphere of cordiality and relaxation

**Tools:** None

**Duration:** This will depend on the number of participants (5-10 minutes)

**Materials:** None

##### What to do

1. Each participant is asked to introduce himself or herself in turn by simply adding an adjective before or after their first name. Such adjective should be, as the participant wants to be identified in the group. For example

- I am amiable Amaka
- I am brave Bioye, etc
- I am faithful Fatima
- I am obedient Ogah

2. This can be done in a sitting position. It is however more fun if participants stand in a circle and demonstrate the meaning of their names or make gestures while stepping back into the circle. When a participant steps back it will be the turn of the person next to him/her.

### **Note for the facilitator**

This exercise can serve as a reference point throughout the training session as participants will remember amusing adjectives. This also establishes an atmosphere of informality and cordiality. The physical movement relaxes participants and puts them at ease with each other.

### **Activity 2: Hopes and Concerns**

#### **Purpose**

- To allow participants to express and share their expectations from the training;
- To provide opportunity for the participants to express their fears and reduce any misconceptions they may have concerning the training session and the outcome of the training.

**Tools:** None

**Duration:** 30 minutes

**Materials:** Flipchart, paper and marker pens, VIPP Cards, sticky tape

#### **What to do**

When participants are invited for a training session, many of them are apprehensive of what it will be like. They may have some expectations or expected gains from the training session. They may also have some fears or concerns as well. It is important to identify these at the start of the training event.

1. Divide the participants into groups of about 6 people each. Give a flipchart and a pen to each of the groups.
2. Let each group select someone among them to record response.
3. Ask them to respond quickly to the questions: What hopes, fears, concerns or preconceived notion did you have concerning this training before coming here today?
4. Let recorders/presenters present their group list to the entire group (at the plenary)

**Examples of Hopes** expressed could be: to receive a certificate, to learn new tools

**Examples of Fears/Concerns** expressed could be: the language used will be too difficult, I might get homesick

#### **Note for the Facilitator**

The presentations of the lists presents excellent opportunity for the trainer to empathise with trainees' needs as well as provide reassurance by using the list to indicate how the session may or may not relate to the concerns expressed. This list should be preserved as it will be reviewed again during evaluation at the end of the training

### 3.2. Unit 1: Understanding Hygiene and Sanitation Promotion

**Objectives of the Session:** At the end of this session, participants should be able to define hygiene, sanitation and promotion and list 5 important hygiene issues.

#### Introduction

Most Water and Sanitation programmes fail to produce the health benefits they aim for. One of the reasons is that they have not paid enough attention to hygiene and sanitation. The success of a hygiene programme is not determined only by the number of latrines or the number of wells constructed. Successful programmes are created by what people do, that is, by their behaviours and practices.

**Purpose:** To stimulate individual and group ideas on the meaning and forms of hygiene, sanitation and promotion in an effort to arrive at a common working understanding.

**Tools:** Brainstorming in Buzz Groups

**Duration:** 1½ hours

**Materials:** Cards, writing material, flip chart

#### What to do

1. Initiate a discussion about hygiene and sanitation promotion
2. Ask the participants to pair up and give each pair 3 cards on which to write. Give them instructions on writing on card --- One idea per card.
3. Ask the pair first to discuss what they understand by the term “hygiene” and write their idea on the first card. Secondly, ask them to define the term “sanitation” and write their idea on the second card. Finally ask them to define the term “promotion” and write it down on the third card.
4. The facilitator draws 3 columns “hygiene” “sanitation” and “promotion” on flipchart or wall paper.
5. Ask each pair to read out their cards and place them on the wall on the appropriate columns.
6. Ask a volunteer to help group the similar cards with similar ideas.
7. Have a discussion about the ideas that were raised and through the groupings try to arrive at common understanding.

The facilitator can highlight the six key issues of hygiene and sanitation promotion, namely:

1. Effective hand washing at critical times
2. Safe excreta disposal
3. Safe water chain
4. Environmental sanitation
5. Food Hygiene
6. Personal Hygiene

### 3.3 Unit 2: Understanding How Behaviours Change

**Objectives:** At the end of this unit, participants should be able to describe how behaviours change and list 3 factors that influence this change in the community.

## Introduction

Hygiene deals with behaviours, that is, what people do or their practice. Developing new behaviours and practices takes time. Hygiene behaviours will not change simply by “telling” people to do something. What then influences a person to start a new practice?

There are three factors that influence behaviour change

### 1. Individual's belief

These are the individual's beliefs about the results of a new practice. What and how strong are the **individual's beliefs** about the results of performing a behaviour?

#### For Example:



If we build a latrine then:

- We look important.
- I have more privacy
- We get the chief's approval
- We take care of our visitors
- We cannot buy a bicycle

But

- Nuisance from flies
- Foul smells close to the house

### 2. Influence of other people around the individual. What they say and do.

Social pressure and Support for New Practice

- Do important people around the person support the new behaviour?

**Example:** My neighbour has a beautiful latrine, and I want to build one just like his

### 3. Enabling Factors that make it easy to perform the behaviour

- Low-cost? Affordable for most people?
- Special skills needed?
- Local materials available?
- Suitable technology for all users (physically challenged, children, women users?)
- Do implementing institutions carry out their work as promised?

**Example:** I want to build a latrine as I have all the local materials that I need within my village

**Activity 1: How Behaviours Change**

This is an example of applying the model of behaviour change shown earlier.

**Purpose:** To enable participants understand the factors that influence behaviour change

**Tool:** None

**Duration :** 30 to 60 minutes.

**Material:** Flip chart, markers and board

**What to do**

Let us imagine that the objective of a sanitation project is: Two out of three households will own and use a latrine. Ask participants in your training programme to think of a rural community that they are familiar with. Women participants think of women (not the richest) in the community. Men participants think of some men (not the richest) in the community. Keeping these women or men in mind, each participant should answer the questions below.

- 1. The individual's belief**  
What could be one reason for the individual to want a latrine, and one reason for not wanting a latrine?
  
- 2. Influence of other people (Reinforcing factors)**  
List at least 5 important people who can influence the decisions of men or women to own and use a latrine
  
- 3. Enabling factors**
  - List at least one possible factor that makes it easy to build and use a latrine
  
  - List at least 1 possible factor that make it difficult to build and use a latrine

**Notes for the facilitator**

Participants should compare their answers.

**Question 1:** Do the same important people influence the men and women?

**Question 2:** Participants will see that reasons of men and women to want a latrine are often different.

**Question 3:** Ask participants about what could be done to have the enabling factors in place. If the enabling factors are not present, should there be a sanitation project in that community?

**Summary**

Make sure the enabling factors are present. This means, that people can carry out the new practice (behaviour) easily. **Example:** If there is not enough water, then you can not tell people to wash hands with lots of water, or even bathe frequently.

Learn about the reasons for taking on a new practice. What positive results can the person expect from this new practice? Try to help people solve the problems related to new practices and behaviours. Significant people in the community and family should be convinced about the new behaviour. They should support it.

### 3.4 Unit 3: How to Identify Key Hygiene Behaviours

**Objectives:**

At the end of this unit, participants should be able to identify and describe at least 2 key hygiene and sanitation practices that give the highest health benefits.

**Activity 1: Identifying key hygiene practices**

There are many possible hygiene practices that can prevent illness.

**Purpose**

The purpose of this exercise is to identify the practices and messages that focus on hygiene, water or sanitation activities in a community.

**Tools:** None

**Duration:** 3 hours

**Materials:** Felt pens/markers, card boards

**What to do**

In the training workshop, ask participants to think about all the messages and practices in hygiene and the use of WASH facilities. In the large group, each participant should tell one different hygiene or sanitation ideologies that hold in communities. The facilitator can write these so that all can see how long the list becomes.

**EXAMPLE**

<p><b>Safe disposal of human excreta</b></p> <ul style="list-style-type: none"> <li>▪ where people defecate</li> <li>▪ where anal cleansing materials are thrown away</li> <li>▪ cleaning and maintenance of toilet/latrine</li> <li>▪ safe disposal of infant’s and young children’s excreta</li> </ul>
<p><b>Hygiene practices and Quantity of Water Used</b></p> <p><b>Personal hygiene</b></p> <ul style="list-style-type: none"> <li>▪ hand washing, face-washing, bathing: doing this frequently and using enough water</li> <li>▪ quantity for personal and household hygiene more than 20 litres per person per day</li> <li>▪ cleaning anus and washing hands</li> <li>▪ personal hygiene during natural events such as menstruation, illness, birth, death</li> </ul>
<p><b>Quality of Water Used</b></p> <p><b>Use and Protection of Water Sources</b></p> <ul style="list-style-type: none"> <li>▪ use of safe water source for drinking, cooking, washing baby...</li> <li>▪ keeping water clean during collection and transport</li> <li>▪ drainage around the water source</li> <li>▪ protecting and maintaining the water source</li> <li>▪ dividing water use/rights between agricultural and household uses</li> </ul>

- Keeping water clean in handling and storage
- Water treatment: filtering, boiling, and so on
- Where waste water is disposed of

**Domestic and Environmental Hygiene**

**Households**

- removing garbage
- sweeping and cleaning of floors, compounds

**Environment**

- good drainage of waste water and storm water
- Removing garbage and solid waste
- Cleanliness of streets, paths and public places like markets, schools, clinics

**Food Handling and Storage**

- cleaning kitchen or food preparation area
- washing raw food and fruits before eating or preparation
- cooking well, and reheating of food before eating or serving
- covering food
- clean place for storage
- length/temperature of storage
- use of clean eating utensils
- washing and storage of utensils

Ask participants what happens if 20 or 30 messages are used in hygiene education and promotion. What is the result of this in a community?

**Summary**

Such messages are common in hygiene promotion programmes. But these are so many! Too many messages are confusing and not effective. About two to four messages are the maximum for effective communication. So which ones would you choose?

The only way to make a sensible choice is to know about how people get diarrhoea, eye and skin disease, and malaria. We need to know what practices are common in the area. Then we can pick out the most risky practices (and the best practices).

**Note for the Facilitator:**

**The Universe of Hygiene Behaviours**

This long list of hygiene practices is taken from programmes around the world. But these are too many! It is necessary to select only the most important beginning with the easiest ones.

**In hygiene promotion, only a few key issues and messages are selected that can bring the greatest health improvement. These should be practices that are important for improving health but are not too difficult to develop. The enabling factors should be present.**

## Activity 2. How to identify the Key Hygiene Practices

**Purpose:** To enable the participants understand the methods that can be used to identify key hygiene practices in their communities

**Tools:** Transect walk

The issues and messages for hygiene promotion can be identified by visiting the community and finding out what people do and perceive. The idea is to visit specific places and to ask and observe people's practices. Be sure to include all things that you think might be putting children at risk of faeco-oral diseases.

**Duration:** The survey can take between half a day and one day by a team of two people who speak the local languages.

**Materials:** None

### What to do

- Take a walk within the community from one point to another
- Make your own observation/question list. As you walk, observe and ask about things such as:
  - the presence of key facilities like water points, latrines, dumping sites
  - functionality and quality of water sources
  - maintenance arrangements for latrines, water facilities
  - presence of community organizations
- Visit a few households and check/observe the presence and condition of facilities, water and food storage, animal control
- Observe and talk with the children and women
- Upon return from the walk, be sure to discuss the results with the community members. Talk with women separately if this is the best way to get their reactions. This discussion will help in cross checking your findings and motivating people about key hygiene issues.
- See their reactions. Are they interested in doing anything about any of these issues? If they are interested, they can begin planning the programme with you at once, during the meeting.

At the end of the survey, the major findings should be identified before leaving the community. You should have listed:

- a. Key hygiene and sanitation issues for improvement
- b. What do men and women see as benefits from having sanitary latrines and hand washing facilities?
- c. Special problems and solutions

The transect walk is not as thorough as a scientific study. But it will give valuable information for developing a programme. Some information is better than none.

### Note for the Facilitator:

Managers can use this information as a baseline for before and after situation. Keep these initial results and see if there are any changes over time. The baseline shows indicators about the desired health practices.

An example of the plan for a community survey is given below.

Where to go,/who to meet	What to do
Community	Observe excreta, and Garbage scattered around? Animal control and droppings? Drainage? Cleanliness of children? (also skin infections, eye infections, fingers)
Meet with local leaders	Ask about: <ul style="list-style-type: none"> <li>▪ Functioning, quality of water sources</li> <li>▪ Diseases in community</li> <li>▪ Active organizations and groups (women’s clubs, and so on) that could disseminate hygiene messages</li> <li>▪ Availability of people who construct and repair water point and latrines</li> </ul>
Communication Channels	<ul style="list-style-type: none"> <li>▪ What channels are being used?</li> <li>▪ What channels are preferred?</li> <li>▪ What are the credible sources of information?</li> <li>▪ How often do people receive information from these sources.</li> <li>▪ Is there a feedback mechanism?</li> </ul>
Observe and talk with children	<ul style="list-style-type: none"> <li>▪ Are they dirty/clean? Obvious nutritional problems?</li> <li>▪ Do they appear to have worms? Lice? Skin problems? Eye infections?</li> <li>▪ Ask the girls if they go to school? Do they learn about hygiene in school?</li> </ul>
Visit at least 3 households (not the richest) of families that are known for being neat and clean	<ul style="list-style-type: none"> <li>▪ Observe household sanitation. What benefits do women (and men) derive in being neat and clean?</li> <li>▪ Excreta disposal of adults and children</li> <li>▪ Special beliefs and customs in the community. What community can do to improve health/hygiene.</li> </ul>
Visit at least 2 households that have latrines, (if possible)	<ul style="list-style-type: none"> <li>▪ Obverse condition of latrines. Who use the latrine?</li> <li>▪ Ask the reason for men and women liking the latrine. Benefits they derive. Ask men and women separately</li> <li>▪ Ask about problems with latrines</li> <li>▪ Costs, who constructed the latrine</li> <li>▪ Ask what could community people do to improve health/hygiene</li> </ul>
Visit the water points	<ul style="list-style-type: none"> <li>▪ Cleanliness, maintenance</li> <li>▪ Last repairs made. Who paid? Costs of water to users</li> </ul>
Visit the school and clinic	<ul style="list-style-type: none"> <li>▪ Observe water and sanitation facilities. Maintenance and cleanliness</li> <li>▪ Ask what should be done to improve health/hygiene in the community</li> </ul>

### **Activity 3: Identifying key hygiene practices in Workshop**

If the participants being trained could not carry out a transect walk in a community, then use this exercise instead.

**Purpose:** To enable the participants understand the method that can be used to identify key hygiene practices in their communities

**Tools:** None

**Duration:** 30 to 60 minutes

**Materials:** Markers, Flip Chart papers

#### **What to do:**

- Participants can work in groups of two
- Ask them to think of one community that they are familiar with. In their opinion, list hygiene practices (behaviours) that need to be improved in the communities identified.
- Compare the lists made by women and men participants. Compare the lists made by hygiene and sanitation workers. Are they different? Why?

Participants may identify any number of practices that they wish. It may be more or less than 10 health practices. They will pick the key behaviours in the next exercises.

### **Activity 4: Prioritizing hygiene issues**

**Purpose:** This exercise can help participants pick 4 key hygiene issues and practices, according to how important or difficult the issues are.

**Tools:** Brainstorming

**Duration:** 30 to 60 minutes

**Materials:** Papers, markers,

#### **What to do**

- Form small groups of 2 to 3 people who work together
- Give them a large piece of paper
- Ask participants to think about a community that they know (or the same community from the last exercise). They should pick the 4 most important hygiene behaviours to be practised in that community. But each group member must agree. They must decide if the practice is easy or difficult to do, and can give a big or little health advantage.

	<b>Hygiene Practice EASY to Practice</b>	<b>Hygiene Practice DIFFICULT to Practice</b>
<b>High Health Advantage</b>		
<b>Low Health Advantage</b>		

**Discussion**

The groups show their answers. Investigate what this means for planning a hygiene education and promotion programme in these communities.

**ASK:** What issue or practice would you first start with? Probably the easiest because then the community can see the results quickly. This can motivate them to work on more difficult practices that will take more time. Are enough enabling factors already present in the communities so that the “difficult” behaviours or practices can be done? If not, what inputs are needed? Who can provide these?

**Note for the Facilitator:**

It is important to put resources on low-energy and high return issues. Start with the easiest. Go on to the more difficult. This list of practices may change over time.

### 3.5 Unit 4: Developing Hygiene Messages

#### Objectives:

At the end of this unit, participants should be able to:

- List 3 ways of targeting different audiences with basic hygiene messages.
- List 4 steps in developing a communication plan for the messages

#### Introduction

Hygiene promotion often starts with messages about avoiding diseases such as cholera or worms. It should also start by finding out what the community likes about the target practices. A basic idea of hygiene promotion is to use people's existing values to promote safer practices. This is because a better quality of life, self-respect and respect from neighbours, convenience and cost savings are often stronger motives than avoiding disease. So if, for example, we find that dignity and respect from neighbours are seen as the main benefits of adopting the target practices, then these values are used to promote them. Gradually the health reasons can be added.

There are three (3) ways to find out what people like about the target practices and what problems people want to solve. The first two activities can be undertaken during the transect walk that was discussed earlier:

- Discuss the new practices (behaviours). They can be asked: what do you see as advantages or problems with the new behaviours? Discussions should be with men and women separately and different ethnic groups separately.
- Interview some people who are already using these safe practices. These people are called the "early adopters". Ask them about the new behaviours: what does he/she see as the advantage of these practices? What does he/she like about them? What about disadvantages (such as cost, time)? How does he/she think other people could be persuaded to do the same?
- A number of men and women can be asked to try out the new practices. They can then describe the advantages they feel they have gained and the problems they have encountered. The advantages can be used to make messages. It may be necessary to help remove the disadvantages. For example, if families can not get enough water for personal hygiene, then it may be necessary to implement more convenient water sources.

When the data is collected, list the positive benefits that people saw from the new practices; also list which ideas come up again and again.

**Examples:** Women may like the pleasant smell of clean hands or may be afraid of cholera. Men might feel proud to be clean when visitors come. Men and women, different ethnic groups, old and young, rich and poor people may see different positive benefits. So a message for one group of people may be different from a message for another group.

#### Activity 1 : Developing Messages

Messages should be developed from the information collected in a community. Therefore it is extremely useful to include field trips in the training programme. However, if a field trip is not possible, then the trainer can use this activity.

**Purpose:** In this activity, participants will learn to make messages for segmented target audiences.

**Tools:** None

**Duration:** about 60 minutes

**Materials :** VIPP cards, Paper and pens/markers

**What to do:**

- Divide participants into gender based groups (the men and women) , 2 or 3 people in each group. Ask them to think of the communities they have used in the earlier exercises.
- The male groups write some possible benefits or problems that the men in the community could see from the hygiene practice they selected. The female groups write some possible benefits or problems that women in the community could see from the hygiene practice they selected. There may be different benefits perceived by young and old people. Think of reasons of early acceptors. Focus on the understanding that people have and on what people see as problems, causes and solutions. From this, the small groups should make at least two messages that describe the benefits of adopting a desired behaviour.

**Example for the fathers:** *I want to have a latrine in my house for the privacy of my family.*

**Example for the target group of mothers:** *I want to clean up stools and throw them in the latrine because my neighbours will respect me and people will not step on them.*

- Participants can post their messages on a wall and compare them. Check to be certain that different messages are targeted for men and women. Messages can be made for other groups such as children, religious and local leaders, household heads, users, and so on.

**Optional Exercise:**

- Work with paper, scissors, pens, masking tape. Each person makes the materials to express the message for the intended audience. It can be a poster, a verbal message, a design, symbol or object.
- Ask participants to show what they have developed to the whole group by stating who is the target audience and where/how their product will be used. Give the audience a chance to look and listen, then interpret the creation in their own way.
- Present your product to the group and decide which ones are the better ‘products’.

**Activity 2: Identifying Communication Channels for Hygiene Messages**

In order to gain a better understanding of how people receive information at community level it is necessary to explore the channels of communication currently being used and the preferences of community members in terms of what, who, how, when and where they like to receive information. This will assist in the channelling of information and communication materials for use in the community..

**Purpose:**

- To examine current communication channels within the community;
- To determine communication mechanisms preferred by the community.

**Tool:** 3 Pile Sorting

**Duration:** 2 hours

**Materials:**

Set of pictures on communication channels e.g. radio, TV, Newspaper, face to face, Town announcers, drama, music and songs

**What to do**

Introduce the topic of communication to the group; tell them that you want to talk about how people receive messages and how they prefer to get information.

1. In groups of 10 – 15 give the participants a set of pictures.
2. Ask the participants to look at all the pictures and then put all those which they think are good into one pile and those which they think are bad into another pile. If there are some pictures, which they feel are in-between, they can place them in-between. Any pictures they do not understand they can place to one side.
3. They should then report back on their findings, explaining why they think the pictures are good, bad or in between.
4. Then discuss with the group the following issues if they have not been covered in the previous steps.
  - Where did you last receive any information on health?
  - How often do you receive information from this source?
  - Who gave you that message?
  - How did you receive the information?
  - How would you like to receive information?
  - What is most important – who gives the message, the way the message is given or where the message is given?
  - What is the last message you received?
  - If there is need to give you some information what suggestions would you make?

**Notes for the Facilitator**

The exercise will offer you some 3 preferred mechanisms for communication and 3 others which they dislike as well as the reasons behind their choices. This enables the participants to choose the most appropriate communication channels.

**Activity 3: How to communicate Messages**

**Purpose:** This exercise can help participants plan where and how to communicate messages. It leads the way toward making a hygiene promotion and education plan.

**Duration:** about 60 minutes

**Material:** Card board, VIPP cards, papers, markers/pens

**What to do**

1. Ask participants as individuals or in the large group to list the different types of communication and mobilization activities. Note that different activities may be needed to reach:

- The individuals who may take on the new practice, and
- The important people around those individuals

**Step 2**

How can effective communication activities be organized in their community? Communication can be divided into the following:

- Communication dialogues.
- Theatre for development.
- Child to Child communication.
- Use of Information, Education and Communication materials.

**Step 3**

Let participants list where messages can be delivered in their communities. There are many places such as homes, markets, fields, offices, and so on. Ask participants to make a long list of where messages can be delivered. Note that the point in planning will be to select the best and easiest place to contact the people.

**Step 4**

Ask participants to select a message that have been developed in an earlier activity. Alternatively, give them a list to choose from. Working in a small group they should then complete the table below. Note that in real work, it is best to ask representatives from communities for their ideas. Remind participants not to write more than they can really do.

**Table for Exercise**

<b>Message:</b>				
	<b>Who?</b>	<b>Where?</b>	<b>Communication Activities</b>	<b>Who Communicates this?</b>
Target Audience				
Important People around				

individuals: family				
Important people around individuals: others				

**Example: Reference for the Facilitators**

<b>Message:</b> Clean up stools (of small children) and dispose them in the latrine because my neighbours will respect me and people can't step on them				
	<b>Who?</b>	<b>Where?</b>	<b>Communication Activities</b>	<b>Who Communicates this?</b>
Target Audience	Mothers, grand-mothers	Household, fields, church, mosque, Adult literacy schools	Home visits, participatory learning activities, Community dialogues	Women's groups, community leaders, religious leaders, women in water and sanitation committees, Interfaith leaders.
Important People around individuals: family	Fathers, grand-parents, teachers, neighbours, aunts, uncles	Neighbourhood meeting places, bars, churches, mosques, sports	Community meetings, celebrations, dialogues, theatre for development	Community leader, water and sanitation committee
Important people around individuals: others	Religious, community and traditional leaders, LGA officials	Offices, churches, mosques, Health centres.	Meetings, leaflets, workshops, radio, video, Community dialogues, theatre for development.	Field worker, project officers, Health Officers, Water, Sanitation and Hygiene Committee, Interfaith leaders.

**3.6 Unit 5: Developing an Action Plan**

**Objective:**

At the end of this unit, participants should be able to demonstrate their understanding of how to make an action plan by making one chosen from a list of 5 strategies.

**Introduction**

In these set of exercises, participants can make a plan to carry out a hygiene and sanitation promotion strategies. There are 5 strategies to choose from:

- **TRAINING:** Hold a training course for extension workers using these training materials
- **SANITATION:** Plan an intensive sanitation activity as part of a WASH Programme.
- **CAMPAIGN:** Plan a short hygiene promotion campaign
- **INTEGRATE MESSAGE:** Plan to make hygiene or sanitation messages part of on-going WASH work at all levels

- **SCHOOLS WASH:** Plan a school water, sanitation and hygiene education programme as an entry point to the community.

**Duration:** About 3 hours

**What to do**

Explain what each option means and ask participants to select one of these and prepare a plan for it. Directions for each option are shown below.

Participants who normally work together should make their plans together. The plans should not just copy what they already do. The plan should be new or improve on their current work.

Remind the participants that they will be expected to carry out their own plans. So the plans should be realistic and achievable. Ask participants to write their plans on large paper and share them with other groups.

The facilitator of the workshop should be given a copy of the plan. It would be very useful if the facilitator (or someone else) could visit each group at their places of work to give support and see what they have done in implementing their plans.

**Note for the Facilitator:**

*“Make a plan that your group can carry out. You can change any of the activities or order of the activities shown in the examples. You are asked to show your intention by giving one copy of the plan to the facilitator and keeping one copy for each person who will be working to carry it out”.*

*Present each group work in a plenary*

*The facilitators can use the additional information listed below, to guide the participants in their groups in developing a plan for the different strategies.*

**1. Hold a training course for extension workers using these training materials**

The purpose is to try out these training materials, or parts of them. In trying them out, you can also improve and adapt the materials.

**What to do**

Make a plan that shows:

1. The purpose of the training
2. The number and category of participants. The organizations they come from. Please decide and be able to explain if the training for men or women or both?
3. Appropriate dates and location of workshop
4. Names of the trainers and their organizations
5. The outcomes that should be achieved by participants after the workshop. The work can be evaluated using these planned outcomes
6. The specific exercises in this manual that may be included in the training workshop. Trainers should select the exercises and Modules they want to use.
7. Inputs needed. Who gives these inputs? Budget?

8. The follow up of participants after the workshop and to see what participants do with the training afterwards.

Remember to give a copy to the facilitator. Discuss budget needs

## **2. Plan an intensive sanitation programme in a district or in 2 villages**

1. Environmental sanitation means removing faecal matter from human contact. These programmes should be intensive. That means they should be concentrated on one area before moving to other areas. A high proportion of the households should be involved to have a positive health impact – preferably target at least 80% of the community to achieve social change.

**Example of sanitation objectives:** *Two out of three households will have, use and maintain some type of latrine*

2. These households should also know correct messages about hand washing and children should be able to demonstrate how to wash hands correctly and easily. Hand washing plus using latrines gives a much stronger result than latrines alone.

3. There should be special effort given to raising the commitment, mobilization and demand of people for latrines before construction starts. If combined with water supply, sanitation is best started a few months before water points are constructed. At this time, people are more interested and motivated to try new practices.

To make the plan, please follow the steps below:

- i) Select the communities. Sanitation is more helpful in more crowded or densely populated areas. People are also more motivated in crowded areas.
- ii) State the latrine technologies. At least one technology should be affordable by poor people. State if there are any kinds of subsidies or no subsidies to households.
- iii) List the groups (such as water, sanitation and hygiene committee, local leaders, and masons) in the community, district and LGA that will work on the programme in some way. Remember, for each group you will have to work to:
  - negotiate or contract, and help them plan their activities
  - give training or orientation
  - follow up to check their work and give support
  - Because women in the household are mostly concerned with maintenance of the latrine, and use by children, please describe exactly how you might involve the women in the target households.
  - Make a plan. Add a budget if you wish. See the format on the next exercise.

**Note.** Sanitation ladder should be used to illustrate the different latrine technologies.

## **3. Plan a short hygiene promotion campaign in an LGA, a district or at least 2 communities**

A campaign is short, intensive and focuses on only 1 or 2 hygiene behaviours. It mobilizes many people and groups over a period of one to three months. Repeated campaigns for hygiene and

sanitation can be a very useful strategy. Some programmes link campaigns to other issues (**example: stop cholera!**). Some campaigns are held at the same time as special celebrations.

**To prepare the work plan:**

1. Purpose of the campaign, expected outcomes, target audiences. Check to make certain that you are reaching those you want to reach in the campaign. Think about poorer families, women, children and different ethnic groups. Remember the important roles of women in hygiene and also the fact that men should understand and support these roles.
2. Select the LGA, district or communities. State when a campaign might be held
3. State the results expected by the end of the programme. The work can be evaluated using these planned results
4. What organization is responsible overall? List some other organizations or groups that will be involved
5. Divide the work plan into 3 parts: preparation, campaign activities, follow-up
6. For each part, list the activities in the work plan format below. Do not forget to include an item in the plan about developing positive and attractive messages. There are many possible activities such as: traditional theatre, song contests, school parades, exhibitions, actions in markets, radio, church/mosque activities, competitions, meetings, workshops. The activities should reach everyone
7. Who is responsible for each main activity?
8. What materials and equipment are needed?
9. Any other inputs needed (by whom)?

**Example of Work plan Format**

<b>IMPLEMENTATION PLAN FOR WASH CAMPAIGN IN A COMMUNITY.</b>				
<b>Implementation steps</b>	<b>Where? For what target group?</b>	<b>Responsible</b>	<b>Materials</b>	<b>Other inputs needed? From whom?</b>
1..sensitization of stakeholders	Community, traditional ruler, Religious leaders, Women groups	L.G.A WASH Unit/Dept	Logistics	Cultural groups,
2. proposal to the local government to	LGA WASH Unit/dept. LGA	LGA WASH Unit/Dept	Writing materials.	

fund the WASH campaign	Chairman, NGOs,			masquerade groups/Theatre for development, media coverage,
3. implementation	School field. LGA Chairmen, traditional/religious leaders men, women, pupils, youths and	LGA WASH Unit/Dept, WASHCOM members	Soaps, plastic bowls, water source, latrine, T-Shirts, Caps	

Can you suggest more columns for additional information? Budget?

#### 4. Infuse (Integrate) Messages: Make hygiene or sanitation messages part of on-going WASH activities at all levels

Everyone can be a hygiene promoter. Everyone can say and discuss important hygiene messages. This can happen during site visits (engineers), construction (masons, contractor), at sani-centres, in schools, mosques, churches, clinics, visits by staff or governments, UNICEF, NGOs like Water Aid, donors, and so on. With good orientation and advocacy, all these partners (and more) can be convinced to help with hygiene promotion.

Think of the different target audiences (women, men, boys, and girls) their roles, responsibilities and the benefits that they should get from hygiene and sanitation.

#### To prepare the work plan:

1. Select the State and LGAs (Use hygiene and sanitation data to justify selection)
2. List the hygiene or sanitation issues and possible messages. Remember that these should include positive, short, attractive messages. Not more than 3 issues.
3. What organization is responsible overall?
4. Who does the orientation and advocacy?
5. Who are the target groups (such as engineers, masons, education officers and so on). Is there any way to monitor some of them to find out if you have been successful in motivating them to say key hygiene or sanitation messages?
6. List the major activities using the work plan format below
7. What inputs are needed?

#### Complete a work plan such as this:

HYGIENE MESSAGE	Where? For what target group?	Responsible	Materials	Other inputs needed? From whom?
Stop Open Defecation!!!	Community. Men, Women, Youths and Children	LGA Wash Unit, WASHCOM Members	Posters, Leaflets, Jingles, Drums.	Dramas, Hygiene Songs, From School Pupils

Can you suggest more columns for additional information?

### 5. Schools: Plan a School Water, Sanitation and Hygiene Education Programme in a few Communities

Make a plan for a school water, sanitation and hygiene education programme that, in a small number of schools, will:

- Provide water and sanitation facilities
- Result in continuing good use, operation and maintenance done by teachers and students
- Enable recurring expenditure for maintenance and repairs to be provided by the PTA
- Set up a school environmental health club with educational activities in the school and in the community

State who has overall responsibility and who will do the construction of (a) water and (b) sanitation facilities. Prepare a work plan using the format below. Here is an example of implementation steps, although you may think up your own.

#### Example of Implementation Steps for Latrine + Education Plan

Before Construction	During Period of Construction	After Construction	Inputs
Form planning group with WASH, Community Development, Information and educational personnel at LGA or district level  Selection of school  Orient and plan with LGA and district education supervisors and managers  Negotiate and possibly sign contract with SBMC/PTA and school  Orient and plan with head teacher, at least 1 teacher from each school, SBMC/PTA  Design of water and sanitation facilities	Construction: works, quality, costs  Train teachers/head teachers on use, repair and maintenance of latrines  Train and plan with teachers for school environmental health club	Follow up visits, supervision, support for school activities	Provide transport for community visits  Provide financial inputs and construction materials  Provide educational materials

Can you suggest more columns for additional information/ add a budget if you wish.

Check your plan carefully. These questions can help to review the plan:

- Will your plan result in sanitation and water facilities that are used as intended by girl pupils?
- Will families support the school programme and be committed to it?
- Will the facilities be maintained?

### 3.7 Unit 6: Programme Management

#### Objectives:

At the end of this unit, participants should be able to identify and mention at least 3 key roles of relevant institutions that are involved in hygiene promotion, sanitation and school water and sanitation programmes.

#### Introduction

Sanitation and hygiene do not usually receive enough emphasis in water and sanitation programmes. One reason is that people at all levels tend to be more interested in constructing new water services. The institutions that are involved in hygiene and sanitation programmes should be committed. They should work to place sanitation and hygiene on the agenda of development. So in organizing these programmes, it is important to identify institutions that are really interested and committed. These institutions must also put programme management structures in place to ensure that the hygiene and sanitation promotion activities are carried about as intended and realize their objectives.

#### Activity: 1: Setting Roles for Hygiene and Sanitation Programmes

**Purpose:** To enable participants identify roles of institutions for hygiene and sanitation programme implementation

**Tools:** None

**Duration:** 3 hours

**Materials:** marker, paper, flip chart

#### What to do:

1. Explain that the roles (work) of institutions and community groups in water programmes are different from hygiene promotion and sanitation programmes. For example, sanitation needs a lot more time and effort than water programmes to motivate people and to create demand. For this, many local groups and institutions can be involved in sanitation. Ask for some examples of these groups. The participants might mention women's groups, sani-centres, council of elders, hygiene promotion teams, NGOs, schools, political parties, contractors, educational supervisors and so on.
2. Ask participants to select one of these three programmes:
  - hygiene promotion
  - sanitation (construction and use of household latrine) or
  - school water, sanitation and hygiene education
3. Then the participants can form small groups and plan institutional roles in that programme. The participants can use the tables or modifications as outlined below:
4. Ask them to focus on a group of communities. Think of the roles that can be carried out and complete the table below for their topic. Remember the important roles that women have in hygiene and sanitation. Does the plan involve them?

5. The group should write its table on a large paper that can be shared with everyone. Remember, if two people in the small group have different ideas, then accept them both, rather than arguing to find one “right” answer.

6. Ask at the end: will this plan work? Why or why not?

Do women have a voice, can they make decisions, do they have choices in the programme? What are the costs (money, labour, and so on) and benefits of our programme for poor women? Do all the groups and staff you listed really want to do these activities? How can they be motivated?

### Hygiene Programme

Identify the roles of different groups and organizations for a hygiene programme

Hygiene Promotion Activities	Who is Responsible?	Other Groups/organizations who help carry out this activity
Identifying key issues and messages and prioritize them.		
Identify community or other groups to work with		
Orient or train and plan with each group		
Carry out Hygiene promotion activities for: <ul style="list-style-type: none"> <li>▪ individual activities such as households visits</li> <li>▪ Group Activities</li> <li>▪ Mass activities for large part of community</li> </ul>		

### Sanitation Programme (latrine coverage, use and maintenance)

Identify the roles of different groups and organizations to create demand for provision of latrines in the community

Sanitation Activities	Who is Responsible?	Other Groups/organizations who help carry out this activity
Identify community groups, individuals or other groups to work with		
Orient or train and plan with each group. Organize groups		
Activities to inform and create demand for latrines that are		

carried out: <ul style="list-style-type: none"> <li>▪ For individuals such as households visits</li> <li>▪ Groups such as meetings, participatory activities</li> <li>▪ Mass activities for large part of community</li> </ul>		
Education on construction, use and maintenance of latrines		
Construction, control or materials and quality of construction		
Follow up activities after construction to support use and maintenance of latrines		

### School Water, Sanitation and Hygiene Education

#### Identify the roles of different groups and organizations for a school programme

<b>School water, sanitation and hygiene education activities</b>	<b>Who is Responsible?</b>	<b>Other groups/organizations who help carry out this activity</b>
1. Form a core planning group with Water, Sanitation and Hygiene including education personnel at LGA or District level		
2. Selection of School		
3. Orient and plan with LGA and district education supervisors and managers		
4. In communities, negotiate and possibly sign contract with PTA and school. Orient and plan with head teacher, at least 1 teacher from each school, PTA		
5. Design water and sanitation facilities		
6. Construction: works, quality of construction, costs		
7. Train teachers/head teachers on use, repair and maintenance of latrines		
8. Train and plan with teachers for school environmental health and environmental sanitation club		
9. Follow-up visits, supervision, support for school activities		

## **4.0 Module 2: Participatory Methods for behaviour change**

### **Objectives of the Module:**

At the end of this module, participants should be able to:

- list four( 4.) of basic principles of participatory methods
- mention at least four (4) basic steps of participatory hygiene promotion activities in communities
- demonstrate the use of participatory approaches in hygiene and sanitation promotion
- mention at least 3 basic steps in participatory Monitoring and Evaluation

### **Introductory Note**

Hygiene promotion messages do not always result in changing hygiene practices. People can memorize hygiene messages without acting on them; there is always a gap between people's knowledge and practices. Communication for behaviour change should be supported with participatory activities that focus on unsafe practices and facilitate transformation to safe practices.

### **What are participatory methods?**

Participation can be passive (such as listening in a meeting), extractive (such as giving money), or interactive. The facilitator can ask the participants to discuss these three aspects of participation with real examples of current practice.

Interactive participatory methods go beyond educational methods. Participatory methods are based on principles of adult education which have been field tested and used extensively. Field experience has shown that participatory methods can lead to a far more rewarding experience for community workers.

Participatory methods involve people as active participants in their own learning activities which help participants learn from each other and develop respect for each other's knowledge and skills. It also encourages the participation of individuals in a group process, regardless of their age, sex, social class or educational background. These are especially useful for encouraging the participation of women (who in some cultures are reluctant, not allowed to express their views or are unable to read and write).

Participatory methods are designed to allow for free expression, build-self-esteem and a sense of responsibility for one's decisions. They try to make the process of decision-making easy and interesting, help people to understand and believe in health and development concepts. These methods help people understand their own environmental situation, relate practices to WASH related outcomes and through this, help them change that situation. The idea is that when people understand why improved Hygiene and Sanitation is to their advantage, they will be able to plan and act.

In fact, many programmes use both promotions through messages and participatory activities with community members.

## 4.1 Introduction and Climate Setting

### Objectives

At the end of this unit, participants should be able to demonstrate at least 2 ways of creating a conducive learning atmosphere.

### 4.1.1 Ice Breaking and Familiarising

#### Introduction

It should be recognized that the participants may be shy of each other and particularly of the facilitator(s). Therefore the expected general atmosphere at the start of the training may be one of suspicion, isolation or feeling of inadequacy because people are not sure of what is or may be expected of them. In addition they may have some fears concerning the training session. In view of these, it is necessary to engage in exercises that will break down barriers and free up the trainees mind before the actual training commences.

#### Activity1: First name Introduction

##### Purpose

- To interact with at least half the total number of those in session
- Enable participants recognize fellow trainees by first names

**Tools:** None

**Duration:** This will depend on the number of participants (5-10 minutes)

**Materials:** None

##### What to do

1. Each participant is asked to introduce himself or herself in turn by simply adding an adjective before or after their first name. Such adjective should be, as the participant wants to be identified in the group. For example

- I am amiable Amaka
- I am brave Bioye, etc
- I am faithful Fatima
- I am obedient Ogah

2. This can be done in a sitting position. It is however more interesting if participants stand in a circle and demonstrate their names or make gesture while stepping back into the circle. When participant steps back it will be the turn of the person next to him/her.

##### Note for the facilitator

This exercise can serve as a reference point throughout the training session as participants will remember amusing adjectives. This also establishes an atmosphere of informality and cordiality. The physical movement relaxes participants and put them at ease with each other.

## **Activity 2: Hopes, Fears and Concerns**

### **Purpose**

At the end of the exercise participants should be able to

- list their fears, hopes and expectations from the training.
- reduce their fears and misconceptions

**Tools:** None

**Duration:** 30 minutes

**Materials:** Flipchart paper, Flip chart stand or board, masking tape, VIPP cards and marker pens.

### **What to do**

When participants are invited for a training session, many of them are apprehensive of what it will be like. They may have some expectations or expected gains from the training session. They may also have some fears or concerns as well. It is important to identify these at the start of the training event.

1. Divide the participants into groups of about 6 people each. Give a flipchart and a pen to each of the groups.
2. Let each group select someone among them to record response.
3. Ask them to respond quickly to the questions: What hopes, fears, concerns or preconceived notion did you have concerning this training before coming here today?
4. Let recorders/presenters present their group list to the entire group (at the plenary)

### **Note for the Facilitator**

The presentations of the lists presents excellent opportunity for the trainer to empathise with trainees needs as well as provide reassurance by using the list to indicate how the session may or may not relate to the concerns expressed. This list should be preserved as it will be reviewed again during evaluation at the end of the training

## 4.2: Unit 1 - Problem Identification

### Objectives:

At the end of the two activities in this session, the participants should be able to identify at least 5 key hygiene and sanitation related issues facing the community and prioritize them.

### Introduction

This Unit has two activities:

- What do we find in our community – to get an overview of Water, Sanitation and Hygiene situation in the community
- Hygiene and sanitation problems in our community –This activity seeks to generate discussion on hygiene and sanitation problems that are common in the community and the facilitator would then key in to water and sanitation related ones.

### Activity 1: What does our Community look like?

**Purpose:** To map out the community's water, hygiene and sanitation conditions and show how they are linked and develop a common vision and understanding

### Introduction

A community map is a simple sketch which presents information in an easily understandable visual form. It is a very powerful and effective tool to help people to explain their community situation, identify problems and available resources. It also serves as baseline and monitoring tool for programme intervention.

**Tool:** Community Mapping

**Duration:** 3 hours

**Materials:** Charcoal, chalk, stick, paper, pencil and cleaner, markers (different colours), sharper masking tape.

**Community Map of Fadan Fobur Village in Jos East, Plateau State as drawn by a Group of men**



**What to do:**

1. Introduce the activity and its purpose
2. Divide the participants into groups of women and men and where possible also of the youth
3. Provide participants with appropriate material
4. Choose a suitable place (ground, floor, paper) and medium (sticks, stones, seeds, pens, pencils) for the maps. This will largely be dependent on the type and nature of the group. However drawing on the ground increases the level of participation from everybody especially the women
5. Ask the group to use the materials to make a map and representation of their community

6. Ask some members of the group to take the other participants on a tour of their map including the topography, demographics, aspects of the lives of the people, those things that people are proud of and those they see as problems.
7. Based on the map and how people have described their community, initiate discussion on specific issues, such as Water supply, Sanitation, and Hygiene with particular concerns to women, children and vulnerable groups.
8. Let people create their maps with minimal interference and suggestions from facilitators and outsiders.
9. Round up by asking how the information from the map can be used in the near future.
10. If the map was made on the ground, using local materials, transcribe it on a piece of paper for future reference.
11. Leave the map in the community and make a copy for use in the office.

**Note for the facilitator**

The community map will be a useful reference point during future steps. It will be referred to again when the group is:

- Considering different ways to overcome problems
- Setting goals
- Developing plans to introduce changes into the community
- Monitoring and evaluating its progress

## Activity 2: Hygiene and Sanitation Promotion in Our Community

### Purpose

- To enable the community list all the diseases that constitute problem to them.
- It acts as the foundation towards identifying key hygiene and sanitation practices

### Introduction

The facilitator will start a discussion about the link between Water, Sanitation, Hygiene practices and diseases. It is intended to make participants understand how those water sources and sanitation activities identified on their map could have an impact on the problems they were facing.

### Tool: Role Play: Nurse Omenka

**Duration:** 30 minutes

**Material:** Masking tape, pens, paper, posters showing

- A drawing of a traditional healer (boka, babalawo or dibia)
- A drawing of a nurse/doctor at a health centre
- Drawings of a baby, a woman, a man

### What to do (Role Play Guide)

Introduce the exercise and ask each one of them to choose a role: One person is a nurse or doctor, another a **boka, babalawo or dibia** (traditional healer) and the remainder of the group will be either representing a woman, a man or a baby. Each person thinks of a disease symptom present in the community that they think is related to water, poor hygiene practice and or sanitation. They then choose to visit the doctor or nurse or **boka, babalawo or dibia** (traditional healer) to describe their symptoms. Let them act this out. The practitioner would explain:

- I. how the patient became sick,
- II. how he/she would treat the symptom, and;
- III. If they would attribute it to a particular disease.

### Note for the facilitator

The facilitator ensures that the symptoms, practitioner and responses are noted down, but not corrected. They can then be revisited at appropriate points later in the training.

The facilitator will then use the role-play to provoke group discussion and to:

- Identify what water and hygiene and sanitation-related diseases are present in their community.
- Explore how health practitioners in the community treat these identified diseases.

### 4.3 Unit 2: Problem Analysis

#### Objective:

By the end of this unit, participants should be able to list at least 4 hygiene and sanitation practices that may be responsible for the transmission of **faeco- oral** diseases.

#### Introduction:

This unit focuses on investigating why certain practices cause Water, Sanitation and Hygiene related diseases identified in unit 1. It has three activities which include:

1. Understanding the causes of faeco- oral diseases
2. Investigating what practices promote or prevent Water, Sanitation and Hygiene related diseases
3. Understanding the main routes of faecal – oral disease transmission and how they can spread

These activities are intended to help the group to start considering what can be done to improve their unsafe practices in order to prevent faeco-oral diseases and other water related diseases.

**Activity 1:** What causes Water, Sanitation and Hygiene related diseases?

#### Purpose

To enable the participants identify the causes of Water, Sanitation and Hygiene related diseases with the aim of classifying them as risk practices.

**Tool:** Hypothetical Flow Chart/ F- Diagram/ 3-Pile Sorting

**Duration:** 1 hour

#### Materials

- List of selected diseases from previous activity.
- Papers and markers.
- Masking tape
- VIPP Cards

#### What to do

- Ensure that this stage follows immediately after the previous one.
- Deal with those diseases not related to Water, Sanitation and Hygiene first and then concentrate on the others.
- Use the **WHY** and **WHAT** flow chart as a guide. See an example of a guide below
- Each **WHY** question should generate an answer and the answer reveals the next question until the roots of issues/diseases are arrived at.
- This session should be a brainstorming session such that everyone contributes.

- The process as much as possible should be documented as a flow chart that could easily be followed by participants.
- Remember the six helpers **WHY, WHEN, HOW, WHAT, WHOM** and **WHERE**

#### **Note to the facilitator**

- The aim of this process is to allow the trainees participate actively and contribute in identifying risk practices. **The facilitator should as much as possible keep this in mind.**
- This is not the time to effect correction on the identified risk practices but to get create awareness on how these risk practices happen in the community.
- The following key issues should be the focal guiding principles.
  - Drinking water source
  - Storage and collection at home,
  - Defecation practices including children
  - Hand washing after defecation and before handling food
  - Cleaning of child anus after passing stool

#### **Example of a Hypothetical Flow Chart**

##### **Q- What are the causes of diarrhoea?**

A- Teething in children, Igede Agba festival, early rain, bad water, dirty environment, poor hygiene practices

##### **Q- You are all correct, but is it every child that has diarrhoea?**

A- No

##### **Q - Why?**

A- some children are stronger than others

##### **Q That is true, what else does a child do when teething?**

A- They also crawl

##### **Q Where do they crawl?**

A- What type of question is this? Of course on the ground

##### **Q What do children do when crawling on the ground?**

A- They play with sand; try to put any object they find into their mouths, rub their gums with objects and dirty hands

##### **Q - When children are teething why do they put things in their mouth?**

A- The gum itches, so they get object to rub them

##### **Q - Where do these children and others defecate?**

A- Children are free to defecate any where but others have to hide behind the house and Other similar places

##### **Q Is it possible that the objects they put in their mouth are contaminated?**

A- Of course yes

##### **Q So what do you think causes diarrhoea in these children?**

After pushing this line of questioning, you then start with the second line i.e. Igede Adga festival and so on.

## Activity 2: Investigating Community Practices

### Purpose

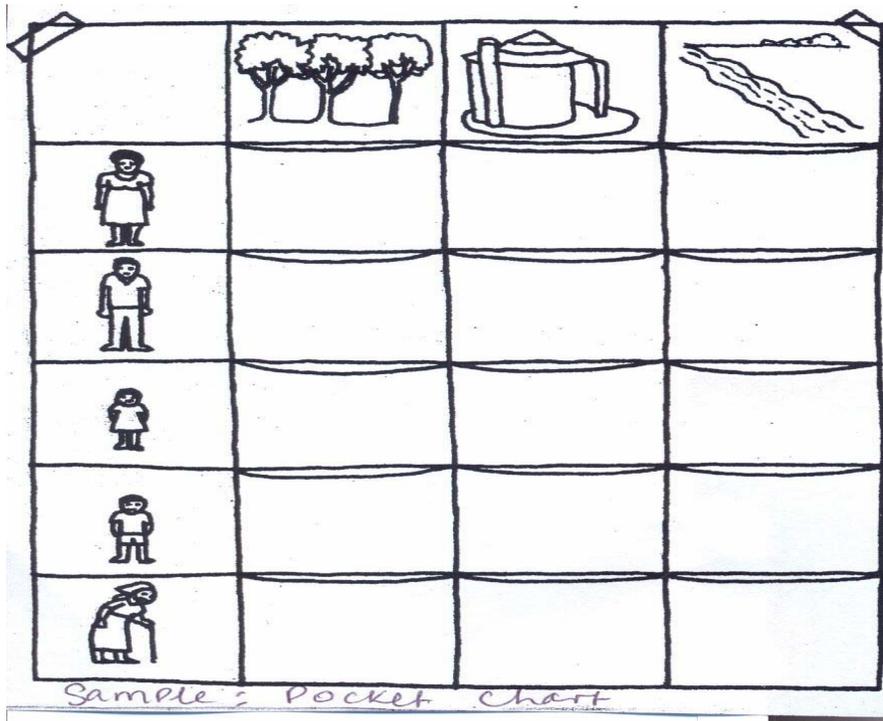
- To assist the participants relate these risk practices to their own behaviour.
- To enable the group put some values to the risk practices it has come up with for the purpose of future evaluation.

**Tool:** Pocket Chart

**Duration:** 1-2 hours

### Materials

- List of risk practices/ or picture cards depicting the risk practices or agreed symbols.
- Pebbles, beans, and kernel nuts.
- Some drawing materials.



### What to do

1. Ask participants to agree on the poster that depicts risk practices they have identified. Some examples are;

- Open defecation
- Ordinary traditional latrines
- Improved Latrine
- Hand washing with water only
- Hand washing with water and soap/ash
- No hand washing

2. Make sure everybody understands what each of the posters stand for.
3. Explain to the group what pocket chart is and how it is used to collect information confidentially on what people are actually doing.
4. Ask the group to identify which behaviours or risk practices it would like to know more about.
5. Set up the pocket chart plate different from where participants are sitting by placing the poster or the agreed symbol on the ground. Then make a circle in front of each issue being investigated on the ground. Then if the process is done indoors, putting a leaf by each item being investigated would serve the same purpose. Demonstrate how voting is to be done. Then remove your pebbles. Women, men and children should be given different materials to vote with. These may include bean seeds, pebbles and palm kernel. Then ask participants to go and vote one after the other.
6. After all have voted get a volunteer to count the votes and display the results.
7. Participants should then discuss the results, for instance.:
  - Which options are the most (least) commonly used? Why?
  - What other options do people favour? Why?
  - What environmental factors influence people's choice?
  - What could be changed?
  - What changes in behaviour would the group consider desirable or beneficial?
  - How could these changes be carried through in the larger community?
8. Facilitate a discussion with the group on what it has learned about this activity and their ability to apply it with their community members.

**Note for facilitator:**

- When this tool is being used, each chart should deal with a set of given practice e.g. adult defecation, child's defecation, hand washing after defecation, hand washing before food handling, hand washing after cleaning child's faeces etc. to make it easier to comprehend.
- Make sure the set of drawing/symbols reflect all the options normally used by the participants and are understood before starting.
- Keep the other participants busy as other voting should be done preferably during break.
- The results and symbols should be transferred to paper and displayed in a conspicuous place in the community.

### Activity 3: Good and Bad Hygiene Behaviours

#### Purpose

The aim of this process is to allow the community in a participatory manner to contribute to isolating risk practices. This offers communities the opportunity to exchange information and discuss common hygiene practices according to their good and bad impacts on health and livelihood

#### Introduction:

**Revisit Notes 2.0 in Appendix 1** about the relationship between water, sanitation, hygiene and diseases. Use these notes to discuss further and emphasise on the link between water, hygiene and sanitation. This activity helps to introduce the concept by relating it to practices carried out by the community and which they, in their own opinion would consider to be promoting health or promoting the spread of diseases that they mentioned earlier.

**Tool:** Three Pile Sorting

**Duration:** 1 – 1½ hours

#### Materials

- 3 or 4 sets of about 30 three pile sorting drawings
- 3 or 4 sets of heading cards, one with the word “**Good**”, another with the word “**Bad**” and the third with the words “**In-between**”; symbols to represent these qualities could be used instead of the words.

#### What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Start a discussion about safe water chain practices especially in relation to how the community collects water from the source, how it transports it and how it stores and utilizes the water at home.
3. After the group has sufficiently brainstormed about these practices, ask them to also think of practices that they have in sanitation especially how they handle children’s faeces, where they defecate, how they dispose of their waste (solid and water) and so on.
4. Divide the participants into groups of 5 – 8 people and give them sample drawings showing some of the practices they will have mentioned regarding handling of water and sanitation practices. After they have studied them sufficiently, you can then ask them to sort them in their own opinion according to what they consider to be:

- Good practice, therefore worth promoting,
- Bad practice and therefore need improvement or stopped
- In between or what they are not too sure about.

5. After 20 – 30 minutes, ask each group to explain to the other participants’ reasons for such choice. Let the group provide answers to any questions that the other participants raise.

Facilitate a group discussion on the way the different small groups have sorted the drawings. Examples of some of the **good** practices might include:

- Storing water in covered containers
- Training a child to use a latrine



Examples of **bad** practices might include:

- defecating in the bush
- leaving children's stool in the compound



An example of an **in-between** practice might be that they use the latrine but forget to wash hands after use.

6. Ask the group to consider and discuss the common behaviours in its own community and consider whether these behaviours are similar to any of the “good” and “bad” practices it has identified.
7. Ask the group to keep a record of the activity by displaying the three pile sorting drawings.
8. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.

**Note for the facilitator:**

1. It is best to include some drawings, which can be interpreted in a number of different ways. This helps to make the activity more challenging and stimulates increased discussion. The aim of using the drawings is not to test the people’s knowledge or to investigate or correct their personal habits, but rather to provide a starting point for a discussion of local hygiene and sanitation beliefs and practices.
2. At this stage, the group may start to discuss ways of overcoming the bad practices it has identified in its community. Encourage this discussion and have the group keep a record of suggestions made. These can be discussed again in **Unit 3: Planning for Solutions**.

**Activity 4: How Faeco-Oral Diseases Spread**

**Purpose**

- To help participants discover and analyse how faeco- oral diseases can be spread in the environment.
- To enable them understand why and how children are particularly more vulnerable to faeco-oral infections.

**Introduction**

The main cause of Water, Sanitation and Hygiene related diseases is usually as a result of ingestion of water or food items contaminated with faecal matter. The exercise below is intended to raise awareness to the group members on the various ways that faecal matter can end up in someone’s mouth and the related practices in the community that contribute to this.

**Tool:** Faeco-Oral Transmission Routes

**Duration:** 1 – 2 hours

**Materials**

- talcum or chalk powder and banana or any other fruit – mango, orange

**Exercise 1:** Role play

**What to do**

1. Encourage the group to sit in a circle if possible. The person at the beginning of the circle should dust white talcum powder on hands generously after which he/she partly peels a banana. The banana

is then passed from person to person till the last person in the circle. The facilitator asks the group to check their hands for residue of talcum powder and explains that this is the way in which faeces is passed from person to person.

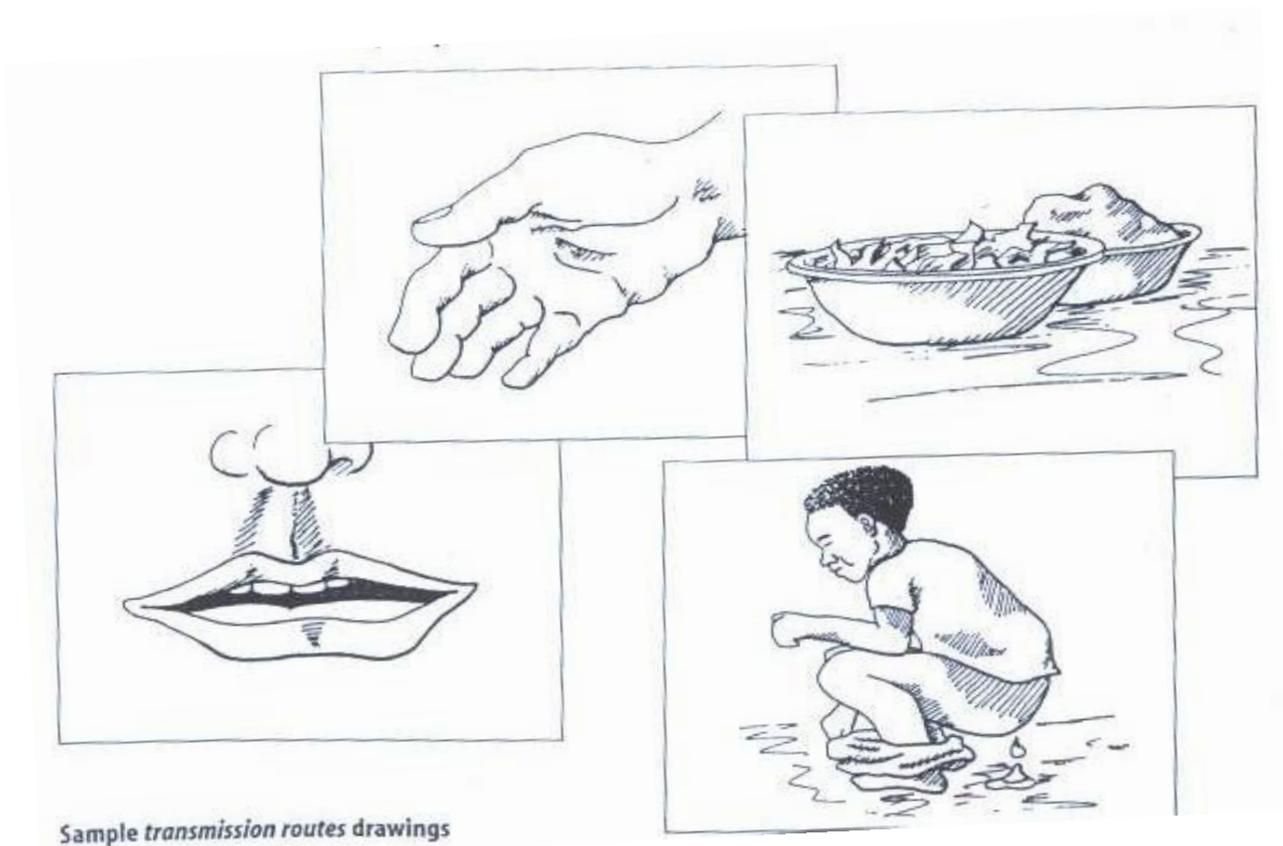
## Exercise 2: Group Work

### Tool: Faeco-Oral Transmission Routes

#### Materials

Drawings showing different routes through which faeces can end up in a mouth.

- A sketch showing Mr. Odeh's mouth (substitute with local names)
- Food
- Fly
- Faeces
- Fluid
- Field
- Finger



#### What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.

Display the drawings for the faecal- oral disease transmission routes.

2. Ask the participants to identify each of the drawings. Inform them that the head is called Mr Odeh and offer apologies to anyone bearing similar name. Explain to them that Mr. Odeh is a very good friend of yours and was in your house that morning with problems that he think you may have solution to. Tell them that you have now brought the problem to the community/WASHCOM because you believe they can solve it.
3. The problems are as follows: Mr Odeh and his family always have stomach upset (epwo ochichi/epwo odada) especially during the early rains and when there is acute scarcity of water. Mr Odeh thinks that the causes are associated with the drawings displayed.
4. Odeh's little child is also currently having diarrhoea, which foams, swollen and itchy gum, because he puts every thing he can lay his hand on into his mouth. Mrs Odeh doesn't see it as a problem as it is seen as a normal sign of teething.
5. Ask the participants to discuss how they think the drawings are associated with Mr Odeh's problems.
6. When they have finished, relate the problems to the situation in their community as follows:



#### **A. Defecation and Hand Washing practices**

- Using the drawings, explain to the participants that Mr. Odeh with his family and every member of his community defecate in the bush. The younger children defecate in and around the

compounds. Any time they defecate in front of the house, the older children or Mrs. Odeh will pack the faeces and throw it into the refuse dump behind the house.

- Sometimes, the faeces is left where it is, till dogs or other domestic animals eat it. The children either get their buttocks/anus licked by the dog or rub it on the ground. Sometime, they try to clean with leaves or sticks and fingers. They try to rub off the faeces on their fingers on leaves and the remaining on their clothes.
- The adults in this community clean up with leaves, stick and sometimes try to wash the hand used in cleaning up with only water when they are not in a hurry but otherwise do not wash at all after defecating.
- Relate the defecating practice in the participants' community to the one in Odeh's community.
- Find out if it is a common practice for people to wash their hands after defecation and what they use for hand washing.
- Find out why this is the practice.
- Find out from them what their feelings are, concerning the practice.
- Explain to them that diarrhoea during teething as they pointed out may not be as a result of teething but because children at this stage put contaminated things into their mouth due to their itching gum. Let them know that when children rub their buttocks/anus on the ground after defecating, they leave faeces on ground which crawling children eat together with sand. They can even chew slippers with faeces and all these expose them to infection.
- Let them pinpoint the routes through which diseases can be transmitted when faeces are left in the open.

## **B. Water Source**

- Ask the participants to list the major source of water in their community. If it is the stream, let them know that Odeh collects water from the same source as they do. At this point, let them know that from indications it looks like they have a lot of similarities with Odeh.
- Make a sketch of a stream with trees and grasses around it on the ground using sand, some vegetation and other symbols as would depict a typical community water source.
- Tell them that Odeh's wife and her children while going to fetch water early in the morning, stop close to the stream, drop their containers by the stream and then enter the bush to defecate. Similarly, Mr Odeh himself, on the way to his farm, which is close to the stream, also does the same thing.
- Ask them if it is possible that people could defecate in the bush surrounding the stream in their own community.

- If they confirm that it is possible, ask them what they think will happen to most of the faeces when the early morning rains come.
- Explain to them that the water they collect from the stream especially during the early rains is mixed with faeces and that may be why diarrhoea is rampant during the early rains.
- For communities, which have hand dug wells, find out how they collect water from the well. If it is with rope and bucket, ask them where they keep the rope and bucket after collecting water.
- Ask the participants if they have ever stepped on faeces while walking, if so, what do they do when this happens.
- Ask if it is possible that part of the faeces on the slippers could be taken to the compound and that the rope and bucket could also come in contact with faeces brought by their slippers.
- Explain to them that their water source could be contaminated with faeces through the method of handling rope and bucket.

### **Water Transportation**

- Ask the participants whose role it is to collect water in their various homes.
- Find out from the women how they transport water and what they do to the water as soon as they get home. For example, do they pour the water immediately into the pot or do they leave the water for sometime, if so why?
- Tell them that Mrs Odeh does exactly what they do.
- Ask them the type of domestic animals they keep in their community.
- Find out the animals that drink water amongst the domestic animals in the community.
- Find out where the animals get their drinking water, ask them if the animals have special pots and if they could collect water from the pots with cups.
- Find out if it is possible that their domestic animals could put their mouth and drink water from the water left outside while the women are resting after returning from the stream.
- Ask the participants if these animals eat faeces.
- If they do, ask if these animals clean their mouth after eating faeces and before drinking water from the water the women left outside the house
- Ask if they have ever noticed houseflies visiting water, if they have, ask for a volunteer to demonstrate how a fly behaves when it perches on something.

- Explain to them that while they leave water outside their houses to rest before pouring it into the drinking pot that the animals wash their faeces-stained mouth in the water. Even the flies that are regular visitors to faeces wash their hands and legs in the drinking water and some die in the water. At the end, when the water is poured into the drinking water pot, the whole family ends up drinking water mixed with faeces.

### **Handling Water at Home**

- Tell them that in Odeh's house, the family drinking water is stored in the pot. An old plate is used to cover the pot and metal cup is kept on top of the pot for the whole family to use in collecting and drinking water. Whenever anyone is collecting water, the fingers touch the water inside the pot and the person also leaves the thumb in the cup filled with water. (Get a volunteer to demonstrate).
- Mrs. Odeh found out that the little children always leave the pot open and sometimes the cup falls into the water pot while they are trying to collect water.
- Ask the participants, especially the women, if this is also the case in their community.
- Find out what happens if the cup falls in like that. Get a volunteer to demonstrate how the cup is normally brought out.
- Explain to them that because people do not wash hands after defecating, touching sand and handling children's faeces, they put faeces into the drinking water. This will now result in the whole family drinking water with faeces.

### **Food Handling and Feeding Practices**

- Inform the participants that you will always refer to Mr. Odeh's family problems and then relate it to the situation in their community.
- Tell them that Mrs. Odeh had just finished preparing the child weaning food when the child defecated. She packed the faeces with leaves and threw it at the open refuse dump behind the house.
- She washed the child's buttocks with water and did not wash her own hands. She cleaned off the water on her hands on her wrapper and started feeding the child immediately with the same hand.
- Mr. Odeh on the other hand while in the farm puts yam in the fire to roast while he goes to defecate. He comes back scrapes off charcoal from the back of yam, cut it and places it on leaves to cool, he resumes working and only comes back to eat the yam when it has cooled down a little. Before eating, he cleans his hand on his head, as his trousers are so dirty. He never washes his hand before eating in the farm especially if it is roasted yam.
- Find out what the practices in their community concerning eating habits are, especially as regards hand washing before eating if they do not wash hands before eating some food, why is this the practice?
- Get a volunteer to demonstrate how they wash hands before eating food.

- Apologize that you will talk briefly on faeces while you are still talking about food.
- Ask them what they think happens to faeces on the ground after a long time without rain.
- Using this, explain to them that the soil they farm on is mixed with invisible faeces like they rightly pointed out. They therefore, put faeces in their mouth while eating food without washing hands especially in the farm.

#### 4.4 Unit 3: Planning For Solutions

##### Objective

- At the end of this unit, participants should be able to list at least 5 ways of preventing the spread of faeco- oral diseases
- At the end of this unit, participants will be able to select at least 3 safe options of preventing the spread of faeco- oral diseases.

##### Introduction:

This Unit has three major activities:

1. Blocking the routes and selecting barriers. This helps the group members to discover the way to devise solutions to the problems identified in the last activity and analyse the effectiveness and ease of applying the solutions that they had thought about in blocking the routes.
2. The **PRESENT** and **FUTURE** Situation – Using the now situation of a community and discussing how to move it to a future desired situation
3. The big visitor introduces the concept of social marketing i.e. using positive messages to promote behaviours change.

By the time these activities are completed, the group will have identified a set of solutions they may want to apply to their community. They would then be ready for the next stage on how to get the community members to adopt the solutions as well as who among them would manage each process/group within their community.

##### Activity 1: Blocking the Route/ Breaking the Disease Transmission Routes

##### Purpose

It helps participants discover ways to provide solutions to the problem it has identified in previous activity.

**Tool:** Breaking the Disease Transmission routes – F-Diagram

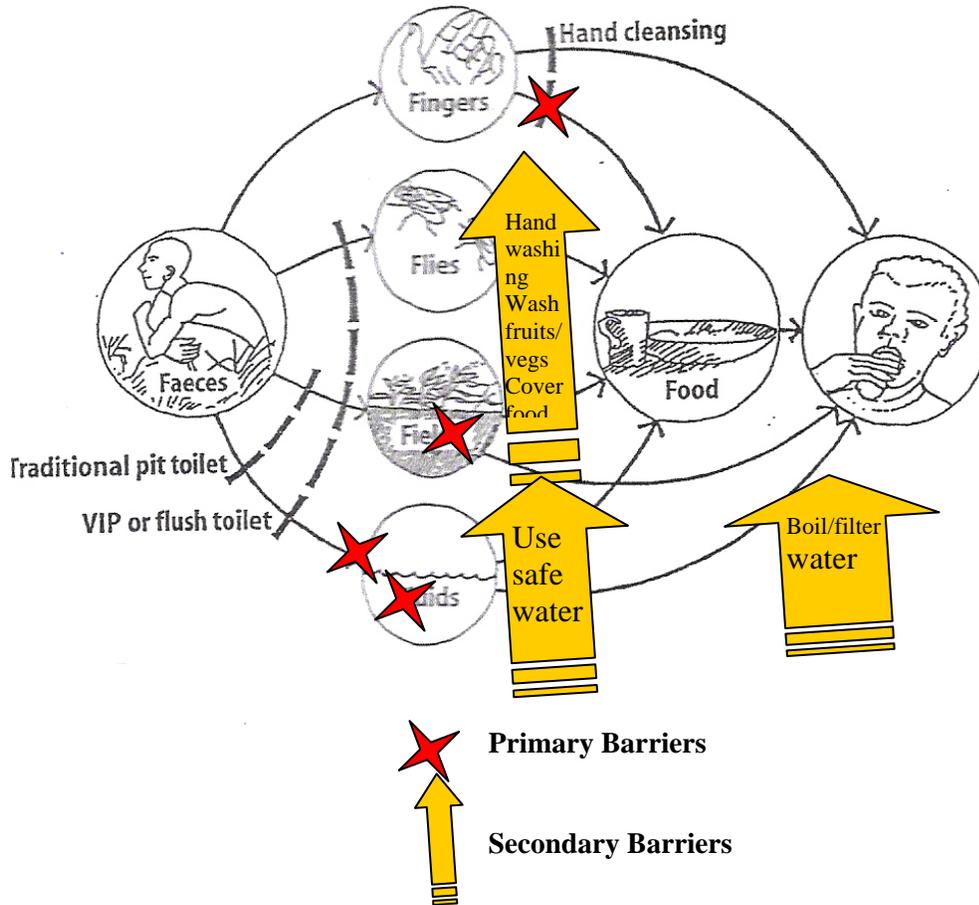
**Duration:** 2 hours

**Materials**

- Masking Tape
- Drawings showing:
  - covered food
  - a fenced water source
  - stored drinking water in covered containers
  - a latrine
  - washing hands with soap/ash
  - boiling or filtering water
  - cooking or re-heating food
  - dishes on a table or drying rack
  - a person using a cup or calabash to draw water for drinking from a water container
  - a woman collecting children's faeces from a the compound

**What to do**

- Let the participants know that Mr. Odeh is very grateful that they have been able to find out what his problems are. He also said that his problems have enabled the participants to find out that they have the same problems in their community. He is therefore demanding for a round of applause from the participants.
- Inform the participants that Mr. Odeh is asking them to suggest ways through which he could solve his problems and to stop further occurrence. He encourages them that finding solutions to his problems will also be finding solutions to their own problems.
- Turn the attention of the participants back to the models and start by asking them what could be done to break the various disease transmission routes, which they have earlier pointed out.



**Note for the facilitator:**

*The next discussion will only be beneficial if the participants have identified Water, Sanitation or Hygiene as the problem faced by Mr. Odeh and the Community.*

**Water Source**

- Ask the participants what could be done to make sure that Odeh and the participants' community members collect drinking water from a protected water source.
- Allow the participants to discuss and come out with possible solutions especially for their community.
- If they end up with borehole briefly find out from them why they think borehole is a protected water source.
- If they come up with hand dug well, find out how they plan to collect water from the well.
- Find out how they will ensure that the rope and bucket will not touch the ground bearing in mind that when they are drawing water, the remaining part of the rope will be touching the ground.
- Allow the participants to discuss exhaustively until they finished with all the suggestions.
- Display a poster of a hand-dug well with a hand pump and ask a volunteer to briefly explain what he/she thinks is happening.
- Go on now and explain fully how the hand pump works and how it can protect the rope and bucket from being contaminated with faeces.

### **Water Transportation**

- Inform the participants that everyone should assume that there is now a protected water source in their community and Odeh's community.
- Inform them that Mrs. Odeh and other women still transport their water in uncovered containers and leave their water in front of the house to attend to other duties before pouring it into the pot. Unfortunately, the domestic animals still put their mouths into the water. The problem Odeh and the participants' community were having still exists even after they have been assisted to own a protected water source.
- Ask the participants what should be done to stop the animals and houseflies from contaminating the water.
- Prompt them by asking if all the domestic animals and flies should be caged, if they should be taught how to collect water from the pot with a cup to prevent them from contaminating the water left in the basin outside.
- Guide the participants to come up with a very realistic solution which will be to pour water into the drinking water pot immediately they come back from the water source so that the animals will not have access to the water.

### **Water Storage and Handling at Home**

- Ask the participants how best they think drinking water could be stored to prevent contamination.
- How will they ensure that people's hands do not come in contact with the water while collecting water from the pot?
- Demonstrate this to them and get a participants to try it out.
- How do they think they could collect drinking water without using cup so that the issue of cup falling into the pot will be avoided?
- Allow them to come up with as many suggestions as possible.
- Get all the options listed down using agreed materials that are understood by all the participants (**water collection options**).
- Inform them that you think it may be possible to collect water from the pot without putting hand into the pot. Here introduce the tap-on-pot concept if not ready in their selected options.
- Display the pot with the tap, explain and demonstrate to them how it is done and ask a participant to try it out.
- This might be a good place to carry out the selection of option for water collection at home.

### **Defecation Practices**

- Remind the participants that the water problem has been partially solved and that the problem of faeces in the open is still very much in existence
- Ask the participants what could be done to stop flies, animals and their slippers from coming in contact with faeces.
- Find out if it will be possible for animals and flies to obtain permission from the participants and Odeh before visiting their faeces.
- Allow them to come up with as many suggestions as possible.
- Get them to elaborate on the plan as much as possible and use the agreed materials to represent options they select. This would form the **sanitation ladder**.

- One of their options may be pit latrine. Explain fully the importance of using the pit latrine.

**This would be a good point to introduce and discuss the sanitation ladder**

- Find out if everyone (men, women and children) in a household will be allowed to use one latrine.
- Enquire from them on what will happen to the little children who cannot use the pit latrine.
- Allow them to come up with the solution to the problem.
- Also use agreed articles to depict solutions they come up with after discussion and these would form the **option tray for child defecation**.

This might be a good point to introduce and discuss the option tray for child defecation

- Explain to them that it will be beneficial to them to discourage children from rubbing their anus on the ground after defecation. This will reduce the level of contamination for teething children.
- Ask how they intend to stop the children from continuing with open littering practice when they are grown and what process would they use to introduce latrines to them.

**(A good place to introduce potty if it is not in their option tray).**

**Hand Washing**

- Ask the participants when they would suggest to Odeh and members of their community to wash their hands.
- Let volunteers demonstrate the way they wash their hands when they are very dirty, allow other participants to choose the best way out of the ones shown in the demonstration.
- Inform them that Mr. Odeh and his family now drink from a protected source, transport, store and handle water properly, use latrines properly and wash their hands immediately after defecating and before food handling/eating.
- After doing all the things that the community/WASHCOM members suggested, Mr. Odeh and his family still have problems, which he thinks may be connected to their hygiene practices.
- Ask the participants to suggest what they think is the cause of this problem after all the efforts to eliminate it.
- Allow the participants to exhaust all they have.
- Ask two volunteers to come out for demonstration of hand washing.
- Put little engine or palm oil on their palm and ask them to rub it in.
- Ask the first person to wash the way all the participants chose as the best way.
- Find out if his hands are clean enough (for which you will surely get no for an answer).
- Give the second person soap to wash his/her hands.
- Explain to them the kind of stain oil leaves on the hand is the kind of dirt faeces leaves on the palm though it is invisible.
- Explain that what happens to the person who washed with only water is exactly what happens when they wash their hands with only water after defecating and before eating.
- Inform them that this is Odeh's major remaining problem, which is hygiene related and unfortunately, Mr Odeh and his family cannot afford soap for hand washing.
- Let them suggest what else Odeh can use for hand washing apart from soap.

- Explain to them that ash can also be used in place of soap. It is accessible (widely available) and affordable.
- Find out how they will ensure that everyone else washes his/her hands with soap or ash immediately after using the latrine. Allow them to come up with suggestions.
- Suggest the use of three containers for them; one to store water in front of the latrine, a half calabash to serve as cover and for hand washing and a smaller one to serve as ash container.

**Note for the facilitator**

- The system used here should be as simple as possible and fully understood by all as it would be used in setting target for monitoring and evaluation.
- Strong emphasis should be placed on management of child stools and hand washing.
- Facilitator should emphasize on hand washing after critical times: before handling food, after defecating and after eating

## Activity 2: Choosing Hygiene Improvements

### Purpose:

This activity is meant to help identify the hygiene situation as it is and discuss ways of improving the situation (what should be). It is also meant to provide a tool that can be used for planning with communities.

**Tool:** Story with a Gap

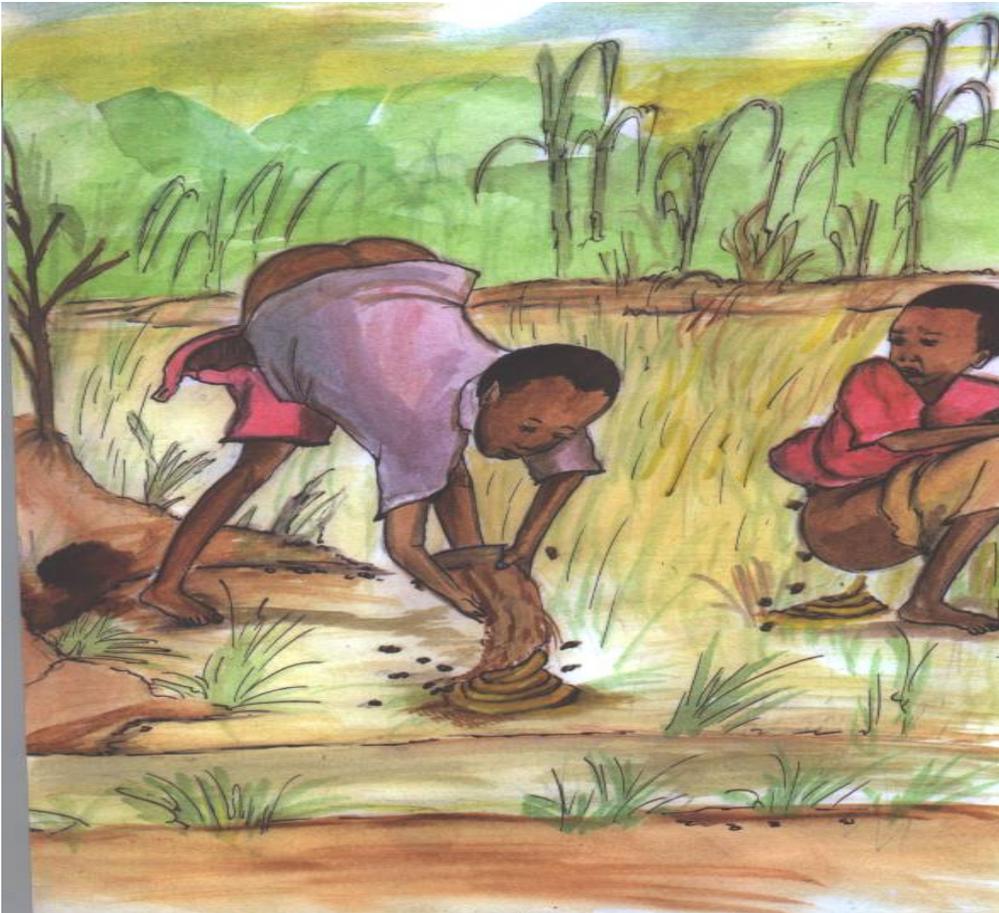
**Duration:** 1 Hour

### Materials:

Posters showing the following:

- A picture of a village scene showing a ‘before’ situation where hygiene behaviours were bad (for example, people defecating in the bush) and another picture showing an ‘after’ scene depicting an improved situation (for example, people using improved latrines).

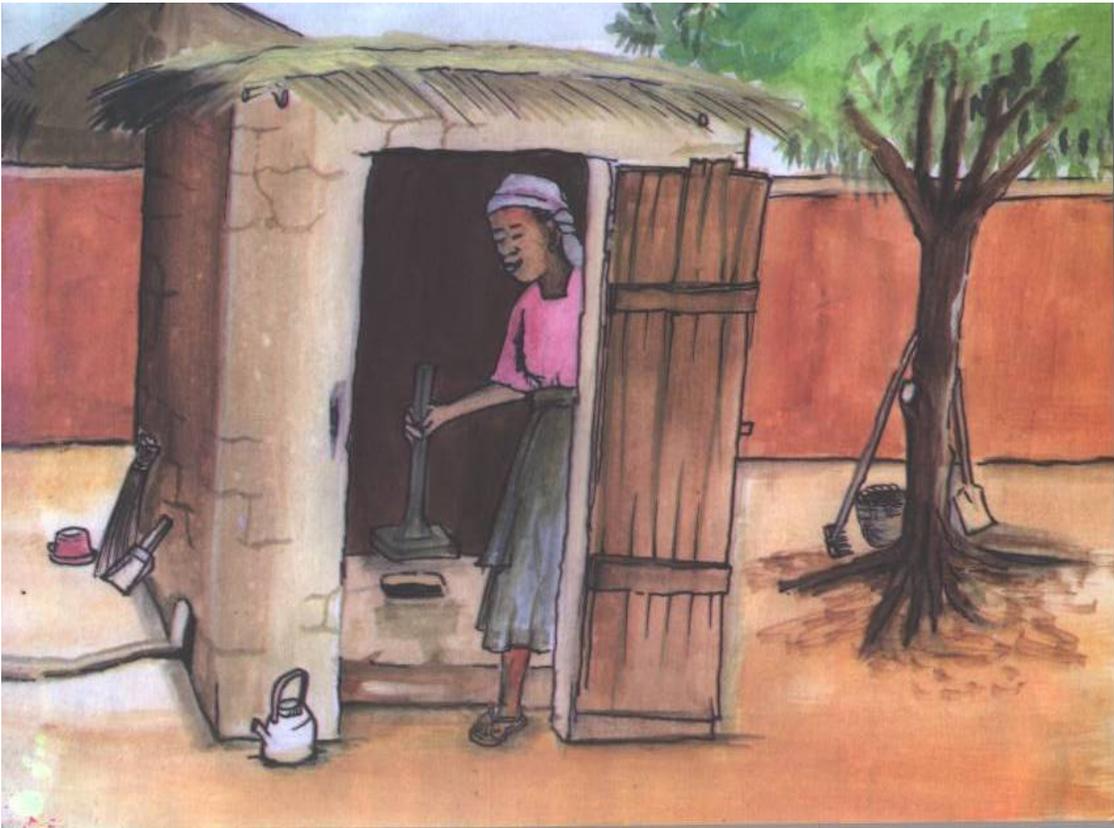
A role play can also be organized in place of the posters.



A sample of a village showing a “before” Situation

**What to do**

1. Divide the participants into groups of 5 -8 persons. It is usually best to divide men and women in separate groups
2. Show the poster of the “before” situation. Ask the participants to identify and describe everything that is wrong in the poster
3. Ask for reasons why the participants think the situation went that way
4. Show the poster of the “after” situation. Let the participants discuss the improvements that have happened.
5. The participants could use the two posters of what is and what should be to tell a story of what could happen to change from the first situation to the better situation.
6. Let them discuss the steps that were taken to move from the bad situation to the improved situation.
7. Have the participants discuss if the situation has happened in their communities and who would do what activities to attain their desired goals. The participants could also discuss the benefits of an improved situation.



**A sample of an improved pit latrine.**

**Note for the facilitator:**

1. The participants could also discuss the benefits of an improved situation
2. Summarize the exercise by having participants share the results of their group work.

### **Activity 3: The Big Visitor – Mr. Peterson**

#### **Purpose**

- To introduce the issue of social marketing to community representatives including WASHCOMs
- It provides us an avenue for feedback to the participants the process the project has applied in other communities like behaviour trials for consideration on how they could use such in their situations.

#### **Introduction**

Introduce the concept of social marketing as described in Part 2 section 3 of this manual. The exercise below helps you in describing this concept and exploring social marketing tools and communication channels available for community use.

**Tool:** Story Telling

**Duration:** 1 hour

#### **Materials:**

Recording tape messages containing benefit messages of behaviour change.

#### **What to do:**

- Working with the whole group, tell them the story of Ivioghe (**substitute with a local village name**), a village in a far away land. They had a very special visitor one August morning that had come to stay with them for a week. In the town, there were two big men, one had a latrine completed with a place to wash hand and the wife of the house used potty in managing their child defecation and they wash hand immediately after cleaning their child bottom and cooking. The other big man had no such things even though his house was the bigger of the two. He and his family used the nearby bush while the younger children do it around the house. The community had to decide where the big man would stay. But in order not to be biased, as a result, they asked me to kindly request that you help them decide.
- After telling them the story and giving the task, let them discuss among themselves and decide. Also let them discuss the reasons for their choice. When they are through let them present their choice to the other participant and answer any questions.

#### **Facilitate a discussion on this.**

- Is this sort of situation possible in their communities?
- Would their response be the same in their communities? What are the perceived benefits of replacement practice? Do they think it would be possible to promote change using these in their community?

Explain the process of social marketing behavioural trials and play back the recorded messages from safe practitioners who have tried out the replacement practices. Let them then simulate how they would apply it in their communities.

## 4.5 Unit 4: Planning for New Facilities and Behaviour Change

### Objective:

- At the end of this unit, participants should be able to list at least four different steps in planning for behaviour change.

### Introduction

This Unit has three activities

- Planning for change helps the group to plan the action steps for implementation. Segmenting the participants into various groups and developing the promotional pack.
- Allocation of responsibilities to each participant based on target groups and risk practices
- Identifying possible problems and plan ways to overcome them.

### Activity 1: Planning For Change

#### Purpose

- To enable participants to develop a plan to implement changes in sanitation and hygiene behaviour practice.
- To define its various target groups.
- To design appropriate promotional pack for each group.
- To identify key roles for each target group

**Tool:** Planning posters, 3- Pile Sorting, Sanitation Ladder and Water Ladder

**Duration:** 2 hours

#### Materials

- Present and future sanitation options.
- Selected hygiene options.
- Masking tape.

#### What to do

- Ask the participants to work in two groups.
- Put the sanitation and other selected hygiene options on the wall, and then ask;  
-- Do you agree that this is the present situation in the Community? Are the selected options where the community would want to be in the future?
- Each group should brainstorm on who would be responsible for implementing each action.
- Each group should brainstorm on whom they would have to deal with to carry out the desired change on each selected option.
- For instance, for construction and use of an improved latrine:
  - The householder may be responsible for digging the pit and buying the slab materials and paying for casting it.

- The WASHCOMs/artisans for making slab
- Women for carrying slabs where appropriate
- The householder for building superstructure and providing material for hand washing.
- The women for providing material, making sure water and ash is always there and keeping the latrines clean.

The target groups here are men for building and women for sanitary maintenance of facility.

- Each group should also discuss the best mix of promotional approach that applies to them bearing in mind the communication channel they would use. They should also decide how often to carry out the promotion.
- Each group should also work out planning posters using agreed symbols to depict each step.
- After the groups have worked out their plans, ask each group to present its work.
- After the presentation, encourage a group discussion aimed at reaching an agreement on a common plan. The discussion should cover:
  - The similarities and differences between the target group and promotional approach chosen by each group.
  - What difficulties they might face in carrying out these steps.
  - The amount of time necessary to carry out the plan.
- Get the group to agree on how each of these groups identified would be reached and what particular approach would be used in promoting the planned change in each group and what communication channel to work through. The need for each of such groups to set its action plan within the framework set by the WASHCOM should be explained.
- Facilitate a discussion with the group on what it has learned during this activity including what it liked and did not like about it.

**Note for the facilitator**

- What resources needed to carry out the plan provides a good opportunity to discuss the need for both individual and community priority setting?
- The need for setting realistic goals should be explained.

## Activity 2: Task Allocation

### Purpose:

- To enable participants identify who will take responsibility for carrying out the steps in the plan.
- To set a timeframe for implementing the plan.

**Tool:** Task Allocation

**Duration:** 1 hour

### Materials:

Planning posters used in the previous activities, pen and paper

### What to do

- Ask the participants to work together in plenary.
- Put the planning and other selected options on the wall in one straight row in the order the group agreed to.
- Give the group the task using these words:  
---- These planning posters show those steps that you have decided are required to put your plan into action. Now you have to decide who should carry out each of these steps. When you have decided write the persons name against the step.
- Referring to earlier discussion and conclusion reached during the gender role analysis in the community management training. Invite the group to review the task allocation in terms of these and make adjustment as necessary.
- When the task have been allocated, ask the group to discuss and agree on whom should coordinate each of the steps and write this on the poster.
- Invite each of the selected person to coordinate the rest of the meeting. This will cover developing a time frame for completing each part of the plan.
- Ask the group to discuss and agree on the amount of time that each step will take to complete. Record this over the planning posters
- Facilitate a discussion on:
  - The importance of ensuring that those things are done on time.
  - How the group can check that people are doing what they are responsible for.
  - What the group can/should do if tasks are not carried out.
- Facilitate a discussion with the group on what it has learned during this activity including what it liked and did not like about it.

### Note for the facilitator

- In certain task allocation it may be necessary to vote on it: in this situation a pocket chart is a good method to adopt.
- This activity can be preceded by a brief discussion of the quality that one might look for in a person selected for a particular task.

### Activity 3: Identifying What Might Go Wrong

#### Purpose

- To get the group to think about possible problems in implementing the plan and devise ways to overcome them.

**Tool:** Problem Box

**Duration:** 1 hour

**Materials:** Writing material, cards, a bowl

#### What to do

- Give the group the task using these words:  
*---Could everyone please write on a slip of paper a problem they think might arise. This could be in form of drawing or written word or just some marks which when presented the person would then present their problem.*
- Ask a group member to collect all these questions in a bowl, which now becomes the problem box.
- Then pass the problem box round and ask each participant to pick a question and answer it. Any participants who pick his/her own should be asked to return them and pick another.
- Give the participants plenty of time to discuss the answers. If a participant cannot answer a question, some one else in the group can answer the question.
- Facilitate a discussion with the group on what it has learned during this activity including what it liked and did not like about it.

#### Note for the facilitator

If some participants have more than one question this can be allowed.

## 4.6 Unit 5: Planning for Monitoring and Evaluation

### Objective:

At the end of this unit, participants will be able to identify at least 3 steps in establishing a monitoring and evaluation system for communities.

### Introduction

This Unit has two activities:

- Preparing to check our progress
- Participatory evaluation

Monitoring is the process whereby information about water the water supply service is collected, checked and analysed in order to improve the situation in case the situation is not good as expected. In fact we monitor all the time, although we may not be aware of it. Community members need to find out when and where their water supply and sanitation project goes wrong and they need to know what action to undertake to remedy the situation. If this is not done, the service level will go down as a result of breakdown and people may no longer be willing to pay for operation and maintenance.

In this activity, the group fills in a Monitoring chart (checking) its progress towards achieving its goals. Means are identified for measuring progress, how often this needs to be done and who will be responsible for doing it.

### Activity 1: Preparing to check our Progress.

In this activity, the group fills in a chart for monitoring (checking) its progress towards achieving its goals. Means are identified for measuring progress, how often this needs to be done and who will be responsible for doing it.

### Purpose

- To establish a procedure for checking progress by setting action plan and indicators.
- To decide how often checking should be done.
- To decide who should do the checking.
- To set dates for the evaluation activities, some of which will take place with the wider community at some point in the future.

**Tool:** Monitoring Chart and Community map

**Duration:** 1-2 hours

### Materials

- Monitoring chart.
- Sanitation option.
- Other hygiene options.
- Pen and paper.

**What to do**

- Have the participants work in one group, show the drawing which represent their selected options.
- Have a monitoring chart ready.

**Example of a monitoring chart**

ISSUE TO BE MONITORED	MEASURABLE INDICATOR	HOW TO COLLECT	WHO COLLECTS	ACTION TAKEN
Hand washing	No of household members washing their hands at critical times i.e. before handling food and after defecation.	Observation and assessment.	Village Hygiene Promoter	More hand washing campaigns for target groups. Community sanction.

- Those selected during planning stage should handle the action planning for their particular task.
- Set the **action plan** after a critical review of the earlier voting, how many do they think they can achieve.
- How to measure the progress being made (**indicators**)
- How often progress should be measured?
- Who should be responsible for measuring progress?
- How to involve other members of the community in checking progress and achievement of action plan.
- After the chart has been filled, facilitate a group discussion on what the group has learnt during this activity including what it liked and did not like about it.
- Ask the group to set a date for evaluation.

**Note for facilitators**

- This activity as much as possible should use drawings like three pile sorting, planning posters, etc
- Write numbers if they are understood other wise use accepted symbols to depict the number agreed.

**Activity 2: Participatory Evaluation**

This activity is carried out after the community has implemented its plan, perhaps six months or one year after the start of the programme. The participatory evaluation should involve as many people as possible from the community as well as other community workers, officials, and perhaps representatives of neighbouring communities. This unit should be fun and a celebration of the group’s achievements. During the evaluation, the group will identify:

- How much has been done in the community
- How much of the plan still needs to be done
- What has been successful
- Are there gaps in implementation?
- What is responsible for these gaps?
- How can the gaps be filled?
- Any problems or difficulties encountered?
- Any corrective action that is needed?

The evaluation can be done in many different ways, for example:

- The group might carry out some evaluation activities itself and share the results with the wider community by displaying their outputs where they can be seen by all
- The group might decide to involve the wider community in its evaluation activities; for instance, people could be invited to take part in a community event where everyone votes during a pocket chart activity
- Or the group could combine the above activities by carrying out some specific evaluation activities separately, as well as organizing a community evaluation activity, such as presentation of a socio-drama about the programme to a wider group.

**Purpose**

- To see if objectives have been met

**Tool:** Monitoring Chart made

**Duration:** 2 hours

**Materials**

- Pens and paper

**What to do**

1. Have the group look at the monitoring chart to review the objectives it set. Then ask it to compare these objectives with what has been achieved since it made the chart. The group might want to make a record of the differences between what was planned and what has been achieved.
2. Once the comparison has been made, ask the group to discuss:
  - What has been successful
  - Any problems
3. Ask the group to record (in drawings or words) the problems and sort them into:
  - Problems the community can deal with by itself
  - Problems the participants do not fully understand
  - Problems the community cannot solve by itself

4. Stick the three groups of problems on a wall and ask the participants to decide:
  - For the problems they can deal with: what action it will take
  - For the problems they do not understand: how and when they will get more information and whose responsibility it will be
  - For the problems they can't solve: how they will get outside help to overcome these problems.
5. Finish up with a discussion on what was learned during this activity, what was liked, and what was not liked about this activity.

**Note for facilitators:**

1. Your role is to help the group:
  - Work out what it wants to do to evaluate its progress
  - Work out how it wants to involve a wider selection of community members
  - Work out how to make the evaluation event enjoyable and satisfying for everyone.

**(Optional) Activity: Socio- Drama/Theatre for development**

**Purpose:**

- To update the wider community on progress made to date
- To provide an opportunity to celebrate project successes
- To highlight aspects of the project to visitors from other communities, government officials, development partners and donors

**Duration:** 1 – 2 hours

**Materials:** None

**What to do**

1. This activity can be carried out in groups of 4-8 people. Invited guests can be given the opportunity to join any of the groups
2. Give the groups the task using these words:

*“Working together, choose one part of the project and make up a short 10 minute story about it. Each group will tell different parts of the story. You can do this in any way you like, using whatever you think you need to tell the story in an entertaining way. Your short play should not take longer than 10 minutes to perform. You have 30 minutes to prepare and rehearse your activity”.*

Make sure that each small group is telling a different part of the story.

3. When the groups are ready, ask them to perform their socio-dramas. After the socio-dramas have been presented, participants may wish to discuss any particularly significant events that were not performed.

**Note for the facilitator**

1. Let each group develop its socio-drama in its own way without your input. Groups will probably use a variety of ways to tell their stories including: music, dancing, acting and humour
2. This activity is designed to be enjoyable and to create an interesting way of summarizing what the group has experienced and felt during the course of the project. An alternative, more structured approach to this activity would be to ask the group to select 8-15 members to create a theatre performance based on the development of the project. This could be done as much as one or two days before the evaluation closing celebration, in order to give participants more time to prepare the performance
3. Taking time to celebrate success is very important. Positive results increase the group's faith in itself and inspire it to continue working for change. Discussing problems can have the same effect because it shows that solving these is within the group's power.

## 4.7 Unit 6: Planning a Field Visit

### Objectives:

At the end of this unit, participants will be able to demonstrate the steps, skills and use of tools learnt during the training event

**Duration:** 2 days

### Process

- Preparation
- Field Visit
- Analysis in the classroom

### Materials

- Transport for the field visit
- A small note book for each participant
- Suitable clothing for field work
- Flip chart, markers, cards, local symbols e.g. seeds, chalk, bottle etc
- Copies of tools to be tested

### Note for the facilitator

The purpose of the field visit is to practice some of the tools that participants will have learnt. The actual programme will depend on the distance to be travelled for the visit, the size of the local community and the extent of their cooperation with the organizers of the training event. The participants may have to be divided into small groups so that each group practice some selected tools different from other groups. This will also help them work more efficiently and to reduce inconveniences to the community.

The communities should be contacted well in advance to fix the date and timing of the visit and to ensure that the local committee and some users will be ready to receive the participants. The community should be fully briefed on the visit and its objectives and given details of the programme that will be followed.

If a community is large enough to accept the full group, then only one community need to be contacted for the visit. But if the group of participants is very large, it may be necessary to allocate smaller groups to different communities. In this case more effort and time will be needed to make the preparations so that all the visits will be well organised. The participants in the small groups will have an opportunity of comparing the different communities visited in the same locality. The participants should also arrange to meet the local district staff of the government agency and other institutions working in the community. Debrief the community after the visit.

### Analysis of the field results and Analysis of results

Once back in the classroom, each small group will sit together and make their analysis in terms of what worked well, what did not work well, reasons for either, and lessons learnt. The groups will then report back in plenary. The final results can be sent to the community with a letter of appreciation..

## **5.0 Module 3: Water, Sanitation and Hygiene (WASH) Promotion in Schools**

### **Objectives:**

#### **At the end of this module, participants can:**

- describe one way they can use to develop a micro-plan for WASH in School programme.
- demonstrate at least 3 ways of working with children
- list at least 5 steps in the formulation of a WASH in School programme strategy

### **Introduction:**

It is now known that not only the quality of teaching but also the environment, especially the availability of safe drinking water and sanitation together with good hygiene practices, influence learning. Water supply, Sanitation and Hygiene (WASH) programmes generally aim at reducing the mortality/morbidity rates through provision of safe water sources, adequate and safe excreta disposal facilities as well as sustained behavioural change among pupils and community members.

The schools being an integral part of the community have been observed to have inadequate water supply and sanitation facilities. These poor states of Water, Sanitation and Hygiene facilities have contributed significantly to low enrolment, attendance and retention in schools especially among girls. Over half of the schools in the country are without safe sanitary excreta disposal and water supply facilities. In few cases where these facilities are available, they are grossly inadequate and unsafe especially for girls. A recent study commissioned by UNICEF in 2003 confirmed impact of Water, Environmental Sanitation and Hygiene on health and education for girls. The pupil to toilet ratio is estimated at 1:600 for primary schools.

The provision of WASH facilities in schools is a major component of FGN/UNICEF Water, Sanitation and Hygiene programme and consists of:

- construction of safe water sources
- construction of sanitary latrines with provision for girls and boys
- hygiene promotion through the activities of School Environmental Health Clubs



### **Child-to-Child Approach**

The Child to Child Approach is a way of teaching about health which encourages children to participate actively in the process of learning and to put into practice what they learn. It is based on the principle that children enjoy learning through active participation and interaction with other children and community members. This helps them learn better and makes teaching more fun and effective.

The Child-to-Child activities have shown that children can improve their own health and that of others through:

- Caring for younger brothers and sisters and other younger children in the community (child-to-child)
- Influencing other children in their community, especially those with less opportunities and education than themselves (child-to-children)
- Sharing information with their families (child-to-family),
- Spreading health ideas and messages within their own communities (children-and-communities)

Activities selected are guides showing the importance of hygiene and sanitation to the child and community. To facilitate better understanding by pupils, a script can be developed and acted by children.

Child-to-Child fits in well with school environmental health clubs that can plan and organise activities. In child-to-child programme, the children in the club are usually paired, with an older child responsible for a younger child.

The child-to-child way of teaching about hygiene encourages children to participate actively in their own learning and to put into practice what they learn. The way the child-to-child approach works is to select topics that are:

- Important for the health of children and communities
- Well understood and are interesting for children
- Easy to act on by children

When children are involved they learn better. By spreading and sharing ideas, children also improve their own health and hygiene. Those familiar with the approach suggest that Child-to-Child approach activities are best introduced in the following sequence:

**1. Understanding: Examples:**

- The main causes of diarrhoea and dehydration
- Why dehydration kills
- How to recognise dehydration

**Possible methods:**

- Imaginative stories such as “my life as a fly”
- Making a poster about washing hands

**2. Finding out: Examples**

- Find out the number of children with diarrhoea
- How do people treat it
- Find out from own family and the neighbours how many children have had diarrhoea in the past month
- Find out where flies breed

**3. Planning action: Examples**

- What can we do to prevent diarrhoea
- What can we do if another child is affected

**Possible methods:**

- Make a plan of action
- Find out who can help with the plan

**4. Doing: Examples:**

- Mixing the ORS special drink (Oral Rehydration Solutions)
- Helping younger brothers and sisters to wash hands and use latrines

**Possible methods**

- Activities at home and in the community. Being a good example for others

**5. Discussing Results: Examples:**

- How many of us can make the special drink
- How many of us have helped younger children to wash hands correctly at the right times
- How many of us have passed on the ideas to others in our families and community

## Gender issues in school hygiene and sanitation:

### 1. Menstruation and Puberty Issues

Every normal male or female will start to notice some changes in his or her body as they grow up and develop. Part of the changes that usually occur in adolescent girls is menstruation which is a natural part of female reproductive cycle. Issues relating to menstruation and menstrual hygiene have always been avoided and are not discussed freely by community members and parents. Wet dreams in the case of boys are also perceived from the same point of view. This has made the discussion of these issues difficult. Hence the need for an effective approach that will take the socio-cultural factors into cognizance as the issues are dealt with.

### 2. Facilities for Girls

The facilities provided for in most schools do not take care of the fact that girls require more facilities that are “girl-friendly”. That means that they need to have washing facilities for those “accidental” times. This is a fact that makes most girls not attend school during such period within the month.



### 3. Schools preparedness to address the needs of girls in those times.

Most schools do not have any means of meeting urgent requirements of sanitary need for girls during those times. There is need for schools to plan with relevant authorities and agencies on how to address this issue. In Kenya, for instance, through the WASH programme, the WASH Clubs are teaching members how to make home-made sanitary pads which are kept handy for any urgent requirement.

Manufacturers may need to be encouraged to reduce the cost of sanitary pads so that they are within reach of most girls and families, hence the need for promotion of public-private partnerships.

### 4. Privacy and safety

A lot of school facilities do not offer adequate privacy for older girls. Facilities are close-by those of boys and the doors are not private enough.

Where privacy is granted, security then becomes an issue as sometimes the facilities are located so far away from the main compound that compromises on their security. Some country programmes have reported issues of rape both within the schools and from people who come outside of the schools.

The role of PTA/SBMC should be encouraged and strengthened but the children's voices should be heard too as they are, after-all the users of these facilities.

### **5. Facilities for Boys**

When facilities are planned the preferences of both girls and boys should be taken into account. Depending on the number of boys and girls, the number of separate facilities should be decided. Urinals may be constructed for both boys and girls.

### **Steps towards Formulation of a WASH in Schools Programme Strategy**

Effective implementation of hygiene promotion and sanitation in schools will require the following activities:

- Awareness creation of the programme among pupils, students and teachers.
- Carry out advocacy and social marketing of the programme to heads of schools, parents and guardians
- Participatory needs assessment involving pupils, teachers, parents and community members
- Advocate for the inclusion of hygiene and sanitation in the curriculum.
- With proper follow up of the due process, establish a school hygiene and sanitation club headed by a pupil and supervised by the schools health teacher.
- Refer to the result of the baseline information with particular attention to selected target practices for intervention, design and intervention strategy.
- Develop a communication plan for each school and ensure your messages are properly positioned.
- Ensure gender issue in the provision and promotion of sanitary facilities in schools
- Deliver your hygiene promotion and sanitation messages using the following tools: hygiene game, role play, FGD, behaviour trials, etc. (Note practice the hygiene game with pupils explaining to them the implications of all the pictures in the game)
- Following same procedures above, implement the Child-To-Child approach.

## 5.1. Introduction and Climate Setting

### Objectives :

At the end of this unit, participants should be able to demonstrate at least two ways of creating conducive learning atmosphere.

### 5.1.1: Ice Breaking and Familiarising

#### Introduction

It is to be recognized that the participants may be shy of each other and particularly of the facilitator(s). Therefore the expected general atmosphere at the start of the training may be one of suspicion and feeling of inadequacy because people are not sure of what is or may be expected of them. In addition, they may have some fears concerning the training session. In view of these, it is necessary to engage in exercises that will break down barriers and open up the trainees mind before the actual training commences.

#### Activity 1: First name Introduction

##### Purpose

- To start training session on an informal note
- To introduce each participant and get all to know one another
- To create an atmosphere of cordiality and relaxation

**Tools:** None

**Duration:** This will depend on the number of participants (5-10 minutes)

**Materials:** None

##### What to do

1. Each participant is asked to introduce himself or herself in turn by simply adding an adjective before or after their first name. Such adjective should be, as the participant wants to be identified in the group. For example

- a. I am amiable Amaka
- b. I am brave Bioye etc
- c. I am faithful Fatima
- d. I am obedient Ogah

2. This can be done in a sitting position. It is however more fun if participants stand in a circle and demonstrate their names or make gesture while stepping back into the circle. When a participant steps back it will be the turn of the person next to him/her.

**Note for the facilitator**

This exercise can serve as a reference point throughout the training session as participants will remember amusing adjectives. This also establishes an atmosphere of informality and cordiality. The physical movement relaxes participants and put them at ease with each other.

**Activity 2: Hopes, Fears and Concerns**

**Purpose**

At the end of the exercise participants should be able to

- list their fears, hopes and expectations from the training.
- reduce their fears and misconceptions

**Tools:** None

**Duration:** 30 minutes

**Materials:** Flipchart paper, Flip chart stand or board, masking tape, VIPP cards and marker pens.

**What to do**

When participants are invited for a training session, many of them are apprehensive of what it will be like. They may have some expectations or expected gains from the training session. They may also have some fears or concerns as well. It is important to identify these at the start of the training event.

5. Divide the participants into groups of about 6 people each. Give a flipchart and a pen to each of the groups.
6. Let each group select someone among them to record response.
7. Ask them to respond quickly to the questions: What hopes, fears, concerns or preconceived notion did you have concerning this training before coming here today?
8. Let recorders/presenters present their group list to the entire group (at the plenary)

**Note for the Facilitator**

The presentations of the lists presents excellent opportunity for the trainer to empathise with trainees needs as well as provide reassurance by using the list to indicate how the session may or may not relate to the concerns expressed. This list should be preserved as it will be reviewed again during evaluation at the end of the training

## 5.2 Unit 1: Starting up and Social Mobilization

### Objectives:

At the end of this unit, participants should be able to;

- Mention and describe at least two methods they can use in social mobilization.
- Demonstrate the use of community mobilization by developing social mobilization plan
- Participants should be able to list the principles of social change with understanding of how to apply them in mobilization process.

### Introduction:

Social mobilisation is the process of bringing together all feasible and practical inter-sectoral social allies to raise people's awareness of and demand for a particular development programme. This facilitates the delivery of resources and services and strengthens community participation for sustainability and self-reliance (Mckee,1992). The processes for social mobilisation include:

- Creating demand through household visits and community dialogue on the need and benefits of water and sanitation facilities in schools
- assisting with planning exercises with local government officials and local leaders,
- assisting with training NGOs and government officials about social mobilization and management aspects of the programme
- assisting in coordinating committee meetings

Mobilisation in a community usually begins with series of community dialogue, leading to identifying issues, partners, selecting or nominating members for committees, orientation and training. It includes some preparatory IEC activities, planning, discussions on various aspects of a suitable design, technology options as well as assembling materials and funds for construction.

This unit has only one activity which is planning for social mobilization

### Activity 1: Planning for Social Mobilisation

#### Purpose:

At the end of this activity, participants should be able to plan for education and social mobilization

**Tool:** Planning for Education and Social Mobilisation

**Duration:** 1 hour

**Materials:** poster paper, pens

#### What to do:

1. The facilitator introduces the topic of social mobilisation and asks participants to share their experiences in social mobilisation.
2. The facilitator then asks participants to form small groups.

3. Ask the groups to develop a list of activities that could be used to promote hygiene education and social mobilisation in schools

**The following is an example of such a plan**

<b>Learning by doing: plans for education and social mobilisation (results of small group work)</b>			
<b>Group 1</b>	<b>Group 2</b>	<b>Group 3</b>	<b>Group 4</b>
<ul style="list-style-type: none"> <li>- Dialogue with the target group.</li> <li>- Identify key hygienic practices</li> <li>- Agree on hand washing as a key issue.</li> </ul> Dialogue on appropriate times for hand washing. Show hand washing by demonstration	Use of posters	Show/demonstrate in groups	Do a survey in the school. How many wash hands correctly?
Ask a pupil to demonstrate.  Develop posters of right and wrong behaviour  Keep hand washing materials (water, soap, mug)  Some older children can show good practice and help to monitor community behaviour. Plan on how the knowledge and skills can be shared with other pupils.	Demonstrate washing (how dirty is the water?)	Some children wash others observe:  a) With/without soap b) Washing both hands	Demonstrate to younger children
	Songs/games	Discuss each method. Also discuss washing with ash	Do a survey in families and communities and report observations on hygiene practices
	Keep all materials near hand pump /water source	Observe what happens at home.  Come to school and discuss	Link hand washing with timing before eating and after defecation
			Discuss output at the home/community observing habits
<b>In Community</b>		Encourage family and community to dispose of waste correctly	
Call PTA/SBMC meeting and let children show parents how they can wash hands properly.		Examine the impact/observe change in habits on a weekly basis	
Let children take away materials like flash cards to show at home			

4. Ask one participant per group to report back to everyone on their results and the reasons behind their choices

### 5.3 Unit 2: Conducting a Baseline Survey

**Objectives:** At the end of this unit, participants would be able to demonstrate the use of a checklist by developing a simple baseline study

#### Introduction

Baseline studies of schools are useful for planning at the beginning of the programme and monitoring at later stages. The purpose of a baseline study is to build on current strengths and get information to make plans that will prevent or solve problems. In school programmes, similar challenges appear again and again. Therefore such a small survey will usually give sufficient information for planning. A sample of 10 to 20 schools in different parts of a State is usually sufficient.

**Activity :** Developing a Baseline Study

#### Purpose:

At the end of this activity, participants should be able to develop and demonstrate the use of a checklist for conducting simple baseline survey.

**Tool:** Using a Checklist

**Duration:** 1 hour

**Materials:** Flip chart and pens

#### Example of a Checklist for a Simple Baseline Study

Issue	What to check
<b>School</b>	Cleanliness of school yard, compound and classroom
<b>Water</b>	Is there a functional water point within the school area? Or within 150 steps from school?
	Does the water facility function throughout whole school year?
	When school water point is not functioning, how do children drink water?
	Is the water point always clean? Is there Safe water storage?
	Environment at the water point
	Drinking habit at the water point
	How do children know if water quality is good or not?
	Are ladles or cups with handles used to scoop drinking water?
	How does the school ensure that the water containers are clean?
	Who is responsible for cleaning the container and maintaining the facilities?
<b>Toilets</b>	Are there toilets within the school compound?
	How many girls use one toilet stance? How many boys use one toilet stance?
	Are the toilets and urinals clean?
	Are they well lighted and ventilated?
	Are there puddles of water around the toilet pan/hole or just outside?
	Are the toilets and urinals smelly?
Are there hand washing facilities within or beside the toilets? Do they have water?	

	Is there soap or ash?
	Do teachers have separate toilets from children?
	Are toilets being properly used?
	Do children wash their hands after using the latrine?
	Do children help clean the school including the toilets?
<b>Teachers</b>	Are teachers trained in School Sanitation and Hygiene Education?
	When and for how long was the training?
	Do teachers have a guide for hygiene and sanitation?
	What is the teachers' opinion about hygiene teaching?
	Is teaching materials, books or learning materials in school about SSHE?
	Can teacher explain correctly what sanitation and hygiene means to him/her?
<b>Community</b>	Are parents, PTA/SBMC or other community groups involved in the school? In supporting the school?
	Is the PTA/SBMC active? Do they keep minutes? Have they met in the last quarter ?
	Do the parents provide a financial contribution towards the sanitation and water facilities at the school?
	Are there household toilets (more than one out of ten households) in the community?

**What to do:**

1. Divide the participants into groups with four to eight persons per group
2. Ask the groups to work together and develop a list of information points that they would like to get information on in the promotion of hygiene education and sanitation promotion in the various schools
3. Ask participants to compare their answer lists with the other groups
4. Ask one participant from each group to report back to everyone on their results and the reasons behind their choices

**Note for the facilitator:**

The idea is to know the current situation well in the school and community. From this it is easy to develop an indicative plan for future strategies for the local school.

## **5.4 Unit 3: Developing School WASH Micro Plans**

### **Objectives:**

At the end of this unit, the participants should be able to prepare a micro-plan for School WASH programme at the community level.

### **Introduction**

To make a local plan (known as a micro-plan) it is necessary to have identified the key actors and to have information about the schools from a baseline, no matter how small. It is also important to keep in mind the need to take account of gender and poverty issues. The purpose of preparing a micro-plan at an early stage is to have a basis for the preparation of the State and LGA plans, and an idea of how human and financial resources should be allocated.

**Tool:** School WASH Micro-plan format

**Duration :** 2 hours

### **Material:**

Cards of two or more colours, poster paper and markers for displaying the work in plenary

### **What to do:**

1. The facilitator asks the participants to form small groups of not more than four or five persons who work together and are familiar with the same area.
2. The participants select one stage of their School WASH programme, depending on how their programme is currently operating. The stages can be either: programme start-up including social mobilisation, technology selection and construction, or on-going activities (hygiene education in the school, health/sanitation clubs, use and maintenance of water and sanitation facilities).
3. Participants prepare a plan showing the main actors, the various activities and possible time frames. Do not forget to include preparatory actions such as training and orientation (including who will facilitate these). After the plan is prepared, the small group should review it and simplify it by discussing:
  - what can be omitted?
  - What can be planned locally?
  - What activities will involve poorer families/children? Women and girls?
  - Has attention been made to address issues of the vulnerable children in the plan?

### Example of a School Micro-plan

Activities	People Responsible	People Involved	Timeline
<b>Start-up Activities</b>			
Conduct a baseline survey	Health and education officers	NGOs	2 months
Form School Environmental Health Club			
Raise awareness among community members			
Organise community contributions			
Train teachers and head teachers			
Train other community people and groups e.g. PTA/SBMCs, WASHCOMs			
Develop hygiene/sanitation education materials			
Adapt and test training materials and teaching aids			
<b>Facilities and Construction Activities</b>			
Discuss and agree on design options preferably in consultation with children and teachers	Health/hygiene promoters	School teachers and children, PTAs and SBMCs	1 month
Organise construction of facilities: community inputs			
<b>On-Going Activities</b>			
Organise children to maintain and clean toilets, water points and school grounds	Teachers	Health/hygiene promoters	1 month
Teach children proper use of toilets and hand washing			
Monitor use of facilities			
Organise learning and communication activities outside the classroom e.g. camps; campaigns			

4. The small groups report back to the plenary session. In this reporting, the groups should describe:

- What can be planned locally?
- In what ways might the plans be different from one community or school to another?
- What activities will involve poorer families, women and girls in decision-making?

5. In the debriefing, the facilitator and participants can reflect on issues such as:

- Taking gender and poverty aspects into account

- Clear coordination between school committees and local community institutions and village committees
- Management of contributions, funds and resources
- Understanding and accepting the meaning and importance of the programme for children

**Note for the facilitator:**

***A comprehensive micro-plan should take into consideration the following activities;***

- a participatory needs assessment involving pupils, teachers, parents and community members;
- formulation of objectives, outputs/results and an action plan;
- improved water and environmental sanitation facilities and their proper use and maintenance ;
- hygiene education for Pupils;
- teaching aids which build on the practical situation in and around schools, making pupils aware of the benefits of using improved facilities in a proper and hygienic way and the seriousness of diseases that result from poor school WASH;
- involvement of pupils in planning, implementation and maintenance;
- training for technical staff and teachers;
- monitoring of the programme and its impact, with a focus on self assessment.

## 5.5 Unit 4: Working with Children

### Objectives

At the end of the unit, participants can

- mention at least 3 key lessons learnt while implementing WASH in schools programmes
- demonstrate at least 4 methods of working with children

### Activity 1: Brainstorming with Participants on Lessons Learned

**Purpose:** Participants share lessons learnt from their own experiences in WASH In Schools activities

**Duration:** 1 -2 hrs

### Materials:

Flip Chart and coloured cards

### What to do:

- Ask participants about their experiences with hygiene education and school Water, Sanitation and Hygiene facilities. The participants are asked to reflect on this and write one lesson learned on a card. Directions may be needed about how to write cards. The facilitator then groups the cards, under headings. Participants can add more cards if important 'lessons' are missing.
- If this is the first activity in a workshop, it can be followed by a presentation on lessons learnt from research and project assignments. Participants can then compare their ideas (on the cards) with the lessons learned from international experience. They will see that there are several points in common. This means there is a body of shared findings, lessons and concerns in school WASH.

### Note for the facilitator:

If the participants in the training course already have considerable experience with School WASH, then it is rewarding for them to share their experience in some depth. For this, a poster activity is useful. Groups of three to five people, who work together, can make and present a poster about their School WASH programmes. The poster should be attractive, including for example pictures or drawings. After completing the poster, they may be presented. Presentations should only be five to ten minutes each. Also note that this poster presentation can be used as an ice breaker, as mutual training and as a way of identifying lessons learned from participants own experience.

## EXAMPLES OF EXERCISES THAT CAN BE DONE WITH CHILDREN

### Exercise 1: Hand washing

**Purpose:**

Children to understand critical times for washing hands. The exercise also helps children to understand why it is important to wash hands by rubbing the hands together vigorously with a cleansing agent, (soap or ash) and rinsing with enough clean water.

**Tool:** Focus Group Discussions

**Duration:** 30 minutes

**Material:** None

**What to do**

- Make the children sit in a circle
- Ask them what they use their hands for
- Ask them the incidences where their hands get into contact with human faeces. If the pupils are unable to respond, display some pictures from the Faecal-Oral Routes of Transmission and ask them to identify from the pictures the situations during which their hands come into contact with human faeces.
- Ask them what activities they do immediately after touching human faeces, like eating, fetching water, etc and ask them to display related pictures drawn from the Three Pile Sorting. Do a practical hand washing demonstration. Also explain that faecal germs will enter our food if we do not wash our hands at critical times and cause diarrhoea diseases
- Ask them to give incidences when they should wash their hands with soap/ash/mud

### Activity 1 : Stools and Hygiene

**Purpose:** To make children understand that diarrhoea and stools can contain dangerous micro-organisms/germs

**Tool:** Brainstorming exercises

**Duration :** 30 minutes

**Material:** None

**What to do:**

- Make children understand that many people know that faeces are dirty but they may not know that germs in the stools can cause diseases. Diarrhoea, worms, cholera, typhoid and polio are spread when the germs are passed from our stools to hands and clothes, to the water we drink and the food we eat, making us ill.

- Explain that by using toilets, by keeping our hands and bodies clean after defecation, and by cleaning up any stools that are dropped in places where we live and play, we can help to prevent the germs that cause these diseases from spreading
- Explain that a child's stool has five or six times as many germs as the stools of an adult. When a small child has diarrhoea, the stool is especially dangerous for all the family members.

### **Activity 2: How Do Germs Spread?**

**Purpose:** Is for the children to understand how germs spread

**Tool:** Brainstorming exercises

**Duration :** 30 minutes

**Material :** None

#### **What to do**

- Older children can discuss some things that help the germs to spread. Examples could be:
  - taking a piece of cloth, wiping the bottom of a child, and leaving the cloth lying around
  - ask the children why some of their friends do not use a toilet. Ask them to explain this. Discuss these reasons and agree on ways of encouraging the use of latrine
  - form a group to make regular inspections of the toilets. The group could check that the toilet holes are covered and that the toilets are clean. If they are not clean, the group could report to the teacher or health worker and ask for advice on how to clean the toilets

### **Activity 3: Safe Disposal of Human Waste**

**Purpose:** Is for the children to understand safe ways of disposing human waste

**Tool:** Faeco-Oral Routes

**Duration:** 30 minutes

**Material :** None

#### **What to do:**

- Make the children sit in a circle
- Display the pictures of open defecation near road, field, water sources, open defecation near road with a snake nearby, defecating after dawn, defecating and pigs/chicken/dogs, using toilet, covering faeces with mud etc. These should be drawn by the teacher ahead of time.
- Allow some time for them to see the pictures
- Ask the group to identify the safe and unsafe ways of human waste disposal and ask them to explain the ill effects of open defecation and benefits of using a toilet. Let them relate these to their daily activities

- Identify their difficulties and views for not building a toilet. Explain options of low cost latrines
- At the end of the exercise, summarize the discussions and once again explain to the group members the problems of open defecation and the safe way of human excreta disposal.

#### **Activity 4: Importance of Water**

**Purpose:** Is for the children to understand importance of water.

**Tool:** Focus Group Discussions

**Duration :** 30 minutes

**Materials :** None

##### **What to do**

- Ask a number of questions related to water: why is water important? List all the things you can do with water, in the school, at home, in the community, on farm, in the country as a whole team. Ask the following questions:
  - Is clear water that has a good taste always safe?
  - How do germs get into water?
  - In what ways can water help us? In what ways can water harm us? Do some of the children often have stomach upsets or diarrhoea? Are there other people in the family who do? What about babies? What do you think might have caused these illnesses.

#### **Activity 5: Safe Water Handling**

**Purpose:** Children to understand how safe water can be contaminated.

**Tool:** Focus Group discussion

**Duration:** 30 minutes

**Material:** Pictures, Plastic bucket, Cup and Water.

##### **What to do**

- The children should be asked to sit in a circle. The teacher then displays a picture of a woman collecting water from a hand pump. Ask what the person is doing (the teacher should ask them to give a name to the woman), and state if the source of water is safe



- Pick a dirty plastic bucket with water in it, and then let them know that the source of water is the same with that of the hand pump, ask the pupils if they have any doubt of the quality of the water.
- Then take a cup of water and ask a pupil to dip his finger into ink and into the cup of water. Ask him what happens. Ask them the reason why the water becomes contaminated.
- Display various pictures of unwashed vessels, dipping hands in water pot while lifting the pot, dipping hands while taking water from the pot, not covering the pot and keeping it at ground level in the home, dog licking the water. Ask them to identify those behaviours that will contaminate the water
- Finally, ask how water can be prevented from contamination at home. Display various pictures of the correct behaviours (pictures of washed vessels, no dipping hands while lifting water pots, covering the pots and taking it home, keeping the pots in a raised position and keeping it covered, using a ladle to handle water). Then ask them to identify those behaviours that can help keep water safe from contamination.

## 5.6 Unit 5: The Role of School Environmental Health Clubs

### Objective:

At the end of this unit, participants can mention the key roles of a School Environmental Health Club and ways of orienting members with clear objectives of the club

### Introduction

The focus of the environmental health clubs is for the development of life-skills, a healthy and safe school environment and outreach to families and communities. It is important that all schools have access to adequate sanitation and water facilities, but also ensure a general child friendly learning environment. By providing these facilities and with activities of Environmental Health Club, schools can reinforce health and hygiene messages and act as example to both pupils and the wider community. This in turn can lead to a demand for similar facilities from the community.

The concept of Environmental Health Club involves networking with all stakeholders through orientation of the following community members, Village WASH Committee (WASHCOM) members, Parent Teachers Association (PTA) members, school management (Headmaster and Assistants) and Health Education Teachers, General Community, and a few pupils (class monitors and school prefects).

**Tool:** Group Discussion, Brainstorming

**Duration :** Half an hour

**Materials:** Posters, Pictures

### What to do:

1. Divide the children into groups of four
2. Ask the children to think of, and list the possible extra curricula Hygiene and Sanitation tasks that are necessary within the school environment.
3. Using a table as shown below assign the tasks as appropriate. Example



Task	May be Executed by			
	Teachers	A	Pupils as Individuals	Pupils in a Group such as a Club
Inspection of the school Latrines	✓	✓		✓

4. Collate all the identified tasks from the Groups and summarize those listed under the last column in the table above.
5. Put the tasks on a Flip Chart and paste them on the walls for further discussion
6. In plenary list the criteria for selecting pupils who will be capable of performing the identified tasks.

7. A number of other issues could also be discussed, agreed upon such as: which materials would be needed by the Club, schedule of activities they could be involved in within and outside the school, etc.

**Note for the facilitator:**

The orientation and establishment of Environmental Health Club in a school should be a two day activity. The first day should be used for the orientation of the PTA and school management members.

The number of participants for the orientation of PTA and community members should be at least 10 and comprise of;

1. Head Teacher - 1No.
2. Health Teachers/Other Teachers - 3No.
3. WESCOM members (Chairperson, Secretary and one other member) - 3 No.
4. PTA members (Chairperson, Secretary and one other member) – 3 No.

The orientation should be conducted in each community with the school as the venue. The second day is for the establishment and orientation of members of Environmental Health Clubs. This should be carried out in each of the selected school.

**See Appendix 4 for Guidelines for the Establishment and Orientation of School Health Clubs**

## 5.7 Unit 6 : Water and Sanitation Facilities

### Objective:

At the end of this unit, participants can mention at least 5 key priority areas that should be improved in their school

### Activity 1: Choosing Water and Sanitation Facilities

**Tool:** Focus Group Discussion using visuals depicting different types of hygiene and sanitation facilities.

**Duration:** 1 Hour

### Material:

Posters or pictures/illustrations

### Sample of girl Friendly Latrine – Kwara State



Sample of Water Facilities

### What to do:

1. The facilitator explains that this exercise is based on visualizing a school which they are working with or which they know about. It could be possible that a number of the participants are thinking about the same school. The facilitator should then divide the participants into small groups based on the schools they have in mind.
2. The facilitator should then read out the following paragraph based on a hypothetical case:  
In Nigeria, approximately one in ten schools has facilities. In some cases these need to be repaired or improved. For example, the number of existing latrines may not be sufficient for the number of pupils and teachers. In this case, new latrines need to be constructed. If the pits are not properly functioning, maintenance work needs to be organized. If the latrines are dirty and smelly, then regular cleaning must be organized on a continuous basis.
3. The facilitator then gives each of the groups a sheet that contains a number of activity options as cited below
4. The facilitator requests them to select in order of priority among these options listed below, which ones do they think the schools in their area should focus on?
  - Maintenance/rehabilitation of existing latrines
  - Construction of new ones
  - Construction of urinals
  - Construction of new separate latrines for girl pupils
  - Construction of new separate latrines for female and male teachers
  - Hand washing facilities, and water for cleansing, cleaning and flushing
  - Rehabilitation and maintenance of the existing hand pump
  - Construction of a new water point in or very close near the school

Each group discusses the questions and answers them according to the school they have in mind.

5. The groups then share their answers in a plenary session and further discuss what are the priority activities that would need to be done first, and why?

## **5.8 Unit 7: Menstruation and Menstrual Hygiene**

**Objectives:**

At the end of this unit, participants should be able to:

- Explain what menstruation is;
- Describe the menstrual cycle;
- Explain various materials used for menstruation and how they are disposed;
- Describe hygiene practices during menstruation;
- Mention some of the common menstrual signs and symptoms and how to manage them;
- Describe the benefits of menstrual hygiene.
- Describe the signs and symptoms of unhygienic handling of menstruation.

**Introduction**

Every normal female will start to notice some changes in her body as she grows up and develops. Part of the changes that usually occur in adolescent girls is menstruation which is a natural part of female reproductive cycle. Issues relating to menstruation and menstrual hygiene have always been avoided and are not discussed freely by community members and parents. This has made the discussion of these issues difficult. Hence the need for an effective approach that will take the socio-cultural factors into cognizance as the issues are dealt with.

**Activity 1: Understanding Child Bearing Process****Purpose:**

The purpose of this activity is to improve participants' knowledge and understanding of the importance of various body organs and the processes in conception.

**Tools:** FGD, Brainstorming, and Role play.

**Duration:** 1 hr 30 Minutes

**Materials:** Pictures (Ante-Natal pictures), Flip chart, Markers and Masking tape.

**What to do:**

1. Divide participants into focus groups.
2. Start the session by asking for a popular song usually sang (or any other acceptable cultural practice) to send off a bride in the community.
3. The facilitator starts the discussion by urging every one to listen to a story with questions or puzzles to which the community members will provide answers at the end.

**4. The Story**

Ada, a well behaved girl, got married to gentle Tanko in a well attended ceremony in a village. The parents prayed that Ada will be like a tiny seed that is planted to grow to produce many fruits. A few weeks later when Ada came to see her parents on a visit she sought answers to some unknown issues.

5. Ask each group to brainstorm on the following and keep a record of their answers.

6. Like the tiny seed that yields fruits, how does the relationship of some minutes between a man and a woman lead to the formation of a child?
  - A) Discuss the processes and organs involved using locally acceptable terms.
  - B) What are the signs that would enable a woman know she is pregnant?
  - C) From experience what are the changes that occur in the body of a woman from conception to delivery.
7. Each group to make presentation in plenary.
8. Clarify all issues using the appropriate **pictures , e.g. ante-natal pictures / drawings.**
9. Wrap up by summarizing the key points and commend their efforts

**Note for facilitator**

The presence of health workers or traditional birth attendants will be very helpful in this session.

**Activity 2: Understanding Menstruation and Menstrual Cycle**

**Purpose:**

The purpose of this activity is to equip the participants with adequate knowledge to facilitate community members understanding of menstruation and menstrual cycle.

**Tool:** FGD, Role Play, Demonstration and Brainstorming.

**Duration :** 1 Hour

**Materials:** Locally available materials (e.g. unripe and ripe kola nut/ cocoa pods), Calendar and diary, Menstrual cycle chart. Flip chart, markers and masking tapes.

**What to do:**

1. Divide participants into focus groups.
2. Introduce the purpose of the activity to the participants.
3. Ask each group to discuss their understanding of menstruation and menstrual cycle.
4. Each group to present in plenary.
5. Facilitator to clarify issues and demonstrate menstrual cycle using pictorials, calendar and charts.
6. Conclude by summarizing the key points and commend their efforts.

**Activity 3: Identifying Menstrual Materials and Hygienic ways of disposal**

**Purpose:** The purpose of this activity is to enhance participants' knowledge to facilitate community members understanding of appropriate menstrual materials and hygienic ways of disposing them.

**Tool:** FGD, Demonstration, Brainstorming and Role Play.

**Duration :** 1 Hour

**Material:** Piece of clean cloth, Toilet roll, Sanitary towels/Pad. Scissors, Cotton wool wrapped with gauze, Piece of foam and Matches.

**What to do:**

1. Divide participants into focus groups.
2. Introduce the purpose of the activity.
3. Facilitate discussions and ask participants to list various materials being used during menstruation and how they are disposed in the community.
4. Groups to present in plenary.
5. Facilitate discussions on appropriate materials to use and methods of disposal.
6. Demonstrate how to make appropriate sanitary menstrual materials.
7. Conclude by summarizing key points and commend their efforts.

**Note for facilitator:**

The facilitator should note the following as guide for discussion:

- Pads or clean pieces of cloth should always be used.
- Toilet roll and rags/ dirty cloths must not be used.
- Pads should be changed frequently to avoid staining and to have a feeling of comfort and freshness.
- Powder, perfume, deodorant must be avoided on genital opening (N.B. Plant-based perfume is allowed in some communities after menstruation, e.g. Musk).
- The issue of using cloth as menstrual material should be open for discussion, as majority of the community women cannot afford disposable pads.

**Activity 4: Understanding Hygiene Practices during menstruation**

**Purpose:** This activity will equip participants to enhance community members' knowledge in identifying and assessing the menstrual hygiene practices.

**Tool:** FGD, Brainstorming, Demonstration

**Duration:** 1Hour.

**Materials:** Salt, soap, water, Ash, bowl, Perfume, powder, pictures of hygiene practices, flip chart, masking tapes and markers.

**What to do:**

1. Divide participants into focus groups.
2. Ask them to brainstorm and come up with a list of what women do in taking care of themselves during menstruation.
3. Let them present their group works in plenary.
4. Facilitate a discussion on the issues raised above.

**At this point the discussion should gradually be tailored towards distinguishing between safe and poor menstrual practices.**

5. Still in the plenary, ask the participants to recollect what happens when women do not take proper care of their bodies during menstruation.

**Note down answers on a flip chart. Discuss the points one after the other.**

6. Then, present them pictures of hygiene practices.
7. Ask them to describe what practices and messages they can deduce from the pictures.
8. Demonstrate proper hand washing during menstruation.
9. Conclude by summarizing key points.
10. Thank them for their patience and effort.

**Note for facilitator:**

**These points can be mentioned if they have not already come up**

1. Safe menstrual practices

- Change sanitary material at least three times a day or when soaked.
- Change underwear/pant daily.
- Wash hands before and after changing sanitary pad/cloth.
- Use hot water and salt to wash sanitary cloth and dry them under sun.
- Use sanitary pad, clean cotton materials/cloth specially preserved for the purpose of menstruation every month.

2. Poor menstrual practices

- Use of toilet tissue.
- Drying the sanitary cloth inside dark corners of the house.
- Washing of used sanitary cloth in the stream.
- Use of dirty/unclean under wears/pants.

Effects of poor menstrual hygiene practices include: Infection, Discomfort, Offensive odour and low self esteem. N.B. Please refer to the appendix for useful notes on these practices.

## **Appendices**

### **Appendix 1: Overview of Hygiene and Sanitation Promotion: Key Issues, Concepts and Trends**

#### **1.0 Brief Background Information on Hygiene and Sanitation in Nigeria**

The sanitation coverage according to Nigerian Demographic Health Survey (NDHS) of 2003, is estimated at 90% for urban areas and 66% for rural areas. These levels of coverage have been determined based on access to certain sanitation facilities such as: Flush Toilets, Traditional Pit Toilets, Ventilated Improved Pit (VIP) latrines. The sanitation coverage as quoted by NDHS includes access to Traditional Pit Latrines (56% for urban areas and 57% for rural areas). Based on the designs and construction, not all the sanitary latrines could be considered to be sanitary.

Though facility access may enhance a slow behaviour change but very central to effective behaviour is participatory approaches that target what people do, why they do them and their motivation for such behaviour. According to Knowledge Attitude Practice (KAP) studies conducted, outcome revealed an existing gap between hygiene knowledge and practices. Also, key practices such as effective hand washing and safe handling of excreta were not identified as hygiene issues. Owing to lack of knowledge or limited knowledge, many Nigerians are victims of poor health caused by diseases, which are promoted by unsanitary conditions. This results in a continuous cycle of poverty.

The JICA supported baseline survey in selected Kano State communities in 2006 reinforced the existing gap between knowledge and practice. One of the fundamental problems affecting millions of Nigerians is difficulty in accessing safe sources of water and adequate means of disposal of human waste, adequate refuse and drainage facilities.

In addition, unhygienic behaviour resulting from inadequate awareness of health problems result in the transmission of diseases. For example, the habit of defecating and urinating in the bush, close to the homesteads or near water sources such as rivers, the infrequent washing of hands and the indiscriminate disposal of waste water and domestic water are among the most significant factors associated with the high prevalence of faeco-oral diseases in Nigerian communities. Likewise the usage of a single water source, such as an unprotected well, stream, pond or river for multiple purposes including drinking, bathing, washing and cattle drinking, results in the contamination of water. This practice combined with unsafe handling and storage of water, is very prevalent in many communities and has contributed to the high incidence of water borne diseases affecting mostly children.

In order to have a common focus for effective behaviour change and ensure achievement of programme objectives, a Communication Strategy was developed to help address the situation. The emphasis now is a shift to practice rather than on access. The joint efforts of the FGN/UNICEF WASH Programme in Nigeria among others, which have consistently been implementing Water, Sanitation and Hygiene activities jointly with the recently developed National Water Supply and Sanitation Policy, is a step in the right direction.

## **2.0 What is Hygiene Promotion and Sanitation?**

Hygiene Promotion is a planned approach to preventing water and sanitation related diseases through the widespread adoption of safe practices. It begins with and is built on what local people know, do and want. Sanitation is usually interventions in construction of facilities such as latrines that improve the management of excreta (faeces and urine) and other environmental issues such as solid and waste water management.

Hygiene promotion is all about changing behaviours which is a key element and a crucial step in achieving health gains. Despite this it is often neglected in programmes which aim at improving hygiene and sanitation, rather greater emphasis is placed on construction of hardware thereby prioritizing water supply over hygiene and sanitation. Focus on hygiene promotion ahead of construction of physical infrastructure brings about more community participation, utilization of facilities and sustainability.

Integrated approach to water supply, sanitation and hygiene requires carrying out hygiene promotion alongside provision of facilities as a basis for creating demand for both services. Ideally, hygiene activities should be implemented before, during and after water supply and sanitation facilities are in place.

## **Key Hygiene and Sanitation Issues**

### **2.1 Water and Disease**

Improper care of water can result in reduction in quality from source to point of use leading to problems for consumers. Many of these problems are related to health, in terms of disease suffered, and to finance, in terms of money spent on health care.

Contaminated water can make us ill in different ways:

- When we drink bad water
- When we bathe in streams that are polluted
- When we neglect personal hygiene, or use less water than we should because of cost or effort required to get the water
- When we neglect our surroundings and allow standing water to become breeding ground for disease causing insects

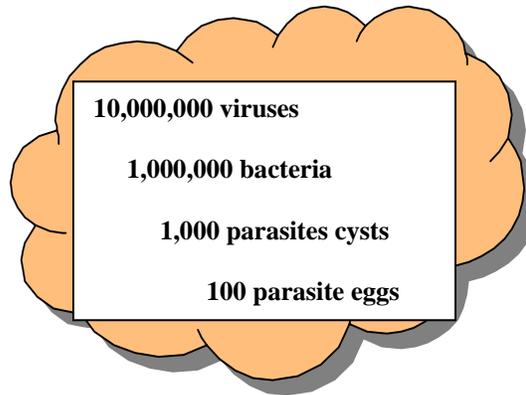
#### **2.1.1 Water-borne diseases:**

Water-borne diseases are diseases that are contracted when contaminated water is consumed. The water is contaminated with disease causing germs in various ways:

- When we don't dispose of refuse properly, rain washes it into our water sources
- Faecal matter that is left exposed on the ground can also be washed into our water sources
- Flies land on exposed faecal matter and carry the faeces to our water if not stored properly.
- Examples of water-borne disease are cholera, gastroenteritis, amoebic dysentery, hepatitis, typhoid, etc. The major method of preventing water-borne diseases is by preventing faeces from coming into contact with food and water.

**1 Gram of Excreta can contain:**

**Excreta: No. 1 Enemy!**  
(Curtis, 98)



**Diarrhoeal Water-Borne Diseases**

Water-borne diseases, like cholera, and dysentery all have a common symptom in addition to other symptoms of these diseases. The common symptom is known as diarrhoea and so these diseases are jointly known as ‘diarrhoeal diseases’.

**Results of research from 144 studies show the following**

Hygiene Practice	Impact
Handwashing with soap and water after contact with faecal material	50 per cent or more reduction in diarrhoeal diseases
Using a clean pit latrine and disposing of children’s faeces in it	50 per cent or more reduction in diarrhoeal incidence
Improved Water Quality	50 per cent or more reduction in diarrhoeal incidence
Improved water quantity	50 per cent or more reduction in diarrhoeal incidence

Esrey, 1996

**2.1.2 Water Related Vector Diseases**

These are the diseases caused by infective agents that rely on vectors that live in water for their transmission, examples are schistosomiasis or bilharzias, guinea worm, among others

**Schistosomiasis (Bilharzia)**

This is caused by a type of worm, which has to develop in a snail which breeds in vegetation in slow moving water bodies. Human beings are infected when they bathe, wash etc. in these polluted rivers and streams. The worms are able to burrow through the skin and get into the blood system. It is possible, although less common to contract schistosomiasis by drinking contaminated water.

**2.1.3 Water-washed diseases**

These diseases are contracted when people in an overcrowded situation also use less water and neglect personal hygiene as a result of the considerable effort to obtain water. Examples of this group of diseases are trachoma and scabies.

### **Trachoma**

Trachoma: is an external eye disease, which left untreated, will cause blindness. There are cycles of infection and re-infection.

### **Scabies**

Scabies is a skin disease, which is highly contagious i.e. it spreads easily and usually more than one person in the house is affected. It is caused by small mites under the skin.

## **2.2 Sanitation and Disease**

*Good Sanitation is important for several reasons*

- i) Health – wastes left lying around end up in our dams, rivers, springs and contaminate our water and gives us disease when we use this water
- ii) Domestic wastes left lying on the ground provide a breeding ground for germs which can infect people and cause disease
- iii) Economic – we lose money to medical treatment when we are ill and also cannot work to earn money.
- iv) Aesthetics – Most cultures believe that wastes are unsightly and therefore good sanitation also aims to remove these from sight
- v) Privacy and Safety – good sanitation aims at privacy and protection when people relieve themselves – sanitation is dignity

### **2.2.1 Contamination Routes**

Most sanitation related diseases are caused by poor sanitation, which essentially means that germs in faeces need to get to a person's mouth, and be ingested, for the infection to occur. Children's faeces can be more hazardous to health than adult faeces. A child's stool has perhaps five or six more times as many germs as the stool of an adult.<sup>4</sup>

### **2.2.2 Solid Waste disposal**

Poor solid waste management in the course of storage, collection, treatment and disposal can lead to risks related to disease transmission, bacterial and chemical pollution of water supplies and economic loss.

### **Other effects on health**

Apart from diseases for which insects and rats are carriers, the handling of refuse can lead to illness in workers especially if night soil (human excreta) contaminates the waste.

Illnesses from roundworms, whip worms and other intestinal worms are common amongst people living in poor areas where solid waste mismanagement is common.

Safe waste disposal is the goal of all types of sanitation, whether for solid wastes, domestic wastewater, or human and animal faeces. Whichever option is chosen, it must be managed in a way that ensures that wastes are kept away from water and food so that the germs that may be present do not end up in our mouths and cause disease.

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<sup>4</sup> IRC technical papers Series 39

**NOTE: All of the above issues of concern form the basis for the training curriculum at both levels.**

### **3.0 Key Concepts and Trends in Hygiene Promotion**

Hygiene Promotion focuses on sustainable change in attitude, practices and behaviour among households and schools. Some of the key components that should accompany a good hygiene promotion strategy are as follows:

#### **Programme Communication**

Application of participatory approaches in planning stages of hygiene promotion is essential as it is part of promoting behavioural changes by encouraging discussions on causes of local problems and their possible solutions. Appropriate Communication channels and tools are essential for effective message dissemination.

#### **Social Mobilization**

Households in selected communities are primary stakeholders. Awareness is created at the household and community levels for behavioural changes. Communities should be mobilized for integrated hygiene and sanitation with safe water supply. Households are the primary focus for awareness creation and mobilization for sustainable behavioural changes. Schools form a major part of the community and must be integrated in the social mobilization activities.

#### **Social Marketing**

This is a systematic approach to influencing people's behaviours and thereby reducing public health problems. It makes use of application of lessons learnt from commercial advertising to the promotion of social goals (e.g. improved hygiene behaviors and practices), for example, the aim is not only to sell latrines but to encourage their correct use and maintenance. Some key themes around which social marketing should be utilized include:

1. Effective handwashing at critical times
2. Safe excreta disposal
3. Safe water chain
4. Environmental sanitation
5. Food Hygiene

It is necessary to put in place social marketing strategy emphasizing on the use of local communication medium including radio jingles, posters, hygiene games, songs, dances, theatre, and role plays among others. This should be used constantly alongside participatory approaches.

#### **Social Marketing's 4 Ps:**

**Product:** - in social marketing may be a physical product, such as a home toilet or school toilet, or a change in behaviour, such as hand washing after defecation

**Price:-** in social marketing may be physical exchange of value, such as commercial transaction, but it can also refer to the price involved in changing behaviour. For example, there is a price in terms of time, if time is needed to carry additional water for hand washing rather than for other activities.

**Place:-** in social marketing means distribution channels used to make the product, service, or concept available to the target group. If a physical product or service is being marketed, the place may mean the actual point of purchase or access. The place could also refer to the media through which the target group learns about the concept.

**Promotion:-** covers the board range of channels through which the campaign messages are directed to the target group. Channels for promotion include mass media (television, radio, magazines and newspapers), and traditional methods such as plays, folk singers, and inter-personal communication.

### **Demand Responsive Approach**

This is a strategy that empowers a community to initiate, choose and implement a hygiene and sanitation system that is willing and able to sustain and that elicits the appropriate response from the sector actors and stakeholders. Participating communities have to actively express demand to be selected by fulfilling all the processes agreed upon between them and the implementing agency. This approach is found to enhance stakeholder ownership.

### **Community Led Total Sanitation**

This is an approach that focuses more on sustained behavioural change through motivation and mobilization to facilitate and enhance community knowledge and understanding of the risks associated with open defecation. The FGN/UNICEF WASH Programme in collaboration with Federal Ministry of Water Resources/Federal Ministry of Environment, has identified this strategy as a key approach aimed at empowering communities to analyze the extent and risks of environmental pollution caused by open defecation and to construct and use toilets without any form of subsidies.

Unlike previous approaches, this strategy is based on the use of latrines and complete end to open defecation. The approach is not technology driven and there is flexibility on the type of toilets and disposal facilities to be used. With sustained mobilization, people will adopt sanitation technology best suited for them in terms of affordability and appropriateness. The approach encourages people to decide their own understanding of total sanitation for their community and to consider what their communities will be like when it is achieved. The main focus is to break the faeco-oral chain. Therefore total sanitation is behaviour focused and comprise of:

- Total use of hygienic latrines, i.e., no open defecation or open/hanging latrine in use
- Hygienic latrines well maintained
- Effective hand washing after defecation and before taking or handling food
- Water points well managed. Safe water use for all domestic purposes
- Food and water covered
- Garbage and waste water disposal in a fixed place and domestic animal excreta disposed of in a hygienic way

## **Appendix 2: How to carry out the Day's Overview and Main Learning Points**

### **Objective**

- **To assess the participants' opinion and views regarding the learning activities for that day in order to enhance the positive points and improve on the negative ones.**

There are several ways of doing a daily assessment of the day's activities. The following are some of the options that you can choose from

**1. Brainstorming**

Ask the group to verbally express how they feel after the day's activities. You can go round the room and have each person express their feelings as follows:

- One thing they liked most
- One thing they didn't like
- One thing they will remember (good or bad)

You can note these points down as they are raised. This method may not elicit the desired opinion from participants as some of them may be shy to express how they feel in public.

**2. Focused conversation**

This will start with an exercise in which all participants write two 'positive' and two 'critical' comments about the day's sessions in general. Each participant is given two cards for the 'positive' and two cards for the 'critical' comments. The cards should be of different colours e.g. green and white or blue and pink, etc. They will be asked to write only one comment per card. All the cards are then pinned or taped on a board, and grouped by categories as they are submitted. The results are discussed with the whole group. As this type of evaluation takes considerable amount of time, it is best if it is done at the end of each week.

**3. Filling out an Evaluation Form**

You can ask the participants individually to fill out the form below

**Date:** \_\_\_\_\_

1. What were the major activities that you were involved in today? Please list what you can remember best

2. What was the most useful activity that was conducted today? Why?

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3. What was the least useful activity that was conducted today? Why?

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4. What did you learn from today's sessions? Please describe.

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You will then analyse the results and feed back the results the following morning.

### **Appendix 3: Final Training Evaluation Form**

**1. What do you think about the overall length of the course?**

**Far too long;      Too Long;      Just right;      Too short;      Far too short**

**Please tick the most applicable**

**2. What were the major activities that you were involved in during the training event?  
Please list 3 of what you can remember most?**

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**3. How would you grade the relevance of the course to your specific needs?**

**Excellent;      Good;      Reasonable;      Poor;      Not relevant**

**4. What have you learnt from this training event? Please mention 3 that were most useful to you**

**5. Please mention 3 things that could be improved in a future learning event**

**6. What are your comments on logistics – food, lodging, other physical arrangements**

## **Appendix 4: Guidelines for the Establishment and Orientation of School Environmental Health Clubs**

### **Introduction**

Water, Sanitation and Hygiene (WASH) related diseases such as diarrhoea, dysentery, cholera, typhoid, skin and eye infections as well as worm infestation including guinea worm, account for most of the high morbidity and mortality rate in developing countries including Nigeria. Water supply and environmental sanitation programmes generally aim at reducing the mortality/morbidity rates through provision of safe water sources and adequate safe excreta disposal.

The schools, being an integral part of the community, have been observed to have inadequate water supply and sanitation facilities. These poor states of WES facilities may have contributed significantly to low enrolment, attendance and retention in schools especially among girls. Over half of the schools in the country are without safe sanitary excreta disposal and water supply facilities. In few cases where these facilities are available, they are grossly inadequate and unsafe especially for girls.

A study commissioned by UNICEF and carried out by CASSAD in 2003 confirmed impact of Water, Environmental Sanitation and Hygiene on health and education of Girls. The pupil to toilet ratio is estimated at 600:1 for primary schools while the toilet to student ratio in secondary schools is 1:172. The study also reported a high incidence of dysentery (41%), diarrhoea (36%), cholera (20%), typhoid (32%), and guinea worm (21%). The prevalence of these water and sanitation related diseases caused 46% of lateness to schools, 45% absenteeism, 42% poor performance and 44% low academic achievements.

The provision of WASH facilities in schools is a major component of FGN/UNICEF Water Sanitation and Hygiene Programme and consists of the following:

- Construction of safe water sources.
- Construction of Sanitary Latrines with provision for boys and girls.
- Hygiene promotion through the activities of School Environmental Health Club

The above WASH activities are expected to be implemented in an integrated manner towards achieving the desired impact of contributing to conducive and friendly environment for effective learning in schools.

While the construction of water and sanitation facilities could be considered to be relatively simple to accomplish, the major challenges in WASH intervention in schools have been on achieving sustained behavioural change among pupils and community members. The lack of appropriate system/structure for hygiene promotion has further worsened the environmental sanitation situations in most of the schools despite the construction of safe water and sanitation facilities. Hence the need for the establishment of functional Environmental Health Clubs and their orientation in schools for effective hygiene promotion.

## **Objectives**

The Environmental Health Clubs are established to promote improved sanitation and hygiene practices in schools as well as in their various households which is expected to improve sanitation of the communities.



## **Strategies**

The major strategy of this concept is to ensure sustained improvement in hygiene practices taking into consideration the important roles children can play in achieving behavioural change. Other considerations for the need of Environmental Health Clubs include;

- Children play important roles in the household chores, taking care of their younger siblings, and depending on culture, they may also question existing practices in the household.
- Children could be change agents in the community helping to promote improve hygiene practices.
- Children are future parents and what they learn is likely to be applied the rest of their lives and passed on to their children.

- The focus of the environmental health clubs is for the development of life-skills, a healthy and safe school environment and outreach to families and communities. It is important that all schools have access to adequate sanitation and water facilities, but also ensure a general child friendly learning environment. By providing these facilities and with activities of Environmental Health Club, schools can reinforce health and hygiene messages and act as example to both pupils and the wider community. This in turn can lead to a demand for similar facilities from the community.

The concept of Environmental Health Club involves networking with all stakeholders through orientation of the following community members, Village WASH Committee (WASHCOM) members, Parent Teachers Association (PTA) members, school management (Headmaster and Assistants) and Health Education Teachers, General Community, and a few pupils (class monitors and school prefects).

The orientation and establishment of Environmental Health Club in a school should be a two day activity. The first day should be used for the orientation of the PTA and school management members.

The number of participants for the orientation of PTA and community members should be at least 10 and comprise of;

1. Head Teacher - 1No.
2. Health Teachers/Other Teachers - 3No.
3. WASHCOM members (Chairperson, Secretary and one other member) – 3No.
4. PTA members (Chairperson, Secretary and one other member) – 3No.

The orientation should be conducted in each community with the school as the venue.

The second day is for the establishment and orientation of members of Environmental Health Clubs. This should be carried out in each of the selected school.

There should be no allowance for the participants since the orientation is to take place in the school. Provisions should however be made for lunch/snacks for all the participants.

### **Project Implementation**

The following activities would be required for successful WASH intervention including establishment of Environmental Health Clubs in schools;

- Discussion of Terms and conditions for WASH intervention in schools among the partners (State Universal Basic Education Board, Local Government Education Authority, State WASH Project, Community and School).
- A participatory needs assessment involving pupils, teachers, parents and community members.
- Formulation of objectives, results and action plan with roles allocated to stakeholders.

- Development of appropriate information, education and communication materials for promoting improved hygiene practices.
- Formation of school Environmental Health Clubs for promoting improved hygiene practices and ensuring proper maintenance of facilities in the schools.
- Training of pupils and teachers on hygiene education and promotion.
- Inclusion of hygiene in the school curriculum through LGEA.
- Construction of improved water and sanitation facilities.
- Use of participatory tools for hygiene and sanitation promotions.
- Monitoring of the programme and its impact.

Members of the club should be equipped with necessary information and skills on the following;

- Water-uses, diseases associated with unhygienic water sources.
- Water protection, storage and usage.
- Environmental sanitation
- Personal and domestic hygiene.
- Sanitary latrine construction and promotion,
- Routine Immunization.
- Acute Respiratory Infection (ARI)
- HIV/AIDS
- Safe motherhood
- Nutrition including exclusive breast-feeding and school gardening.
- Establishment and management of Sanitation Corner to increase access to essential sanitation materials in schools.



Other activities that could enhance effectiveness of the club include symposium, quiz, debate and cleaning campaigns, Drama, play-lets and interschool water and sanitation competitions.

Apart from the orientation, the Environmental Health Clubs should be supported with materials to enable them function effectively. These materials should include;

- Dustbin (240 Litres and 5 Litres). Each class should have the small dustbin while the at least two big dustbins should be placed outside the classrooms for refuse disposal.
- Plastic buckets fitted with tap and cover. At least each class should have this bucket.

- Plastic Hand washing bowls. Each class and block of latrine should have the bowl.
- Brooms (At least one in each class)
- Hand towels. Each class should have the towels.
- Plastic cups.
- Rakes
- Bar Soap. This should be placed very close to the latrines for hand washing.
- Izal/Other disinfectant for washing and disinfecting school latrines.
- Hygiene Education materials such as manuals, posters leaflets etc.
- Tee shirts for members of Environmental Health Club.

The specific number of the above items would depend on size of the school.

The Environmental Health Clubs should also be supported with some seed materials for the establishment of Sanitation Corner. These materials are to be sold on revolving fund basis and should be linked to the community Sanitation Centre where available. Below are materials that could be stocked in Sanitation Corner;

1. Wash hand basin.
2. Plastic cup
3. Plastic bucket.
4. Nail Cutter
5. Comb.
6. Bar Soap.
7. Handkerchief
8. Tooth brush
9. Chewing Stick.
10. Tooth paste
11. Brooms
12. Dust bin
13. ORT Sachet.
14. Hygiene Education posters, handbills etc.

### **Training**

Apart from the orientation provided on the first day of establishment of School Environmental Health Club other trainings are required for members of the club to cover the areas of required behaviour change listed above.

## **Membership**

The membership of the club should be voluntary and comprise of dedicated and committed members who believe and are willing to contribute to the achievement of the objectives of the club.

The number of club members should be 30 pupils representing various classes in the school and comprising of school prefects and class monitors. There should be a blend of both boys and girls except in cases where the school has only one sex.

For effective operation and to provide leadership for the Environmental Health Clubs, there is need to elect the following officials; president, vice president, secretary, assistant secretary, treasurer, public relations officers and patrons to the club.

The funding of the club could be through token contribution by members and donations.

## **Other Functions:**

The pupils in the club can be facilitated to apportion roles and responsibilities to the members such as water point caretaker, latrine caretaker, operation and management of Sanitation corners, general environmental sanitation of the school premises etc.

## **Checklist for a school with an Environmental Health club.**

1. Existence of The club with a supervising teacher/teachers
2. The club has agreed days of meetings
3. The pupils in the club are aware of their roles and responsibilities.
4. The school has materials for teaching hygiene education
5. The school has latrine and water facilities as well as waste bins
6. The school environment is tidy.
7. The club is involved in promotional activities for hygiene and sanitation in the school (and community) such as doing playlets and organizing sanitation days.
8. The club has a school garden.

## **Steps for formation of School Environmental Health clubs.**

### **DAY 1. ORIENTATION OF SBMC/PTA MEMBERS AND TEACHERS.**

1. Arrival of participants
2. Protocols and introductions
3. Introduction of the concept (including roles of the PTA, Sanitation corner Management)
4. Presentation and discussion on consequences/effects of unsafe water and sanitation.

5. Dialogue on key issues in school hygiene and sanitation.
6. Participatory identification of target practices
7. Prioritizing key issues
8. Discussion on “Teaching hygiene in schools.
9. Way forward – Functionality of the Environmental Health Club
10. Closing.

**DAY 2. FORMATION OF ENVIRONMENTAL HEALTH CLUB.**

1. Arrival of participants
2. Protocols and introductions
3. Introduction of the concept (including roles of the PTA, Sanitation corner Management)
4. Presentation and discussion on consequences/effects of unsafe water and sanitation.
5. Participatory identification of target practices
6. Election of EHC officials.
7. Presentation of sanitation materials to school.
8. Closing.

Further orientation of the club members will include:

- Importance of using sanitary facilities.
- Care of facilities
- Building on existing practices.
- Innovations for hygiene promotion (Drama, quiz, sanitation days etc.)

## Appendix 5 : Menstruation and Menstrual Hygiene

### Menstruation is:-

- An indication that a girl is approaching maturity.
- The shedding of tissue and blood from the lining of the womb through a woman's vagina.
- Also called menses, menstrual period, monthly bleeding and period and is a normal and natural part of biological maturity.
- The blood and tissue that comes from the uterus when fertilization does not occur.
- The monthly self-cleaning action of a healthy uterus.
- An important developmental milestone for girls, the same way wet dreams are for boys.

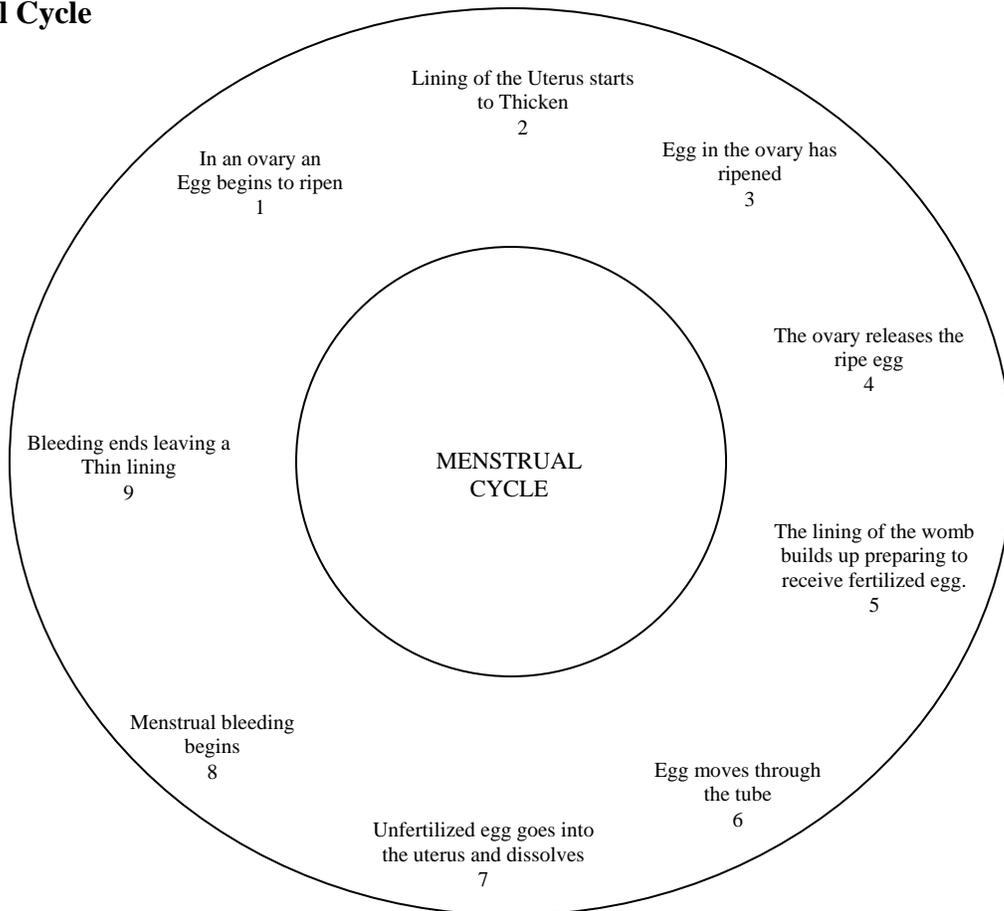
### Facts about Menstruation

- First menses is called **Menarche**. First few years of menstruation period are not very regular.
- Some girls have their first period as early as 9 years of age.
- Some women menstruate every 28 days, while some have longer cycles (36 days) or shorter cycles (21 days)
- Periods usually last from 2-7 days, with five days being the average length of menstrual flow.

## Menstruation is Not

Sickness, illness, Disease, Infection, Harmful, Dirty, Shameful, Unclean etc.,

## Menstrual Cycle



### *Menstrual Cycle-Process of Menstruation-How Menstruation Occurs*

#### **Common Symptoms that Occur before or at the Onset of Menstruation.**

- General weakness of the body, Body feels heavy,
- Dizziness, Nausea, Cramps/lower abdominal pain,
- Headache, Enlarged and painful breasts, Fever,
- Backache, Irritability, Depression, Tiredness, Pimples, etc.

**Menstrual Hygiene** is important because it;

- Prevents infection,
- Prevents body odour,
- Enables the women to remain healthy.
- Enables the women to feel comfortable and stay fresh all day and confident.

#### **Ways of Minimizing Poor Menstrual Hygiene**

- Hygiene education and promotion for women/girls
- Education of young girls (primary and post primary)
- Proper washing of vulva and hands with soap and water.

## **List of Abbreviations**

<b>DFID</b> -	Department for International Development
<b>EC</b> -	European Commission
<b>FGD</b> -	Focus Group Discussion
<b>FGN</b> -	Federal Government of Nigeria
<b>GOVT</b> -	Government
<b>IEC</b> -	Information, Education, Communication
<b>IRC</b> -	International Water and Sanitation Centre, The Netherlands
<b>JICA</b> -	Japan International Development Cooperation
<b>KAP</b> -	Knowledge, Attitude, Practice
<b>LGA</b> -	Local Government Authority
<b>NDHS</b> -	Nigerian Demographic Health Survey
<b>NGOs</b> -	Non Governmental Organisation
<b>NWRI</b> -	National Water Resources Institute
<b>OPR</b> -	Output to Purpose Review
<b>ORS</b> -	Oral Rehydration Salts
<b>PTA</b> -	Parents Teachers Association
<b>PROWESS</b> -	Promotion of Women in Water and Environmental Sanitation Systems
<b>SBMC</b> -	School Based Management Committee
<b>SSHE</b> -	School Sanitation and Hygiene Education
<b>TOT</b> -	Training of Trainers
<b>UNICEF</b> -	United Nations Children's Fund
<b>UNDP</b> -	United Nations Development Programme
<b>UN-HABITAT</b> -	United Nations Human Settlements Programme
<b>VIP</b> -	Ventilated Improved Pit Latrine
<b>WASH</b> -	Water, Sanitation and Hygiene
<b>WASHCOM</b> -	Water, Sanitation and Hygiene Committee
<b>WES</b> -	Water and Environmental Sanitation
<b>WHO</b> -	World Health Organization

## List of Reference Materials Used

<b>Name of Document</b>	<b>Agency</b>	<b>Date</b>	<b>Type</b>
Communication Strategy and Action plan for Water and Sanitation	Federal Government of Nigeria and UNICEF	Undated	General water and Sanitation
Concept Note – Community Led Total Sanitation in Nigeria	Federal Government of Nigeria and UNICEF	July 2006	Sanitation
Acceleration of Sanitation and Hygiene in Nigeria	Federal Government of Nigeria and UNICEF	June 2006	Hygiene and Sanitation
Assessment of Sani centres in 14 States	UNICEF	Undated	Sanitation
Report on Knowledge, Attitude and Practices (KAP) of Communities in Nigeria - (Zone C)	UNICEF	Undated	Hygiene and Sanitation
Report on Knowledge, Attitude and Practices (KAP) of Communities in Nigeria - (Zone A)	UNICEF	Undated	Hygiene and Sanitation
Manual for Community Training on Project Management and Hygiene Promotion	UNICEF	Undated	Community and hygiene Training
Community Management and Hygiene and Sanitation Promotion Guide	Federal Government of Nigeria and UNICEF	September 2004	Training of Trainers Manual
Hygiene Promotion and Education – Training Materials	Federal Government of Nigeria and UNICEF	June 2001	Training Materials for Hygiene and Sanitation
Hygiene and Sanitation Programme Improvement Guide (Draft). A National Field Guide for Facilitators	FGN/UNICEF/WANG	July 2005	A national field guide for facilitators
Water and Environmental Sanitation Manual for Primary Schools	Federal Government of Nigeria and UNICEF	2001	Teachers Guide
Water and Environmental Sanitation Manual for Junior Secondary School (Detailed)	Federal Government of Nigeria and UNICEF	2001	Teachers Guide
Participatory Tools Field Manual for Rural WES Service Delivery in Nigeria	Water Aid Nigeria	May 2005	A facilitator's Guide
WES Implementation Guidelines Nigeria	UNICEF	August 2004	General Community and hygiene/sanitation manuals
Guidelines for the Establishment and Orientation of School Environmental Health clubs	UNICEF	Undated	SSHE for schools
Hygiene Evaluation in the Community	UNICEF	undated	Hygiene and

			Sanitation Promotion Manual
Guidelines for WES in Child Friendly Schools (CFS) – Draft 5	UNICEF	June 2002	SSHE in Schools
School Sanitation and Hygiene Education – India	IRC Technical Series	2002	SSHE Resource Book
Tool for Community Participation: A manual for Training Trainers in Participatory Techniques	PROWESS/UNDP Technical Series	1993	Lessons, Strategies and Tools
PHAST Step by Step Guide	WHO/Sida/UNDP-World Bank	1998	A participatory approach for the control of diarrhoeal disease
Community Participation: A trainers Manual	UN- Habitat	1988	General Trainers Guide
Draft Manual For Training Of Community Women On Menstruation And Menstrual Hygiene	GHARF NGO and UNICEF	Undated	Menstrual Hygiene



The European Union

