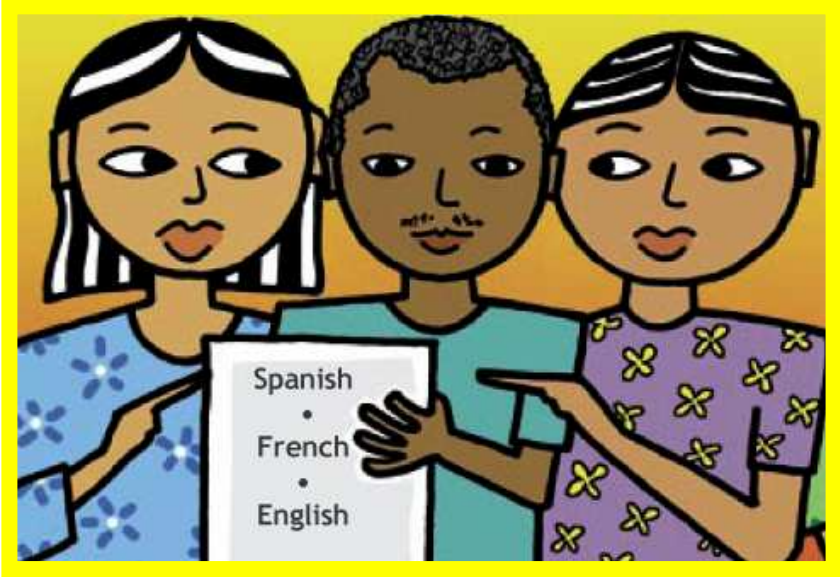
Training for Hygiene Promoters and HP Coordinators

Part 3 of 3
Additional Training for HP Co-ordinators



This manual contains training materials and handouts to enable facilitators to rapidly prepare training for different levels of hygiene promoters.

It can also serve as a resource for self directed learning by both hygiene promoters and others involved in supporting or managing WASH interventions.

This Project has been led by Oxfam GB on behalf of the Global WASH Cluster, with the support of the following Steering Group agencies: IFRC, ACF France, IRC, UNICEF.

Global WASH Cluster, UNICEF New York, 3 UN Plaza, New York, NY 10017, USA web: www.humanitarianreform.org/WASH

The interpretations and commentaries expressed in this training do not necessarily reflect positions of all the Global WASH Cluster members.

Please inform washcluster@unicef.org and copy washhygienepromotion@googlemail.com

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WASH Cluster Hygiene Promotion Resources

HP Training and Resources CD

1. Introduction to HP Tools and Approaches

- Briefing paper on the essentials of Hygiene Promotion,
- Indicators for Hygiene Promotion
- Advice on Hygiene Promotion-related Non Food Items selection and delivery
- Example Job Descriptions for Hygiene Promotion Coordinators, Hygiene Promoters and Community Mobilisers
- Equipment lists for Hygiene Promotion Communication
- Annotated Bibliography of resources for Hygiene Promotion
- Terminology, definitions and glossary

A 4-hour orientation workshop/training package aimed at providing a general overview of hygiene promotion

- Session plans
- Handouts
- Facilitators resources
- PowerPoint

English, French & Spanish

2. Training for Community Mobilisers

- Training sessions for community members in hygiene promotion. This training is aimed at community members who may have limited literacy skills and relies mainly on interactive exercises using picture sets, role-plays and demonstrations etc. It does not include handouts or power-point slides.

English, French & Spanish

3. Training for Hygiene Promoters & Hygiene Promotion Co-ordinators

Part 1: Essential To Know Training for Hygiene Promoters

- Session Plans
- Handouts
- PowerPoint

Part 2: Useful To Know Training for Hygiene Promoters

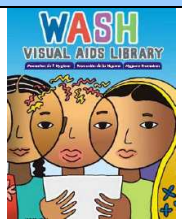
- Session Plans
- Handouts
- PowerPoint

Part 3: Additional Training for Hygiene Promotion Coordinators

- Session Plans
- Handouts
- PowerPoint

English, French & Spanish

Complementary Resource: Visual Aids Library DVD



Drawings, picture sets, photos and promotional resources (videos, radio spots, flip charts, leaflets and posters) for use in hygiene promotion programmes. Includes instructions for games and interactive picture sets.

English, French & Spanish

Where to find information

On:	Where to find
Accountability	Orientation Pack in Introduction CD Part 1 Participation & accountability Part 3 Managing accountability
Assessment	Part 1 Assessment and baseline Part 1 Focus group discussions Part 1 Participatory methods Part 1 Introduction to baseline Part 1 Questionnaire survey Part 3 Designing and managing an assessment Part 3 Data analysis and reporting
Avian flu/pandemics	Orientation Pack: facilitators resources
Cholera	Part 2: Cholera control issues
Gender	Orientation Pack: facilitator's resources Part 2 Introduction to gender Part 2 Introduction to protection
HIV/Aids	Orientation Pack: facilitator's resources Part 2 Introduction to HIV/AIDS
Hygiene kits	Briefing paper in Introduction CD Part 1 Hygiene Kits Selection and distribution
Malaria	Part 2 Malaria control issues
Monitoring & Evaluation	Part 1 Hygiene Kits: Selection and Distribution Part 2 Monitoring Part 3 Impact & Evaluation Part 3 Logical Framework Part 3 Monitoring for Managers
PHAST	Orientation Pack: facilitator's resources Part 1 Participation & accountability Part 1 Participatory methods
Protection	Orientation Pack: facilitator's resources Part 2 Introduction to protection
Sphere	Introduction orientation facilitators resources Part 2 Introduction to Sphere
Sustainability	Part 1 Community involvement in design of facilities Part 2 Community participation Part 2 Community management of facilities
WASH Cluster	Part 1 WASH Cluster and coordination Part 3 Coordination responsibilities Part 3 Developing partnerships

Table of contents

Introduction

The sessions in this manual are designed to be used flexibly in conjunction with Part 1 and Part 2 of the training and are aimed at those people who will be in a co-ordination role i.e. they will be managing and co-ordinating a team of hygiene promoters. This may be their main job purpose as defined by the **attached job description** for ***Hygiene Promotion Co-ordinators*** or they may be obliged to take on elements of this role as part of a broader co-ordination role. Participants may have a generalist background, a specialist background in health or hygiene promotion or a background in water and sanitation engineering or environmental health.

The training sessions in Part 3 cover a total of approximately 26 hours **or just over 3 days.** ***However, this training is not designed to be run as a separate training course and will need to be adapted for each specific training group, drawing on the other available training sessions as required.***

The list below outlines the different participant target groups for some or all of the training sessions in this manual:

- Experienced hygiene promotion personnel that are responsible for co-ordinating the hygiene promotion response within their own agency need to have a thorough knowledge of HP and a good grasp of the content of Part 1, 2 & 3 in line with their job descriptions.

- Experienced engineers who are responsible for co-ordinating a hygiene promotion response as part of a WASH project or programme should have a good grasp of Part 1 and 3 in line with the requirements of their job descriptions.

- Programme managers responsible for a WASH agency programme or project would benefit from the orientation training as well as targeted sessions from Part 1 and 3.

- Agency managers or co-ordinators that supervise or support partner organisations carrying out hygiene promotion should find most of the sessions in Part 1 and specific sessions from Part 3 useful e.g. developing partnerships and promoting integration.

- Experienced hygiene promotion co-ordinators who are used to working in development programmes and need to know how to apply this knowledge to working in emergencies should have a good grasp of Part1, 2 and 3 and should find sessions such as development versus emergency particularly helpful.

- WASH cluster co-ordinators who are responsible for co-ordinating the overall WASH response should complete the HP orientation training and could adapt sessions from Part 1 and 3 to ensure that they have a good grasp of such issues as the content and distribution of hygiene kits, providing incentives for community mobilisers, promoting integration between hygiene promoters and engineers and promoting participation, dialogue and accountability with affected populations.

The actual course content must be defined according to what participants are expected to do following the training and the requirements of their job description and will depend on the specific gaps in knowledge and skills as identified by a rapid training needs assessment.

Material for training HP co-ordinators can also be drawn from the Part1 and 2 of the previous training books. Some sessions in this manual cover the same topics but go into more depth e.g. accountability and monitoring. Most sessions are experiential i.e. they aim to get participants to draw on the groups' existing knowledge and experience and to problem solve using a situation based example. Sessions may need to be more information based for those whose role is only to coordinate or manage Hygiene Promotion rather than to also train and manage others to carry out HP activities such as assessments and monitoring. A short information sheet for co-ordinators (key Issues for Co-ordinators) is available on **page 22** of this book.

Ideally, training sessions for all the training manuals should include engineers and hygiene promoters in order to promote the integration of software and hardware aspects of the WASH response. This is even more important at co-ordinator level. It should be possible to run at least some joint sessions so that engineers and hygiene promoters get used to working as a team.

The WASH Cluster Capacity Building Project has also developed training modules. These cover Water, Vector Control and other sanitation in emergencies topics. WASH Cluster co-ordinators will have completed a 5-day training course and a WASH Cluster co-ordinator handbook is available on the website. Several of the current sessions have drawn on the existing materials from these two courses in order to encourage a consistent approach.

Unlike the first two training books, the sessions in this book have been grouped into 4 categories that relate to the generic job description:

- **Programme Approach**,
- **Information Management**,
- **Implementation**
- **Resources Management.**

The sessions should not necessarily be run in the order in which they are presented and thought will need to be given to ensuring that both theoretical and practical field based work is included in any training.

Using the training material as a resource for learning about hygiene promotion

If you are:	Part 1: Essential To Know Training for Hygiene Promoters	Part 2: Useful To Know Training for Hygiene Promoters	Part 3: Additional Training for Hygiene Promotion Coordinators
A hygiene promotion trainer wishing to design a first phase training for field hygiene promoters	4 day training – can be run concurrently or in half or one day blocks. Covers basics of HP in emergencies	Additional sessions that can be run as time allows and as required. Optional sessions on: Baseline and questionnaire survey Malaria Cholera ORT	
A hygiene promoter wishing to consolidate your knowledge about HP in emergencies and responsible for training community volunteers or mobilisers	All sessions will be relevant. You may only need to read through them and note the objectives and key learning points.	All sessions will be relevant. You may only need to read through them and note the objectives and key learning points.	
An engineer or technician wishing to know more about hygiene promotion so you can ensure an holistic approach to WASH programmes	Overview of basics of HP in emergencies	Optional Of interest may be: Behaviour change versus social change Other promotional methods Community management of facilities	
A hygiene promoter who will be managing the HP response and other field hygiene promoters	All sessions will be relevant. You may only need to read through them and note the objectives and key learning points.	All sessions will be relevant. You may only need to read through them and note the objectives and key learning points.	Optional sessions on how to manage response & field hygiene promoters
An experienced engineer who is responsible for co-ordinating a hygiene promotion response as part of a WASH project or programme and managing other hygiene promoters	All sessions relevant particularly: WASH Cluster and coordination Public health in emergencies Hygiene promotion in emergencies Assessment and baseline Hygiene kits: selection and distribution Monitoring	Optional Of interest may be: Behaviour change versus social change Other promotional methods Community management of facilities	HP human resource issues Promoting Integration Co-ordination responsibilities Designing and managing an assessment Data collection & analysis Monitoring Accountability
A generalist programme manager responsible for a WASH agency programme or project and responsible for overall management of response	Provides overview of basics particularly: WASH Cluster and coordination Public health in emergencies Hygiene promotion in emergencies Assessment and baseline Hygiene kits: selection and distribution Monitoring	Optional Of interest may be: Behaviour change versus social change Other promotional methods Community management of facilities	Overview and project cycle HP human resource issues Promoting Integration Co-ordination responsibilities Designing and managing an assessment Data collection & analysis Monitoring Accountability
A specialist hygiene promoter who has not worked in emergencies	All sessions will be relevant.	All sessions will be relevant. You may only need to read through them and note the objectives and key learning points	Overview and project cycle Development versus emergency HP human resource issues Co-ordination responsibilities Designing and managing an assessment Data collection & analysis Monitoring Accountability
A WASH Cluster Coordinator who needs to ensure that HP is carried out by all agencies as an integral part of the response.	Adapt following sessions: Hygiene kits Selection and support of community mobilisers	Of interest may be: Behaviour change versus social change Other promotion methods	Overview and project cycle HP human resource issues II Promoting Integration Messages versus dialogue

Below is a list of subject areas and where you can find out more about hygiene promotion 'hot topics':

HP hot topics	Part 1: Essential To Know Training for Hygiene Promoters	Part 2: Useful To Know Training for Hygiene Promoters	Part 3: Additional Training for Hygiene Promotion Coordinators
Assessment methods, data collection, data analysis	Assessment and Baseline Focus Group discussions Participatory Methods	Introduction to baseline survey Questionnaire Survey	Designing & Managing an Assessment Data Analysis & Reporting
Public Health & Hygiene Promotion	Public health in Emergencies Hygiene Promotion in Emergencies Key water and sanitation priorities Key actions to prevent diarrhoea	Water & Sanitation Related Diseases Behaviour change and Social Change Introduction to HIV/AIDS Use of Oral Rehydration Therapy Cholera Control Issues Malaria Control Issues	Evidence Base Overview of HP Intervention HP Communication Strategy
HP communication methods and approaches	Participatory Methods Communication Skills I and II Working with children Carrying out a campaign	Behaviour change & Social Change Other promotional methods Using Visual Aids Understanding different perspectives	Overview of HP Intervention HP Communication Strategy
Human resource issues/staffing requirements	Job description Selection and Support of Community Mobilisers Adult Learning Planning training & training practice		Job description Recruitment & Managing Others
Key indicators, monitoring and evaluation	Hygiene Kits: Selection and Distribution Monitoring		Impact & Evaluation Logical Framework Monitoring for Managers
Coordination, collaboration and integration	WASH Cluster & Coordination		Development versus Emergency Promoting Integration Developing Partnerships Coordination Responsibilities Managing Meetings
Hygiene kits	Hygiene Kits: Selection and Distribution		Logistics and Financial Systems
Participation and accountability	Participation and Accountability Participatory Methods Community Involvement in Design of Facilities Communication Skills I and II	Introduction to Sphere Introduction to Gender Community Participation Understanding different perspectives Introduction to Protection	Managing Accountability Monitoring for Managers Advocacy
Community management	Community Involvement in Design of Facilities	Community Participation Community Management of Facilities	Development versus Emergency

Trainers Notes

Structure
The sessions are divided into three parts but the content of the actual training must be defined by the needs of the situation and agency priorities and guidelines. This means that some of the sessions in Part 2 such as promoting the use of insecticide treated nets or ORS would become 'essential training' sessions and some 'essential' sessions may not always be relevant. It is the responsibility of the trainer to make the link between sessions and to ensure it provides a relevant and coherent training experience.

Part 1	Part 2	Part 3
ESSENTIAL TO KNOW TRAINING FOR HYGIENE PROMOTERS	USEFUL TO KNOW TRAINING FOR HYGIENE PROMOTERS	TRAINING FOR HYGIENE PROMOTION COORDINATORS

For **Part 1 and 2** the sessions have also been structured around **3 Key Knowledge and Skill Areas: context, skills and job specifics. Review & Evaluation** of these areas is also a vital part of the training as shown below.

Training Sessions	Context	Hygiene Promotion Skills	Hygiene Promotion Job specifics	Review & Evaluation
Content	Learning about the current context, background information and hygiene risks	Learning about the skills, methods and approaches used in HP work.	Learning about the specific job participants are expected to do and practice using the skills	Reviewing course and session objectives. Monitoring work and evaluating learning

Unlike Parts 1 and 2 the sessions in **Part 3** have been grouped into 4 categories that relate to the generic job description for a hygiene promotion coordinator:

- **Programme Approach**,
- **Information Management**,
- **Implementation**
- **Resources Management.**

The actual structure of the course and the sessions chosen can be defined according to the needs of a particular emergency context and it is not possible to provide a 'one size fits all' training package that will cover all of the different contexts and training needs of a wide variety of participants.

Adapting the training
The training course should be based on the hygiene promoter's **Job Description** that details the requirements of their particular job. In adapting the training course it may be helpful to ask the following questions:

- What do you want the participants to be able to do?
- Are you training people at the beginning of an acute emergency or in a more stable setting?
- How much time do you have available for training?
- Will you be able to conduct follow on training?
- Will the participants be required to work long term or short term?
- What balance is required between classroom-based learning and on the job learning?
- What arrangements are there for supervision, mentoring and support after the training?
- What is the level of experience of the participants and what do they know already?

It is important that, where possible, the training draws on examples from the existing situation and allows participants time to practice new skills in the field. Where the training is undertaken in other circumstances, it is important to work through the questions above and either organise fieldwork experience or make use of a specific case study. It should be remembered that the participants will usually be working and undertaking the training at the same time and it should therefore be possible to ensure **follow up** and **supervised practice** in the field after the training.

Length of Course
Essential To Know Training for Hygiene Promoters could be covered in **4 - 5 days** and it is advisable that most of these sessions are covered as early as possible into the emergency. The newly recruited Hygiene Promoters should then be supported and mentored as they carry out their work. However, the training does not have to be carried out on successive days nor in the session order suggested but can be structured according to the demands of the specific context and the judgement of the trainer.

Training sessions can be run for a few hours each day, for one day a week or in blocks of two to three days. If possible all the subjects should be covered within a period of six to eight weeks. The example timetable will need to be adapted for each specific situation. To run all the sessions in **Essential To Know Training** and **Useful To Know Training for Hygiene Promoters** would take **approximately 12 days** including fieldwork.

In Part 2 Useful to Know Training there are suggested sessions for orientating fieldworkers who would be carrying out a questionnaire survey. This only provides a summary of issues to cover rather than detailed session plans as the process of doing a baseline survey is not standardised will vary according to different agency protocols. Training staff to carry out a **questionnaire survey will usually take 2-3 days** and the trainees should be supervised and supported during the survey.

Number of participants and facilitators

The ideal number of participants for the training is between 12-20 people. A larger group will be difficult to manage and will increase the timing required for sessions. With larger groups there may also be a greater temptation to feed participants with information rather than to facilitate discussion.

In an acute emergency it may be difficult to identify more than one facilitator in each agency to run the training. However, running a three-day course on consecutive days with only one facilitator can be exhausting and it is suggested that there are at least two facilitators. Agencies might be interested in organising joint training courses for their staff.

Timing of sessions
Given the task of trying to devise a training package for use during an acute emergency, it has been difficult to afford each training topic the length of time it probably deserves whilst ensuring a training that is rapid and covers all of the issues that newly recruited staff will need to know. A rough time check is given periodically in the session plans but this may need to be adapted according to the participants' needs and context specific issues.

Visual Aids and Picture Sets
Example picture sets for various participatory exercises e.g. three-pile sorting and the chain of contamination are available on the WASH Visual Aids Library DVD. These may need to be adapted to the specific context but will provide the basis for initial training activities and discussions whilst preparations are made to develop context specific resources.

PowerPoint Slides
Power point slides accompany the Training for Field Hygiene Promoters but it is not intended that the training be based around a power point presentation for each session. Beware of 'Death by PowerPoint' and turning each session into a lecture. The main purpose of the power point slides is to provide visual information that can equally be used as a handout or copied onto flip chart paper. Where possible the photographs should be replaced by photographs from the actual situation. Most of the power point slides have brief notes to accompany them (see notes view). If you do use PowerPoint presentations, make sure you are open to and also ask questions rather than lecture participants.

Handouts
The handouts are optional. These provide some additional information for participants but will not always be pertinent to the specific situation and may need to be adapted or interpreted in general terms. An **example evaluation form** and **an example certificate,** for participants who complete the course, are also provided in the handouts section.

Preparation Time
The often cited time for preparation is equal to the teaching time so for a seven day course one facilitator would need seven days preparation time. However, this can often take longer, especially if the material is unfamiliar. The logistical arrangements such as organising the venue, food, photocopying etc. will also need to be scheduled into preparation time.

Course Trainers/Facilitators
The course is designed for experienced hygiene or health promoters who have practical experience of working in emergencies and a good knowledge of adult learning and facilitation techniques. An assumption is made that the people using this training material will know how to structure and time a training session according to the learners needs. Some sessions such as Protection and Gender may be facilitated better by specialists in these areas either from your own agency or from outside agencies.

Background of Participants
The course is designed for people who have minimal experience of hygiene promotion but who do have skills in communication and working with communities. It is expected that participants will be literate and will be able to undertake a certain amount of self directed study such as reading and applying the information in the written handouts. Where possible participants should have access to some of the background materials listed in the session outlines so that they can develop their learning further. Access to the background materials is not essential and the handouts should provide enough written material to support the learning from the sessions.

Theory into practice
The training is designed for use in the early stages of a large-scale emergency. This would involve running training at the same time as the implementation of the project and participants would apply their knowledge to the concrete situation as they went along. However, if the training is scheduled as a preparedness measure then additional practical fieldwork should be built into the timetable and an appropriate case study selected.

Feedback
On the last page of each part of training sessions there is space to record additional information about the training sessions and suggestions for future improvement. Please send any comments to washhygienepromotion@googlemail.com

Course Overview

Part 1: Essential To Know Training for Hygiene Promoters				
Context	**Session**	**Content**	**Timing**	**Part 1: Page**
	WASH cluster and co-ordination	Rationale of the WASH cluster and importance of co-ordination	45 minutes	26
	Public health in emergencies	Importance of other sectors for impact on health	45 minutes	28
	Hygiene promotion in emergencies	Overview of HP and key responsibilities	90 minutes	30
	Key water and sanitation priorities	Overview of WASH response and priority focus of Hygiene Promotion	60 minutes	32
	Key actions to prevent diarrhoea	F diagram and key ways to block transmission routes in specific context	60 minutes	34
	Participation & accountability	Relevance to work of HP and practical responsibilities of hygiene promoter	60 minutes	36
Skills	Communication skills	Overview of factors necessary for good communication	60 minutes	38
	Communication skills II	Further exercises to improve communication skills	60 minutes – 2 hours 30 minutes	40
	Participatory methods	Rationale for using participatory methods and practice in common methods: 3 pile sorting, chain of contamination, take 2 children, mapping and pocket chart voting	3 hours total	44
	Adult learning	Key principles of adult learning and organising training	60 minutes	48
	Focus group discussion	Introduction to best practice and pitfalls Recording data	2-3 hours (including fieldwork practice)	51
Job specifics	Job description	Clarifying job description and key tasks	60 minutes	52
	Assessment and baseline	Overview of assessment process and key tasks of hygiene promoter	60 minutes	54
	Hygiene kits: selection and distribution	Identifying needs through community consultation and monitoring suitability	60 minutes	56

Skills	Behaviour change & social change	Factors influencing change and common misconceptions	90 minutes	40
	Understanding different perspectives	The importance of empathy and seeing other people's point of view	45 minutes	44
	Use of visual aids	Visual literacy and adapting visual aids. Best practice guidelines for designing leaflets and posters.	90 minutes	46
	Other promotional methods	Overview of PHAST, Social Marketing, Child to Child and Street Theatre and relevance to current situation. Use of radio and other mass media.	2 hours 15 minutes	48
Job Specifics	Community management of facilities	Community management issues and role of hygiene promoter. Setting up of committees and their roles and responsibilities	90 minutes	51
	Further training practice	Using and adapting training material and visual aids	6 hours	55
	Introduction to baseline survey	Qualitative and quantitative methods and introduction to sampling	90 minutes	57
	Questionnaire survey	Piloting questionnaire, training data collectors, analysis of data	2 days approx	59
	Use of ORT	Management of diarrhoea with ORS (and SSS if appropriate). Recognising dehydration.	60 minutes	61
	Cholera Control Issues	AWD, government response, outbreak response	60 minutes	63
	Malaria Control Issues	Context specific background. Key prevention methods. Use of ITNs or LLINs. Importance of early diagnosis and treatment.	2 Hours	65

Part 3 Additional sessions for HP Co-ordinators				
Programme Approach	**Session**	**Content**	**Timing**	**Part 3:Page**
	Evidence Base for HP and WASH	Available evidence for HP and interpretation	90 minutes	25
	Bridging Development and Emergency	Differences and convergences between two contexts	2 hours	28
	Operation, Maintenance & Sustainability	What sustainability means in an emergency, community management issues	90 minutes	31
	Managing Accountability	Principles and accountability frameworks. Ways to promote greater accountability to those affected	75 minutes	33
	Advocacy	Advocacy and Rights Based Approach, WASH advocacy issues	90 minutes	36
Information Management	Designing and managing an assessment	Information management tools, use of Gantt chart, co-ordination	2 hours	39
	Data analysis and reporting	Emphasis on how to analyse and interpret data	2 hours	42
	Planning & Logical Framework	Importance of planning and use of logical framework matrix	60 minutes	45
	Monitoring for managers	Monitoring plan and different levels of responsibility	90 minutes	47
	Impact & Evaluation	Key principles and management of evaluation and measuring impact	60 minutes	49
	Promoting Integration	Practical ways to address constraints and overcome negative attitudes	60 minutes	52
	Co-ordination Responsibilities	Intra-sectoral and cross sectoral co-ordination	60 minutes	54
Implementation	Job description	Ensuring familiarity with tasks and responsibilities and identifying training and support needs	90 minutes	57
	Overview of HP Intervention	Phases of emergency, HP steps and timeline, project cycle	90 minutes	59
	HP Communication Strategy	Articulating messages, limitations of one way communication, importance of dialogue	60 minutes	61
	Managing meetings	How to get the best from a meeting	60 minutes	63
	Developing Partnerships	Mapping capacity, MoUs, working with counterparts	90 minutes	65
Resources Management	Recruitment and Managing Others	HR issues, support and training	2 hours	67
	Logistics and financial management	Managing a budget, using logistics systems effectively	60 minutes	71
Total			**Approx 3.5 days**	

List of Handouts & Resources

Part 1: Essential To Know Training for Hygiene Promoters			
Session	***Handouts/PowerPoint Slides***	**Session**	***Handouts/PowerPoint Slides***
WASH cluster and co-ordination	***Cluster Overview***	Communication skills	***Listening Techniques*** ***Observation and Listening -slide 31***
Public health in emergencies	***Public Health Model Slide 4***	Communication skills II	***Communication Worksheet*** ***Training and communication skills***
Hygiene promotion in emergencies	***Terminology and Definitions*** ***Hygiene promotion briefing paper*** ***Hygiene Promotion Slides 10-20***	Participatory methods	***Facilitation skills for participatory methods*** ***Instructions for activities***
Key water and sanitation priorities	***Fewtrell Diagram - Slide 22***	Adult learning	***How adults learn*** ***PowerPoint slide 41***
Key actions to prevent diarrhoea	***F diagram (also slides 24 & 25)*** ***Instructions for management of diarrhoea***	Focus group discussion	***Focus Group Discussion*** ***Focus group discussion sample questions*** ***Analysing qualitative data and reporting***
Participation and Accountability	***Humanitarian accountability and hygiene promotion*** ***PowerPoint slide 35***	Job Description	***Hygiene Promoter job description*** ***PowerPoint Slide 43***
Assessment and baseline	***Qualitative and Quantitative Assessment*** ***Leading Questions Assessment Methods*** ***Overview of Data Collection for Hygiene Promotion*** ***Example rapid assessment checklist*** ***Example observation guide for an exploratory walk*** ***PowerPoint Slides 45 -48***	Hygiene Kits: Selection & Distribution	***Hygiene Related Non Food Items Briefing Paper*** ***Hygiene Kit Monitoring Form***
Selection and support of Community Mobilisers	***Information on community mobilisers and example job description*** ***Community mobiliser attributes***	Community Involve Design of facilities	***PowerPoint Slides 50 and 51***
Introduction to Working with Children	***Child protection good practice guide*** ***Child Protection Scenarios*** ***Child to Child Activity Sheets*** ***Example activities for children*** ***Children and Learning*** ***PowerPoint slides 53-56***	Training Practice	***HP 2 Training for Community Mobilisers***
Monitoring	***Example of a WASH logical framework matrix*** ***Indicators for monitoring hygiene promotion in emergencies*** ***Example hygiene promotion monitoring form*** ***Examples of PHAST monitoring***	Example review session	***Example Quiz Sheets***

	forms ***Monitoring Exercise*** ***Example SMART and not so SMART indicators***		
Part 2: **Useful To Know Training for Hygiene Promoters**			
Session	***Handouts/PowerPoint Slides***	**Session**	***Handouts/PowerPoint Slides***
Water & Sanitation Related Diseases	***PowerPoint slide 3 F diagram*** ***WASH related diseases*** ***Table of transmission of diseases*** ***Disease fact sheets (Hepatitis A, Hepatitis E, Malaria, Cholera, Dengue, Diarrhoea, Scabies)*** ***Pair wise ranking instructions***	Introduction to Sphere	***Minimum standards for water, sanitation and hygiene promotion &*** ***Minimum standards for shelter and non food items (available from www.sphereproject.org)*** ***PowerPoint Slide 5-9 Hygiene Promotion and Sphere***
Introduction to Gender	***Gender Roles Exercise*** ***Gender Checklist*** ***PowerPoint Slide 11-13***	Introduction to Protection	***Protection Handout***
Introduction to HIV/AIDS	***Hygiene Promotion and HIV/AIDS*** ***HIV transmission three pile sorting exercise***	Community Participation	***Gender and community participation worksheet*** ***Participation Ladder Exercise*** ***PowerPoint Slides 11-13*** ***Roles and statements for the power walk (optional exercise)*** ***How to do Venn Diagrams (optional exercise)***
Behaviour Change and Social Change	***Catalyse Model – see slide 21*** ***Behaviour Change Models*** ***Communication for social change and hygiene promotion*** ***PowerPoint Slides 19-22***	Use of Visual Aids	***Guidelines for designing posters*** ***Designing a leaflet*** ***PowerPoint Slides 24-26***
Other Promotional Methods	***Overview of social marketing*** ***Overview of PHAST*** ***Overview of Child to Child*** ***Using role plays and drama*** ***PowerPoint Slides 28-32***	Community Management of Facilities	***Oxfam Briefing Document*** ***Bujumbura Case Study*** ***Roles of Committee Member***
Introduction to Baseline Survey	***Designing baseline study*** ***PowerPoint Slides 3-6***	Questionnaire Survey	***Example Questionnaire*** ***Guidance Notes for carrying out surveys***
Use of ORT	***'F' Diagram*** ***Instructions for management of diarrhoea (see session on Key Actions to Prevent Diarrhoea)***	Cholera Control Issues	***Cholera Toolkit*** ***Factsheet on cholera (from session on water and sanitation related diseases)***
Malaria Control Issues	***Malaria Quiz*** ***PowerPoint slides 8 and 9*** ***Focus group discussion framework*** ***RBM Information Sheet (see www.rbm.who.int/ multimedia/rbminfosheets.html)***		

Part 3: Training for Hygiene Promotion Coordinators			
Session	***Handouts/PowerPoint Slides***	**Session**	***Handouts/PowerPoint Slides***
Evidence Base	Summary of Key Evidence Base One page handouts on PHAST and Social Marketing (from Part 2) PowerPoint Slides 2-4	**Bridging Development and Emergency**	PowerPoint Slides 5-10
Operation, Maintenance & Sustainability	Factors affecting sustainability of water systems PowerPoint Slides 11-17	**Managing Accountability**	Draft WASH Accountability Checklist Sources of Humanitarian principles PowerPoint Slides 18-22
Advocacy	WASH advocacy in emergencies Planning advocacy initiatives WASH advocacy case study WASH advocacy case study analysis PowerPoint Slides 23-27	**Designing and managing an assessment**	WASH CAT assessment flowcharts Basic checklist for planning hygiene promotion PowerPoint Slides 28-32
Data analysis and reporting	Analysing qualitative & quantitative data Example questionnaire (see Part 2) Exercise on mortality rates PowerPoint Slides 33-35	**Planning & Logical Framework**	Example WASH Logframe Matrix PowerPoint Slides 36-44
Monitoring for managers	Example hygiene promotion monitoring plan Participatory monitoring and measuring participation PowerPoint Slides 45-46	**Impact & Evaluation**	Evaluation Criteria PowerPoint Slide 47-48
Promoting Integration	Teamwork and integration PowerPoint Slide 55	**Co-ordination Responsibilities**	Draft Health and Nutrition WASH Matrix Draft Education WASH Matrix Draft Emergency Shelter WASH Matrix PowerPoint Slides 49-53
Coordinator Job Description	Hygiene Promotion Co-ordinator Job Description Learning and Professional development	**Overview of HP Intervention**	Hygiene Promotion Steps Example Hygiene Promotion Activities PowerPoint Slides 54-58
Communication strategy	Developing messages PowerPoint Slide 59-60	**Managing meetings**	Effective meetings Multi-language meetings PowerPoint Slide 61-62
Developing Partnerships	Developing Partnerships Stakeholder analysis Example Community Agreement/MoU PowerPoint Slide 63-64	**Recruitment and Managing Others**	Recruiting and selecting staff Human Resources Issues Group development and team working
Logistics and Financial Management	Managing finance		

Key Issues for Co-ordinators

Co-ordinators and managers may not always have time to attend a comprehensive training on hygiene promotion and the information below is intended to provide some basic information on some of the key issues for those managing HP programmes.

Making decisions on data collection
WASH data collection should be seen as a team process comprising the joint collection and interpretation of data to inform project planning and monitoring. An adequate number of staff – both engineers and hygiene promoters will be required to carry out interviews, focus group discussions and exploratory walks. Training and orientation may be needed prior to this. A team of at least 2-8 people will be required depending on the:

- area being covered
- depth of the assessment
- time available

Data collection tools available (see session: designing and Managing an Assessment for links to resources):

- Rapid assessment tool (RAT) – intended for rapid assessment in early days of emergency and designed for use by generalists
- Comprehensive Assessment Tool (CAT) – designed for a more detailed assessment by WASH team
- Example checklists in Sphere manual

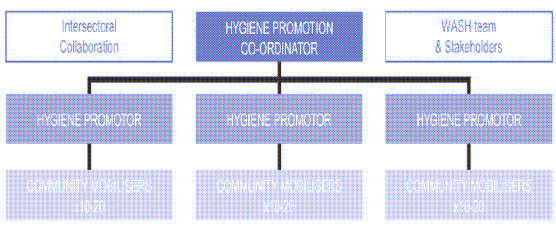
Qualitative or quantitative data
Use both where feasible! Qualitative data collection using key informants or group discussions will be the easiest to use initially. Community mapping can also yield very useful results and if used well help to mobilise the affected community. A qualitative assessment forms the basis for the design of a quantitative questionnaire survey.

Baseline data
Information (both qualitative and quantitative) from the rapid assessment and the more detailed assessment together form the baseline. Most of this data will relate to the situation immediately following the disaster impact and will provide a yardstick against which progress can be measured. Secondary data can also be gathered from the situation prior to the emergency e.g. mortality and morbidity rates or hygiene behaviours in 'normal' times and will help to provide an understanding of the broader context of the response. Sometimes this pre-emergency data is also loosely termed 'baseline' data and care should be taken to clarify the terminology used.

To survey or not to survey (questionnaire /household surveys)
It may not be possible or sensible to carry out a quantitative questionnaire survey if:

- The population is in flux and likely to move or change significantly
- Human or logistical resources are not available e.g. time and people to train, manage, conduct, analyse process, transport etc.

Hygiene Promotion HR needs
There is little point in paying lip service to hygiene promotion and if the resources on the ground are too thin this will have little impact. A common approach is the 'cascade model' as depicted below and in the HP generic job descriptions.



However, some agencies may not have the resources to instigate this and there is not a 'one size fits all' model. You will need to think about whether you want your HP team to simply transmit messages or to act as facilitators and support dialogue, participation and accountability with communities. Consider how you might collaborate with existing systems or other agencies or how an alternative system could achieve community interaction and involvement. Community health clubs have been used in some areas or WASH committees may provide an adequate outreach network. Remember that you will 'get what you pay for' and effective hygiene promotion needs to be adequately resourced.

The skill level of hygiene promoters and community mobilisers will be a key determinant of how effective this dialogue is, but community mobilisers do not necessarily have to be literate. There is no hygiene promotion profession and staff and community mobilisers will come from a variety of backgrounds e.g. health workers, teachers, community and social workers. They will require orientation and training and where possible this should be carried out with other members of the WASH team i.e. engineers and technicians. Gender issues will also need to be considered when recruiting staff and every attempt must be made to recruit both men and women at all levels of the programme.

Payment & Incentives

Coordinate with other agencies when deciding on incentives for community mobilisers or other outreach staff. Consider payments in kind except where mobilisers are expected to work long hours e.g. when there is a cholera outbreak (see WASH Cluster generic job descriptions).

Advantages of payment
In situations where intensive hygiene promotion activities are required (to deal rapidly with a hygiene-related epidemic, for example) paid staff may work full time, and can be compensated accordingly
It may be easier to plan and manage the work of paid staff because by receiving regular payment they have a contractual obligation, a strong incentive to perform and are able to focus on their work if their material concerns are lessened by receiving a wage.
Payment provides status and is a sign of respect for the work done. This is an additional form of motivation and can increase the ability of community mobilisers to work effectively.
Many potential community mobilisers can only afford to work, even part time, if they are paid for their time.
In disaster-affected communities, payments made to community mobilisers are a valuable contribution to livelihoods and the local economy.
Administering money payments is usually simpler and less time-consuming than providing in-kind incentives.
Disadvantages of payment
Where community moblisers from the affected community are paid a wage they may be seen as working for the implementing agency, rather than the community and this could weaken the links with the community
Communities may be less inclined to participate in collective activities voluntarily if they know that community mobilisers receive payment for their time.
When one or more agencies pay community mobilisers for their work this may create problems for established systems that carry out similar kinds of work on a volunteer basis (Red Cross/Red Crescent volunteer systems, Ministry of Health Community Health Worker systems etc.).
When attractive payments are made to community mobilisers in resource-poor settings, particularly where public services are disrupted, employees may be pulled away from their normal roles in essential service provision
Paying regular wages to a large number of community mobilisers can be expensive and may divert funds from other essential activities.
It is likely to be more difficult to achieve sustainability after the emergency phase if it costs a lot to employ workers essential to the ongoing programme.

Communication Strategies

Employ a variety of communication channels and methods but be aware of the trade off between reach and effectiveness. Messages on the radio or television may reach many people but may only serve to reinforce messages rather than motivate change. Accountability and real

participation require respectful dialogue with affected communities and hygiene promoters who are able to listen and communicate with enthusiasm and sensitivity.

What to communicate

- Information on agency and intended programme (make sure that staff can answer questions from communities – see training session on Managing Accountability in this manual)
- Key risks to health and what can be done to mitigate these (prioritise risks and do not take on too many issues at once)
- The WASH team intends to work in partnership with communities, drawing also on their skills and resources to achieve an effective response
- The WASH team are ready to listen to community suggestions, feedback and complaints

How to communicate

- Collaborate with other stakeholders (including government) working in hygiene promotion to design the focus of the intervention and key ideas to communicate so that you are not giving 'mixed messages'
- Consider how WASH facilities will be used and maintained – hygiene promotion is not just about individual behaviour change but also about community mobilisation and organisation
- Find out how people normally communicate and identify influential individuals e.g. religious or community leaders or peer group innovators and leaders.
- Identify 'doers and non doers' of positive hygiene practices and find out their motivations for practising the desired behaviours.
- Campaign methods are often suitable when there is an outbreak of disease but usually rely heavily on one-way methods of communication such as radio, posters and leaflets. Other more interactive methods can be used such as small group discussion, competitions, PLA methods (as in PHAST) and child-to-child methods but all require adequate resourcing and supervision.
- The use of visual aids to visualise a problem and provoke discussion (PLA) can be a powerful way to motivate groups to take action.

Contributing to WASH cluster co-ordination meetings

Be prepared to be proactive in meetings and make sure that HP is on the agenda. It is more useful if the same people come to the co-ordination meetings and ideally there should be someone who can speak confidently about both the hardware and software issues. Prepare yourself beforehand and be clear about:

- The problem you have identified
- Who you intend to target
- Your agency's way of working and what it aims to do
- What you have started doing already
- What resources you have (and what you are able to share)
- Other information to share with the group e.g. findings of assessments etc.
- Key issues for lobbying and advocacy as they arise.

Be prepared to suggest smaller working groups where more time is needed to outline e.g. the focus of a campaign or design of visual aids etc. or suggest joint training where this is feasible. Hygiene promotion often falls between the remit of actors in the Health and WASH sectors and may be sidelined in coordination meetings by both. A hygiene promotion sub-group in the WASH cluster can be effective but needs to report to the broader WASH cluster forum. In addition all other WASH technical working groups should be encouraged to consider the software or hygiene promotion aspects of their area of interest.

Integrating teams

Put the H into WASH! Don't let engineers, technicians and hygiene promoters work in their separate boxes but support and facilitate the links between them by:

- Organising team meetings
- Sharing information daily and producing joint work plans
- Using the logframe to encourage a focus on the common goal which is to have an impact on health
- Organising joint training
- Encouraging joint meetings with communities

Session Plans

PROGRAMME APPROACH

Evidence Base for Hygiene Promotion and WASH

Aims:

This session is designed to:
Ensure that participants have an understanding of the currently available evidence base for Hygiene Promotion and WASH interventions in emergencies

Outcomes:

By the end of the session participants will be able to:

- Explain what studies are available to support hygiene promotion and where the gaps are in current knowledge and understanding
- Describe the findings of relevant studies that provide an evidence base for WASH interventions (e.g. Fewtrell et al, Curtis and Cairncross)

90 Minutes

Resources/Handouts:

Summary of Key Evidence Base
One page handouts on PHAST and Social Marketing (from Part 2)
PowerPoint Slide 2-4

Session Plan:

Introduce the session by asking what evidence people are aware of that supports WASH interventions and hygiene promotion. Make a note of these suggestions on a flip chart.

Show the following quote to participants using a flip chart, handout or PowerPoint slide:

> *"Traditional public health approaches have frequently tended to assume that improving an individual's knowledge about - and attitude towards - a particular behaviour automatically leads to a change in that behaviour.*
>
> *Indeed, although the relationship between knowledge, attitudes and subsequent behaviour may appear to be a straightforward causal chain, the supporting evidence is equivocal. Commentators suggest that the importance of knowledge and attitudes has been overemphasised (Williams 1995).*
> **(taken from NICE (UK) Behaviour Change Synopsis of Evidence 2005)**

Ask participants to discuss this in groups of three and think if this influences the way they approach hygiene promotion in emergencies. Discuss in plenary.
15 minutes

Ask the group to identify the relevant fields of study from which HP evidence could be sought e.g.

- Public Health
- Psychology
- Health Promotion
- Sociology
- Education

Divide participants into 3-4 groups and provide each group with a section of the background document on the evidence base and the one-page handouts on PHAST and Social Marketing (from Part 1). Ask them to summarise the key points and provide a brief presentation in plenary.

Ask the group why they think sanitation promotion and hygiene promotion are treated separately.

Ensure that the group can distinguish between 'evidence' and 'opinion' in the paper. Use the accompanying PowerPoint slides where useful to illustrate some of the evidence.
45 minutes

Ask each group to frame a research question that they feel needs to be answered. Record all of these on a flip chart and invite comments and discussion. Try to clarify what already exists in terms of evidence base and ways to improve the research questions.
30 minutes

Facilitators Notes/Key Learning Points:

- The 'Summary of Key Evidence Base' is taken from a longer report that was produced as a discussion paper for a workshop hosted by the WASH cluster in January 2009.
- The existing evidence base for hygiene promotion draws on a variety of research from fields such as: Public Health, Health Promotion, Psychology, Sociology and Education but much of this was not explored fully in the above discussion paper. Work is ongoing to clarify the evidence base and build on this.
- Much of the published research originates from development settings or from Industrialised countries and there is very little research evidence from emergency settings. For example evidence relating to 'behaviour change' often focuses on issues such as smoking cessation, encouraging exercise and improving diet and not on hand washing or use of toilets.
- The Fewtrell et al data originates from a study funded by the World Bank (Fewtrell L. & Colford, J. (2004) Water, Sanitation and Hygiene: Interventions and Diarrhoea; A Systematic Review and Meta Analysis. Washington DC, IBRD/The World Bank). Whilst it provides strong support for HP, the data should not be taken simply at face value and there were several methodological constraints noted in the research.
    - The majority of the studies examined the situation in developing countries (but not specifically in emergencies) but also identified some studies from established market economies.

- The number of studies providing usable data was relatively small. Hygiene interventions mainly centred on hand washing.
- There were few studies on sanitation although existing research suggests that this is effective in reducing diarrhoeal illness.
- Water supply interventions seem to reduce diarrhoeal illness levels but 'currently it is not possible to distinguish between health benefits resulting from water quality and those from water quantity'.
- Overall conclusion that more (and more rigorous) research was needed especially with regard to water quality and water quantity
- The results were broadly similar to those reported in previous reviews (Esrey et al (1991) but water quality interventions, in terms of household use, seem to be more important than previously thought.

- The data from these studies often sparks a lot of controversy and in fact, it is very difficult to separate out the component parts of a WASH intervention as in order to promote hand washing a supply of water is required etc.
- Some examples of the evidence base for Social Marketing and PHAST is provided on the one-page handouts with Part 2 of the training.
- The available research on Hygiene Promotion in Emergencies or Development is very limited but it is clear that assumptions are often made about what works and what does not work.
- Where possible try to encourage links with academic institutions to identify ways to influence the research agenda and help to address the gap in evidence in the WASH sector.

Where can I find out more?

Curtis V., Cairncross S. and Yonli R. (2000) Review: Domestic hygiene & diarrhoea: pinpointing the problem. Tropical Medicine and International Health 2000; 5(1):22-32. URL: http://www.blackwellscience.com/products/journals/freepdf/tmi512.pdf
Fewtrell L et al. (2005) Water, Sanitation & Hygiene Interventions to reduce diarrhoea In less developed countries; a systematic review and meta analysis Lancet Infect Dis 5(1): 42-52. (a copy of this paper can be obtained by registering at www.thelancet.com)
Curtis V, Cairncross S. (2003) Effect of washing hands with soap on diarrhoea risk in the community: a systematic review The Lancet Infectious Diseases - Vol. 3, Issue 5, May 2003, Pages 275-281 (a copy of this paper can be obtained by registering at www.thelancet.com)

Bridging Development and Emergency[1]

Aims:

This session is designed to:
Explore the differences and similarities between working in development and emergencies and challenge some of the misconceptions about working in emergencies

Outcomes:

By the end of the session participants will be able to:

- Describe some of the similarities and differences between emergencies and development
- Give examples of how good practice from each is transferable
- List a variety of emergency contexts and their characteristics

2 hours

Resources/Handouts:

PowerPoint Slides 5-10

Session Plan:

Briefly introduce the session.

Ask participants to work with their neighbour and make a list of **the similarities** between development and emergencies and note these down on separate 'post its' or cards.
10 minutes

Invite participants to paste their cards on the wall/board one pair at a time – grouping together similar observations and use these as a basis for discussion.
15 minutes

Ask the group to then think of **the differences** that exist between development and emergencies and challenge any stereotypes that people hold about working in emergencies especially.

Some of the misinformed stereotypes about emergency work are that:

- participation isn't possible,
- aid workers are less accountable,
- behaviour change takes a long time (so not appropriate in an emergency),
- it undermines sustainability
- it makes people over-dependent on free handouts

[1] This session draws on training material from W10 O & M and Sustainability (WASH Cluster Capacity Building Project) which is based on the following book: How to make WASH projects sustainable and successfully disengage in vulnerable contexts: ACF International Network, November 2007

- it leads to interference from outside

There is a risk that emergency interventions can undermine future development by not working with existing structures e.g. Ministry of Health and Sanitation, Water authorities and existing national NGOs and groups etc., but this is bad practice rather than an accepted way of working. The 'Rights Based Approach' can be a bridge between the two (see below).
15 minutes

The Variety of Emergency Contexts
Show PowerPoint slide (or provide handout) on 'the importance of context'. Use the knowledge and experience in the group to explain how people are affected in different emergency contexts. PowerPoint slides 7, 8 & 9 help to illustrate some example emergency contexts in order to show just how varied 'emergency situations' can be.
15 minutes

Optional Energiser or short break

Hygiene Promotion in Emergency and Development Contexts
Ask the group to describe the project cycle and draw this on a flip chart *(the Implementation session 'Overview of HP Intervention' requires participants to look more closely at the project cycle and the timeline for HP and could be run prior to this session):*

Divide participants into small groups and give each group one 'stage' in the project cycle. Ask each group to imagine they are planning a hygiene promotion intervention in an emergency and in a development context and to think about how this stage of the project cycle might be similar and how it might differ between the two contexts.

Suggested answers could include:

- Not enough time to carry out formative research
- Need to begin implementing without formal baseline study
- People may be distressed and coming to terms with the loss of loved ones
- May take time to identify all the available means of communication
- May be easier to enable change as facilities will be provided free of charge (e.g. toilets, hand washing facilities etc.)
- People are forced to do things differently and may be more receptive to new ideas
- Camp residents may provide a 'captive audience' and be more receptive to change

20 minutes

Ask the groups to feedback in plenary on each stage of the project cycle and discuss.
30 minutes

Recap on key learning points
10 minutes

Facilitators Notes/Key Learning Points:

- Use photographs from a context that participants are familiar with to illustrate this session
- Ensure that people consider the overall development and emergency contexts as

well as the Hygiene Promotion specific issues

- People with no experience of working in emergencies often perceive more differences with working in development than exist in reality. Emergencies can give rise to extreme and difficult conditions but the affected community remain the same in both
- Good practice between the emergency context and the development context can be transferable
- The 'rights based approach' is a concept that can help to serve as the link or bridge between development and emergency as this approach should be applied to both contexts (see optional PowerPoint slide and 'Where can I find out more?')
- Some approaches used in emergencies may have negative effects on longer term development if not handled appropriately e.g.
    - Needs versus Demand approach – demand is usually seen as a pre-requisite for sustainability but there may not always be an initial demand for latrines even though the public health risks require this etc.
    - Free provision of facilities versus community contribution – ownership and self reliance are seen to be fostered if people are asked to contribute as in longer term programmes but this may not be possible in emergencies
    - People paid to dig latrines versus voluntary community work – this may undermine people's motivation to dig their own latrines in the future if the rationale for this is not explained
- Frank discussion is required to ensure that people understand that some measures are often necessary in emergencies - in the short term - to combat public health risks and to make sure that people's dignity is maintained
- The emergency setting can sometimes provide a catalyst for change as people are often forced to do things differently and challenge conventional stereotypes such as what men and women can or can't do.
- The provision of 'free' facilities such as toilets can often *stimulate* future demand for facilities rather than undermine demand as sometimes believed
- The development of hygiene promotion in emergencies over the last ten years has tried to adapt and apply the lessons learnt from longer term programmes to the emergency context
- Contrary to popular belief, significant improvements have been made in emergencies to promote participation, accountability and quality in interventions and whilst there is room for improvement, this could also be said of work in development.

Where can I find out more?

- UNICEF: The Human Rights Based Approach: www.unicef.org/sowc04/files/AnnexB.pdf
- UNHCR: Rights based approaches to development: http://www.unhchr.ch/development/approaches-04.html

Operation, Maintenance & Sustainability

Aims:

This session is designed to:
Explore the concepts of O & M and sustainability and its application to the emergency context

Outcomes:

By the end of the session participants will be able to:

- Explain the concepts of connectedness and sustainability as they apply to emergencies
- Describe some of the factors necessary for the maintenance and sustainability of WASH facilities/systems/practices

90 Minutes

Resources/Handouts:

PowerPoint Slides 11-17
Factors affecting sustainability of water systems

Session Plan:

Briefly introduce the session and make reference to the session on 'bridging development and emergencies'.

Ask the group to consider the issue of sustainability and what this usually means in a long term development programme. Refer to the idea of connectedness (see notes below) and point out that sustainability is important but may not initially be the priority in an emergency where the aim is to reduce public health risk. However, it is important that the intervention is 'connected' to the long-term vision of development and where possible does not undermine this.

Ask what needs to be done to ensure that facilities last. Refer to the current situation or the example case study (see Tufanya Case Study in the appendix).
Provide handout on factors affecting sustainability and ask for any comments in relation to the current situation.
20 minutes

Divide participants into small groups and give each one of the following areas (according to the context they are working in) and ask them to decide how they would ensure operation, maintenance and sustainability in an emergency context:

- Water facilities
- Toilet facilities
- Solid waste facilities
- Hygiene promotion systems

Ask for feedback from each group and invite discussion about the best way to plan for sustainable interventions. Ensure that you stress the necessity of involving national and local authorities and co-ordinating with other WASH stakeholders.
50 minutes

Show PowerPoint slides 11-17 and/or provide handouts on key issues relating to the sustainability of water supplies.
20 minutes

Facilitators Notes/Key Learning Points:

- Connectedness is a term often used instead of sustainability in emergencies to refer to the importance of working in partnership with the people and structures that are there for the long term e.g. government and national NGOs.
- As discussed in the last session, some approaches used in emergencies may have negative effects on longer term development and sustainability if not handled appropriately such as paying people to dig and/or clean latrines etc.
- In order to save lives and ensure that people's dignity is maintained in an emergency it may be necessary, in the short term, to pay for the construction and or management of facilities or outreach systems that communities might be expected to contribute to, voluntarily, in more stable situations. This must be discussed with communities and the criteria and conditions made clear to them from the beginning.
- The provision of 'free' facilities such as toilets can often *stimulate* future demand for facilities rather than undermine demand as sometimes believed and the emergency context can provide a catalyst for the changes sought in long-term programmes such as changes in gender relations and the status of women.

Where can I find out more?

- ACF-IN (2007) How to make WASH Projects Sustainable and Successfully Disengage in Vulnerable Contexts; A practical manual of recommendations & good practices based on a case study of five ACF-IN water, sanitation and hygiene projects'.
- Schouten, T and Moriarty, P. (2003) Community Water, Community Management; from systems to service in rural areas, ITDG Publishing
- www.irc.nl

Managing Accountability

Aims:

This session is designed to:
Ensure that participants have an understanding of how to incorporate greater accountability into WASH programmes

Outcomes:

By the end of the session participants will be able to:

- Describe the key principles of accountability
- List some of the key tools and resources available to support accountability
- Describe how they will support more accountable WASH programming

75 Minutes

Resources/Handouts:

PowerPoint slides 18-22
WASH Accountability Checklist
Sources of Humanitarian Principles (All in Diary)

Session Plan:

Introduce the session

Use 2 Flipcharts with the following headings:

- What is Accountability?
- Accountability to Whom?

Ask participants to brainstorm any words associated with accountability and record these on the relevant flip chart paper.

Provide a definition of accountability. Explain the scope of accountability and the accountability dimensions and relate these to the ideas suggested (see PowerPoint slides). Explain the difference between downstream (forwards), lateral and upwards accountability and stress the need to be more accountable to those affected by conflict or disasters especially.
20 minutes

If not already mentioned ask participants what tools or resources they are familiar with to support accountability. Suggested answers could include:

- Sphere Minimum Standards
- People in Aid
- Codes of Conduct
- Human Rights Frameworks

- Monitoring frameworks
- Reporting systems
- Complaints systems
- Community notice boards
- Participatory evaluation
- Stakeholder analysis
- HAP and ALNAP
- Emergency Capacity Building Project
- Cluster approach

Ensure that participants are provided with a brief explanation of the above tools and resources and details of where to find out more if they are unfamiliar with them. Provide the handout of 'Sources of Guiding Principles' and ask for comments. Ensure that you point out the links between them and the overall aim to ensure good quality programmes.
15 minutes

Provide each participant with the Draft WASH Accountability Checklist and allow 10 minutes for people to read through and record their scores as indicated on the checklist. Ask participants to discuss the results with their neighbour.
Invite comments from the plenary group and ask them to reflect the extent to which they are able to incorporate the suggestions in the checklist into their work and support others to fulfil the checklist criteria.
30 minutes

Ask participants in pairs to reflect on what they will do personally to ensure greater accountability in WASH interventions. Ask two or three pairs for feedback.
10 minutes

Facilitators Notes/Key Learning Points:

- Plan this session with reference to the session on Participation and Accountability in Part 1 of the training. Participants could prepare for this session by reading through these previous sessions.
- A general definition for accountability might be:

  "Accountability is the process through which an organization makes a commitment to and balances the needs of stakeholders in its decision-making and activities, and delivers against this commitment… Accountability is based on four dimensions: transparency, participation, learning and evaluation, and feedback mechanisms that allow the organization to give account to, take account of, and be held to account by stakeholders." (Adapted from One World Trust 2005)

- The following definition for 'downstream accountability' was used by the WASH Accountability Project:

  Downstream Accountability is the commitment to:
  - *Explain and take responsibility for what you do and do not do*
  - *Provide accessible and timely information on your actions and decisions to affected women, men and children*
  - *Ensure ongoing dialogue with those affected and invite and seek out feedback and/or complaints*
  - *Identify opportunities to enable those affected by disasters to make decisions*

about WASH interventions

- *Monitor user satisfaction and learn from your work*

- Before the session familiarise yourself with the available tools and resources or invite a more experienced facilitator to help you with the session
- Agencies may be accountable to the following: affected populations or "rights claimants" (downstream or forwards accountability), trustees and donors (upwards accountability), supporters, allies, other agencies, government, staff and volunteers (lateral or internal accountability).
- Information sheets on recent 'accountability initiatives' are available on the CD that accompanies this training.

Where can I find out more?

www.hapinternational.org
www.alnap.org
www.sphereproject.org
www.peopleinaid.org
The Emergency Capacity Building Project (2007)The Good Enough Guide: Impact measurement and accountability in emergencies: Oxfam Publications, Oxford
www.globalpolicy.org/ngos/aid/2007/0209**goodenough**.pdf
WASH Cluster Accountability Project and WASH Cluster Accountability Resources (see www.humanitarianreform.org)

Advocacy

Aims:

This session is designed to:
Ensure that participants understand the role that advocacy can play in WASH programming

Outcomes:

By the end of the session participants will be able to:

- Explain the concept of a 'Rights Based' approach to advocacy
- List the possible areas for advocacy work in an emergency WASH intervention
- Explain the steps involved in carrying out advocacy initiatives
- Explain the differences and similarities between advocacy and promotion

90 Minutes

Resources/Handouts:

PowerPoint Slides 23-27
WASH advocacy in emergencies
Planning advocacy initiatives
WASH advocacy case study (Haiti)

Session Plan:

Introduce the session

Divide participants into three groups and ask each group to:

1. Describe a situation where you have been involved in an advocacy campaign
2. Suggest a definition for advocacy
3. Suggest a definition for rights based

20 minutes

Ask one group to feedback on each task and discuss in plenary.
20 minutes

A definition for a' human rights based approach':

> *Human rights principles guide all programming in all phases of the programming process, including assessment and analysis, programme planning and design (including setting goals, objectives and strategies); implementation, monitoring and evaluation. Among these human rights principles are: universality and inalienability; indivisibility; interdependence and interrelatedness; nondiscrimination and equality; participation and inclusion; accountability and the rule of law*[2].

[2] UNICEF: Rights Based Approach: www.unicef.org/sowc04/files/AnnexB.pdf

The working definition of advocacy suggested by a recent report for the WASH Cluster is:

> ***Deliberate efforts**, based on **demonstrated evidence**, to **persuade those in authority** to adopt certain **policies or actions** in order to **protect civilians** affected by disasters or by conflict*[3].

Ask participants to define the potential areas for WASH advocacy work e.g. ensuring adequate funding for sanitation provision and maintenance of facilities, raising awareness for integration of HP in emergency response, ensuring people's right to water is not violated, ensuring that a new camp is sited away from mosquito breeding sites where possible, standardising WASH salaries and incentives etc. Ask for any examples of advocacy work that participants have been involved in.
10 minutes

Divide participants into five groups and provide them with the case study. Ask each group to take one aspect of the definition of advocacy and identify how this relates (or could relate) to the case study:

- Deliberate Efforts
- Demonstrated Evidence
- Those in Authority
- Policies and Actions
- Protection of Civilians

Ask each group to provide feedback in plenary and invite additional suggestions from the other groups.
30 minutes

Provide the handout on Planning Advocacy Initiatives and allow 5 minutes to read through this. Invite comments and ask participants what the difference is between 'doing advocacy' and 'doing hygiene promotion' given that the steps suggested seem very similar. Clarify any misconceptions.
10 minutes

Facilitators Notes/Key Learning Points:

- It may be useful to read the session Introduction to Protection in Part 2 of the training, before planning this session and to seek support from those with expertise in Protection and/or Advocacy.
- There may some resistance to using a rights-based approach and rights based language and some participants may feel that it is too political. However, the Sphere Minimum Standards, which are generally accepted as a useful tool to promote greater accountability in emergencies, are based around human rights frameworks and humanitarian law.
- Advocacy works best if it enlists the aid and collaboration of as many stakeholders as possible and it is important that any initiative is well co-ordinated. The initiative itself can arise from any stakeholder.
- In order to carry out effective advocacy initiatives, agencies need to have a thorough understanding of the different power relationships and politics in the situation in which they are working at the local, national and international levels.
- The process of planning advocacy initiatives can seem very similar to the process

[3] Source: Saving Lives, Protecting Children: Advocacy in Emergencies. Draft Framework and Guidelines for Discussion and consultation. Final Draft, July 2007

of carrying out hygiene promotion: assessment of problem, context, opportunities, the communication of key concepts, identifying different target audiences etc. and essentially they both involve communication and motivating people to change. However, advocacy is just one tool that the hygiene promoter can use amongst many others and advocacy initiatives tend to be aimed mainly at changing those with existing power to influence others or change policy etc. rather than the broader approach of HP aimed at community and individual action as well as opinion leaders and those in power.

- 'Rooted advocacy' (see WaterAid reference below) tries to increase the capacity of local communities, particularly the poor and disempowered to become involved in advocacy initiatives and take greater control of these initiatives. Rooted advocacy necessarily entails participation of those affected and can also give greater legitimacy to the advocacy undertaken. This will often be a long term process but can be supported and even kick started during emergencies.

Where can I find out more?

WASH Advocacy Report June 08 Issues and Mapping www.humanitarianreform.org
WASH Cluster (2008) The Human Right to Water and Sanitation in Emergencies; An Advocacy Tool, ACF France
The Advocacy Sourcebook WaterAid (no date) - www.righttowater.org.uk

INFORMATION MANAGEMENT

Designing and Managing an Assessment[4]

Aims:

This session is designed to:
Equip co-ordinators with an overview of the WASH assessment process and enable them to manage an assessment of hygiene promotion

Outcomes:

By the end of the session participants will be able to:

- Describe the Cluster assessment process and timeline
- Explain the purpose of the rapid assessment and the baseline data collection process
- Describe how to plan and execute an assessment of hygiene promotion using both qualitative and quantitative methods

2 Hours

Resources/Handouts:

WASH CAT assessment flowcharts (Hygiene Promotion, Water Supply & Excreta Disposal)
Basic checklist for planning hygiene promotion
PowerPoint slides 28-32

Session Plan:

Briefly introduce the session

Assessment Principles
Ask participants what are some of the key principles they need to remember when carrying out an assessment. Suggested answers could include:

- Use triangulation to cross check information by using different methods of information gathering and asking different people the same question
- Ensure a mixed assessment team with women and men and representatives from different minority groups (where applicable)
- Where feasible women should interview women
- Do not intimidate people by having too many people fire questions at them all at once
- Answering questions posed by outsiders may make people vulnerable to retaliation or negative consequences. Be sensitive to non-verbal cues and tailor your assessment accordingly

Show slide or flipchart on information gathering.
15 minutes

[4] This session draws on material from W5 Water Needs Assessment (WASH Cluster Capacity Building Project)

RAT and CAT
Introduce the WASH Cluster assessment tools: the RAT (WASH Rapid Assessment Tool) and the CAT (Comprehensive Assessment Tool) and if computers are available allow small groups time to try out the CAT by choosing random values or applying the information in a case study. (The IRA is the initial multi-sector rapid assessment that often precedes the rapid sectoral assessment)
40 minutes

Clarify the difference between the assessment and baseline explaining how one feeds into the other. Ensure that participants are reminded that assessment in an emergency especially is an ongoing process.
Go through the decision making tree on hygiene promotion in the handout on WASH CAT Assessment Flowcharts and the Basic Checklist for planning Hygiene Promotion and invite discussion about these tools.
20 minutes

In small groups ask participants to compile a plan of how they will collect qualitative and quantitative data in the current situation or by referring to a case study. Ask them to think:

- Who will collect the data
- Where will they collect it from (locations)
- What methods will be used
- Over what period of time
- How will they support the data collectors to do this job
- How will they ensure that vulnerable groups are identified and included in the response?

Ask one group to feedback their ideas in plenary and invite comment and discussion.
45 minutes

Facilitators Notes/Key Learning Points:

- This session is not meant to provide a detailed training on how to do an assessment. See **Page 4** for details of other sessions related to the assessment process.
- The IRA is still in draft form (July 09). The following WASH IM tools are available:
  WASH Survey Tool:
  A database which is used to plan a survey, generate pre-survey training and guidance material, and configure data collection sheets. The Survey Tool produces customized versions of the following data collection forms:
  RAT and CAT
  Spreadsheets used to capture data collection during a rapid assessment and comprehensive assessment respectively
- The RAT and CAT should be adapted to each context, so there may be a context specific version that has been developed for a particular emergency. Check with the WASH Cluster coordinator to obtain copies of the adapted versions before the course.
- The CAT tool has been designed for both the initial assessment and the follow up monitoring

- The RAT and CAT may be used to cover a large area or separate records kept for each settlement. This will depend on the type of emergency.

Where can I find out more?

- WASH Cluster Information Management Project www.humanitarianreform.org
- Almedom A, Blumenthal U, Mandeson L (1997). *Hygiene Evaluation Procedures: Approaches and methods for assessing water- and sanitation-related practices*. IT Publications, London.
- Ferron S. Morgan, J. & O'Reilly M. (2007) *Hygiene Promotion: A Practical Manual for Relief & Development* IT Publications, London pp 21-49

Data Analysis and Reporting

Aims:

This session is designed to:
Provide more in depth information on data analysis and reporting requirements

Outcomes:

By the end of the session participants will be able to:

- Analyse and interpret qualitative data on hygiene promotion
- Analyse and interpret quantitative data on hygiene promotion
- Explain the reporting requirements of their organisation
- Describe how information can be used to inform programming

2 Hours

Resources/Handouts:

Analysing qualitative & quantitative data
Notes recorded from FGD session (photocopy these so that there is one to share between two)
PowerPoint slides 33-35
Exercise on mortality rates (optional)
Example questionnaire (see Part 2 of the training)
Example data tabulation and data collation handout

Session Plan:

Briefly introduce the session
Ask participants how they normally record and analyse qualitative data from a focus group discussion or from a community mapping exercise.
Clarify any misconceptions about how this is done.

Divide participants into pairs and give each pair a copy of the photocopied notes from a previous focus group session. Ask them to try to analyse this data and come up with a brief interpretation and some recommendations about the need for further assessment.
Ask one group to feed back in plenary and invite questions and discussion
45 minutes

Ask the group what the process is for analysing quantitative data. Try to get hold of some mortality and morbidity data from a local clinic and ask the group to interpret this and explain what the limitations of the data are. How can such data be presented so that it is more accessible?

Present the information on mortality rates in emergencies if participants are unfamiliar with this (see PowerPoint Slides).

(An optional exercise to show participants how to calculate mortality rates in emergencies is included in the handouts for those participants who want to understand

this better)
15 minutes
Provide a short break or energiser for participants

Ask the group what experience they have in analysing data from questionnaire surveys. Invite discussion about the pros and cons of carrying out a survey, if this is appropriate and how this might be done or has been done in the current situation (if the training is not carried out in during a specific emergency intervention, use a case study to illustrate the issue).

Divide participants into pairs and provide them with an example questionnaire. Ask them to imagine that they have carried out a questionnaire survey and they now have to design a tabulation form in order to hand tabulate and analyse the data. Ask them to concentrate on the first six questions only.

Ask one pair to feedback only and invite discussion on how to then use and interpret the information obtained. Provide the example handout.
45 minutes

Provide participants with the handout on 'Analysing qualitative and quantitative data' and allow them time to read through this and ask questions
15 minutes

Facilitators Notes/Key Learning Points:

- Assessment of the existing knowledge and experience of co-ordinators in designing and managing a questionnaire survey will be needed prior to this session and the session should then be designed with this in mind. The session is not intended to provide training on how to carry out a survey and the section on analysing quantitative data may need to be modified if experience levels are very low.
- Run this session in conjunction with the session on Focus group discussions in Part 1 of the training. If people are familiar with the process, more time can be spent actually running a FGD and the recorded notes can then be analysed in this session.
- Detailed notes only need to be taken during participatory sessions when they are being run as a part of the assessment, monitoring or evaluation of a project. It will then be necessary to analyse these notes that form your raw data. However, it is good practice to make some recording and interpretation of any participatory session as this can help in the process of ongoing assessment
- It is important that disease data is tracked regularly and field hygiene promoters should be liaising at least weekly with clinic staff. However, too much time should not be wasted in collating this data. The Health Information System (HIS) and the Health Cluster should be responsible for this. It is useful to bear in mind the following when collecting health information:
    - Use indicators that are accepted for emergencies e.g. CMR per 10,000 people per day
    - Try to collect information from people who can help to interpret the data e.g. senior staff or epidemiologist etc.
    - Clinic data may not always reflect the situation in the community
    - Try to disaggregate (according to gender, age etc.) and interpret

information where possible (raw figures mean very little without an understanding of what the normal pattern of diseases is etc.)
    - Continue to access data regularly
- Carrying out a questionnaire survey is time consuming, requires a certain amount of expertise and experience and may not always be appropriate in an emergency. If co-ordinators have little experience of doing a questionnaire survey they may need to identify/recruit personnel who do, or collaborate with other agencies.
- Some participants may be familiar with Epi info or alternative software for analysing results from surveys but it is useful to understand the principles of hand tabulation so that field level project staff can also be involved in the process if computers are not available.
- Some agencies have begun to develop user-friendly tabulation databases using Excel and may be happy to share these (e.g. Oxfam and The British Red Cross).

Where can I find out more?

- Ferron S. Morgan, J. & O'Reilly M. (2007) *Hygiene Promotion: A Practical Manual for Relief & Development IT Publications*, London pp35-37, 72-73 & 116 -118
- Almedom A, Blumenthal U, Mandeson L (1997). *Hygiene Evaluation Procedures: Approaches and methods for assessing water- and sanitation-related practices*, IT Publications, London.

Planning and the Logical Framework

Aims:

This session is designed to:
Familiarise participants with the logical framework as a means for project planning

Outcomes:

By the end of the session participants will be able to:

- Describe the planning process
- Explain the different levels and the logic underpinning a logical framework matrix

60 Minutes

Resources/Handouts:

PowerPoint Slides 36-44
Example WASH logical framework
Sets of objectives and indicators cut into strips for each small group (use coloured card for these where possible)

Session Plan:

Ask the participants if they are familiar with the logical framework approach and ask for an explanation of how it works and why it is useful. Also ask people to express any misgivings they might have about the approach. Explain that it is only as useful as people are prepared to make it and its aim is to make project planning simpler and to provide a useful tool for monitoring and evaluation. In addition it can also help to pre-empt problems and risks that the project might face.
10 minutes

Using the PowerPoint slides/handouts or using a flipchart, briefly explain how the problem tree can be compiled and the elements of the logical framework matrix.
15 minutes

Divide participants into groups and provide each group with a selection of objectives for an example WASH intervention (do not try to use all of the activity objectives but ensure that they have all the objectives at the Goal, Purpose and Output levels). Ask them to order these according to the Logframe matrix. Check that each group has understood and knows how to order the objectives.
10 minutes

Once the group has completed this provide them with the corresponding indicators and ask them to order these according to the objectives selected.
10 minutes

Distribute the 'Example WASH logframe' handout. Allow participants 5 minutes to read through this and invite discussion and comments from the group.
10 minutes

Ask the group to suggest what is missing from the example matrix to allow them to initiate the programme. For example: they will still need to plan who does what and when. The matrix often cannot give enough information on programme strategy such as ensuring sustainability and working with existing structures.
5 minutes

Facilitators Notes/Key Learning Points:

- Each organization will have its own approach to planning but many international donors now insist on projects compiling a logical framework.
- The Logical Framework Approach is a process rather than just a single tool (the matrix). The approach includes using assessment data to conduct a problem analysis and stakeholder analysis (see session on Developing Partnerships) as well as compiling the matrix and defining the implementation strategy.
- The problem analysis is usually carried out with the help of a problem tree. The problem statements can then be turned into solution statements or objectives and indicators defined to enable future monitoring and evaluation.
- Ideally the problem tree and logical framework should be compiled as a team activity but this may not always be possible in an acute emergency. However, all team members should be made aware of this planning tool and should have the opportunity to familiarise themselves with the objectives and indicators that have been selected for the intervention.

Where can I find out more?

www.ausaid.gov.au/ausguide/pdf/ausguideline3.3.pdf
www.slideshare.net/rexcris/beginners-guide-to-logical-framework-approach-bond

Monitoring for Managers

Aims:

This session is designed to:
Ensure that participants have an overview of the monitoring process and are able to co-ordinate those involved

Outcomes:

By the end of the session participants will be able to:

- List the key indicators to monitor in an HP project
- Explain how to draw up a monitoring plan
- Describe methods and tools for monitoring
- Explain how to promote participatory monitoring
- Describe a method of monitoring participation

90 Minutes

Resources/Handouts:

Example hygiene promotion monitoring plan
Participatory monitoring and measuring participation
PowerPoint Slide 45-46

Session Plan:

Briefly introduce the session

Introduction
Ask participants to explain the difference between monitoring and evaluation. Explain that monitoring is an ongoing process of checking whether the project is going to plan and evaluation is usually a one off activity that tries to take an overview of the total changes that have taken place as a result of the project activities.
10 minutes

Monitoring Plan
Explain that everyone on the project has a specific responsibility for monitoring and that it is useful to try to define a monitoring plan as soon as possible and keep this updated.

Divide the participants into small groups and ask each group to list the different members of the WASH team. Ask them to consider:

- what they will monitor,
- how they will monitor it,
- how often they will monitor.

One group should then feedback in plenary. Invite discussion and additions from other groups.

Remind participants of the existence of the CAT Monitoring tool that uses the same indicators used in the assessment process (see PowerPoint slide).

40 minutes

Ask the group to identify the key indicators to measure in an emergency and ensure that they are familiar with the WASH Cluster HP Project document: Indicators for Monitoring Hygiene Promotion in Emergencies (introduced in Part 1 of the training).
10 minutes

Ask the group what they understand by the term participatory monitoring and whether they have experience of doing this in an emergency.

Ask the group how they can monitor and measure things like participation and sustainability.

Distribute handout Participatory Monitoring and Measuring community participation.

Draw a spider gram on a large flip chart and explain how it works. Ask participants to rate their performance currently on the different indicators (they should think of a specific project they have worked on if not currently deployed) and join up the lines. Ask them to keep this for future reference. Explain that this can also be used with community groups to rate their perception of how well the project is doing and the groups can help to define the variables measured.
20 minutes

Emphasise the importance of using information gathered during monitoring and ask participants what they will do with the information they have gathered during these exercises.
10 minutes

Facilitators Notes/Key Learning Points:

- A basic introductory session on monitoring for hygiene promoters can be found in Part 1 of the training and this session could be combined with the earlier session, depending on the level of knowledge of the participants.
- Too much data can easily be collected on any project and much of this data often remains unused. It is important to try to keep the monitoring system as simple as possible and only focus on key indicators.
- Involving those affected in the process of data collection and just as importantly in the analysis and interpretation of that data can provide an additional way to motivate people to do things differently.
- At the very least an attempt should be made to feed back any information collected to the affected community

Where can I find out more?

Ferron S. Morgan, J. & O'Reilly M. (2007) Hygiene Promotion: A Practical Manual for Relief & Development pp 87-102
WASH Cluster HP Project Introductory CD: Indicators for Monitoring Hygiene Promotion in Emergencies

Impact and Evaluation

Aims:

This session is designed to:
Ensure that participants have an understanding of impact and evaluation in emergencies

Outcomes:

By the end of the session participants will be able to:

- Explain the difference between monitoring and evaluation
- Explain the different types of evaluation that can be used in an emergency
- Describe what is meant by impact in emergencies

60 Minutes

Resources/Handouts:

Evaluation Criteria
PowerPoint Slide 47-48

Session Plan:

Introduce the session
Ask participants how this session relates to the session on accountability.

Present participants with the two definitions of monitoring and evaluation below and ask them to clarify once again the difference between monitoring and evaluation:

> *'Monitoring is the systematic and continuous process of collecting and using information, throughout the programme cycle for the purpose of management and decision-making' (Oxfam)*
>
> *"Evaluation is an examination, as systematic and objective as possible of an on-going or completed project or programme, its design, implementation and results, with the aim of determining its efficiency, effectiveness, impact, sustainability and the relevance of its objectives. The purpose of an evaluation is to guide decision-makers" (UN)*

Use the PowerPoint slide if necessary (as a handout or on a flipchart) to help you clarify the difference.
15 minutes

Write up the following terms on a flip chart and give the groups 5-10 minutes to summarise the terms:

1. Participatory evaluation,
2. Impact
3. Internal, External and Real Time Evaluation,
4. Efficiency and Effectiveness

Share the definitions and clarify the terms used.
20 minutes

Ask each group to think about:

- Their specific responsibilities in carrying out an evaluation
- Potential problems in carrying out an evaluation of an emergency situation.

Ask for feedback and discuss the possible problems and how to overcome these
15 minutes

Remind participants of the definition of 'Impact' and clarify the difference between impact and outcome. Explain that mortality and morbidity data provides an important measure of overall impact of the emergency response but cannot allow you to adequately measure the outcome of the WASH intervention on its own.

Distribute handout on 'Criteria for Evaluation' and give participants time to read through this and ask questions.
10 minutes

Facilitators Notes/Key Learning Points:

- Co-ordinators will not necessarily have to carry out evaluations but they may be responsible for commissioning an external evaluation and should be aware of the principles of evaluation.
- Monitoring is an ongoing internal process used to verify if different aspects of the project are progressing as planned and what modifications need to be made. Monitoring usually examines processes, outputs and outcomes. Evaluation is usually a one off process that seeks to view the project in its entirety and which tries to assess overall impact. Monitoring asks the question 'are we doing the thing right?' whereas evaluation asks (amongst other things) 'are we doing the right thing?' The results of monitoring should feed into the evaluation.
- Different agencies may have different interpretations of the term evaluation.
- There is a move to encourage more effective use of evaluation findings by encouraging joint evaluations collaborating with both programme staff and other organisations.
- 'Real Time Evaluations are also increasingly common in emergencies. These take place in the first 2-3 months of the programme and allow adjustments to be made at an early stage.
- Participatory evaluation emphasises the involvement of the affected community in making judgements about the outcomes and impact of the programme.
- Outcomes are usually measured at the 'Purpose' level in the logical framework (see session on Planning and the Logical framework) and are the responsibility of each specific WASH intervention. Impact is measured at the Overall objective level and is the responsibility of the whole emergency intervention i.e. health, shelter, food and nutrition etc.
- Impact and outcomes can be assessed in terms of intended and unintended and positive and negative effects and the extent to which the effects can be contributed to the programme or intervention.
- It remains problematic to infer the impact of a WASH programme simply from examining mortality and morbidity data, as health and more specifically water and sanitation related diseases are affected by many variables including access to health care, access and availability of food, shelter, climate etc. Proxy or substitute indicators for impact are used instead e.g. are people (men, women

and children) using the toilets provided, washing their hands etc.? We know from previous research that these actions will have an impact on rates of diarrhoea etc.

- Reviews might be considered as a combination of monitoring and evaluation and there is a current trend for so called 'real-time evaluations' which are in effect reviews carried out early in the programme that aim to gain an overview of what is happening and pre-empt major problems as early as possible.
- The process of evaluation is one method by which agencies can be called to account for the outcomes of their programmes. Publishing or sharing the results of evaluations makes an agency more transparent and open to public scrutiny and provides a tool for accountability
- The WASH Cluster has developed its own 'Performance Review Tool' to evaluate WASH programmes. This tool provides a detailed list of process indicators and questions that need to be asked to measure the performance of the sector as a whole. More information can be found on the cluster website.

Where can I find out more?

www.sphereproject.org
Narayan,D. (1993) *Participatory Evaluation: Tools for managing change in water and sanitation*, Washington DC: The World Bank
www.alnap.org/resources/guides/evaluation/rte.aspx

Promoting Integration

Aims:

This session is designed to:
Promote integration between the different elements of the WASH response and ensure that the hardware and software elements work together.

Outcomes:

By the end of the session participants will be able to:

- Describe the potential barriers to the integration of software and hardware
- Describe practical ways to overcome the barriers to integration

60 Minutes

Resources/Handouts:

PowerPoint slide 54-55 (from the session on Overview of HP Intervention)
Teamwork and Integration

Session Plan:

Ask participants to stand in a close circle with their shoulders touching and then to turn inwards so that their right shoulders are facing into the centre of the circle.

Tell everyone to put their hands on the shoulders of the person in front of them and to carefully sit down so that everyone is sitting on the knees of the person behind them as shown in the picture.
They may all need to get closer together to make this work and they should then be able to balance quite comfortably and let go.[5]

Ask the group what we can learn from this exercise (or a similar exercise that requires team work if this one is not suitable for your group).
15 minutes

Show the PowerPoint with the HIF diagram and explain that the diagram could also be seen as a 3-legged stool that will not stand up if one of the legs is missing.

Divide the participants into groups and ask them to share experiences on:

- How teams can easily start to work in their own boxes
- Integration of the different aspects of WASH e.g. vector control, drainage etc.
- How some of the issues associated with integration can be overcome.

Ask each group to identify 2 examples of problems and 2 suggestions for dealing with these problems and promoting integrated work.

Ask each group to feedback in plenary and compile a list of suggestions for encouraging teamwork.
30 minutes

Provide the handout on 'Teamwork and Integration' and allow participants time to read this and comment or ask any final questions.
15 minutes

Facilitators Notes/Key Learning Points:

- Design this session in conjunction with the session on Hygiene Promotion in emergencies from Part 1 of the training and the session on the Overview of the HP intervention and use the HIF framework to support the concept of integration.
- Problems with integration often start when hygiene promoters are regarded as an optional add on to a WASH programme but WASH can only be spelled with an 'H'!
- A phased approach will often need to be taken when working in emergencies and it will not always be possible to cover all the WASH elements in the early stages. Prioritisation will be needed depending on the public health risks and the wishes of the affected community.
- Some WASH and/or Environmental Health Programmes may also include malaria or vector control as well as such issues as Indoor Air Pollution and this may mean that the skill mix in the team needs to broaden and develop. There is often the risk that these new areas become marginalised and the team does not work in a collaborative way despite the fact that they are working in the same community.

Coordination Responsibilities

Aims:

This session is designed to:
Ensure that participants understand their specific responsibilities in improving co-ordination

Outcomes:

By the end of the session participants will be able to:

- Explain the role of the WASH Cluster Co-ordinator and OCHA
- Explain the importance of co-ordination and opportunities for collaboration
- Describe the areas of responsibility and collaboration between the WASH sector and other sectors
- Describe how they can participate proactively in coordination meetings

2 Hours

Resources/Handouts:

Draft Health and Nutrition WASH Matrix
Draft Education WASH Matrix
Draft Emergency Shelter WASH Matrix
PowerPoint Slides 49-53

Session Plan:

Briefly introduce the session and the aims and objective

Divide participants into small groups and provide the one page 'Tufanya Case Study' and give them time to read through this. In plenary ask the group to describe the key co-ordination mechanisms that could exist in this situation.

Clarify the roles of OCHA and the Cluster Leads using the PowerPoint slides or handouts where necessary.

Ask participants to explain their own role in promoting co-ordination.
20 minutes

Provide the group with a list of the different clusters involved in an emergency response (see PowerPoint slide) and ask them to identify the sectors where there is the greatest overlap with WASH - especially with Hygiene Promotion and highlight these.
5 minutes

Divide participants into 4 groups. Ask each group to imagine they are managing a WASH programme in the Tufanya camps and assign each group **one of the situations** from the list below and ask them to think how they will deal with the scenarios provided and who they need to co-ordinate with.

- **Health**

1. During a cholera outbreak in the largest camp, your team wants to set up ORS corners.
2. A good friend of yours who works with a medical NGO asks your team to carry out some hygiene education work with her staff in the local clinic.

- **Education**
  1. You decide to initiate a child to child programme in the camps to promote good hygiene
  2. A request is made by the Education Cluster for your team to carry out hygiene education sessions in the local schools
- **Emergency Shelter (including NFIs)**
  1. During a visit to one camp, one of the elders complains to you about the distribution of sanitary pads that some people thought inappropriate and offensive. These were distributed by a Shelter NGO
  2. On a visit to the market you observe that some of the hygiene kits that have been distributed in the camp by the Shelter NGO are for sale
- **Nutrition**
  1. At a health co-ordination meeting it is suggested that the high rates of malnutrition are primarily due to the inadequate water, sanitation and hygiene and that your WASH NGO must take responsibility for this.
  2. Community mobilisers supported by your programme have been visiting people in their tents. An NGO involved in health and nutrition now wants to recruit outreach workers who will identify cases of malnutrition.

20 minutes

Provide each group with the relevant Matrix from the handouts and explain that the Matrices were designed to try and clarify the roles and responsibilities of the different clusters where there is overlap. Allow participants a further 10 minutes to look through the handout provided and identify how it can help them resolve their scenarios. Ensure that the groups do not lose sight of the importance of working alongside the government and existing structures.
10 minutes

Ask each group to explain in plenary how they dealt with their situations and to identify the opportunities for collaboration with other clusters.
30 minutes

(Optional Break or Energiser)
Ask the participants to imagine that they will be attending a WASH Cluster co-ordination meeting in Tufanya's capital city the following day and ask each small group to:

- Outline what might be expected of them in the meeting as Hygiene Promotion Co-ordinators
- What contribution they can make
- What they hope to get out of the meeting

Ask for suggestions in plenary and ensure that participants are clear about how they can take a proactive role in coordination meetings by preparing themselves and being able to explain:

- What their agency is doing
- What they plan to do
- What resources they have

- What resources they can share
- What other ways they are able to collaborate e.g. a summary of assessment findings or issues of concern for the wider WASH community, a planned training session that others could attend etc.

Ensure that every meeting identifies action points and who will be responsible and by when.
30 minutes

Wrap up the session by emphasising the importance of working with existing structures and State Authorities and agencies' joint aim to mitigate risks to human health and to ensure the maintenance of human rights and dignity to those affected by the emergency.
5 minutes

Facilitators Notes/Key Learning Points:

- See Part 1 of the training WASH Cluster and Co-ordination
- HP Co-ordinators are responsible for proactively co-ordinating their own WASH or HP teams but also need to take responsibility for ensuring a co-ordinated response (under the leadership of the WASH Cluster Co-ordinator) and collaborating with other agencies, especially government - and other sectors.
- Overall Co-ordination falls to OCHA via the following mechanism: In a given country, upon the occurrence of a complex emergency or when an already existing humanitarian situation worsens in degree and/or complexity, the United Nations Emergency Relief Coordinator, on behalf of the Secretary-General and after consultation with the IASC, will designate a Humanitarian Coordinator for that country. The Humanitarian Coordinator serves as the representative of the Emergency Relief Coordinator (and therefore of OCHA) in the country/region concerned.
- The Humanitarian Co-ordinator with the support of OCHA - is responsible for establishing and maintaining comprehensive co-ordination mechanisms.
- OCHAs key competencies (more information is contained in the annotated PowerPoint Slide) relate to:
  1. Coordination
  2. Information management
  3. Advocacy and resource mobilisation
  4. Policy development
- Each Cluster has a designated Cluster lead whose responsibility it is to *"…provide leadership and facilitate the processes that will ensure a well coordinated, coherent, strategic, and effective WASH response …. by mobilized and adequately resourced groups of agencies, organizations, NGOs, local communities etc."*
  This must also be done in collaboration with the State Authorities. The Cluster lead for the WASH Cluster is usually UNICEF

Where can I find out more?

The WASH Cluster Co-ordinator should have access to the latest tools and materials relevant to co-ordination and the WASH response

IMPLEMENTATION

Job Description

Aims:

This session is designed to:
Ensure that those managing and co-ordinating HP understand their role and responsibilities as well as the roles of those they will be co-ordinating

Outcomes:

By the end of the session participants will be able to:

- Explain the key elements of their specific job description
- Describe the differences between different levels of HP e.g. co-ordinator, field worker, mobiliser etc.
- Identify learning needs and ways to develop HP knowledge and skills

90 Minutes

Resources/Handouts:

Hygiene Promotion Co-ordinator Job Description (or adapt using specific JD for participant group)
Agency job descriptions for other members of HP team
Learning and Professional development (All in Diary 2007)

Session Plan:

Introduce the session.

Divide participants into small groups and ask them to describe their overall job purpose in their own words. They should also give examples of one aspect of their job description on a sheet of flip chart according to the following categories:

- Information Management
- Implementation
- Resources Management
- Programme Approach

If participants are from various agencies they should highlight any differences between the agencies represented in their group.
15 minutes

Ask each group to move clockwise around the other groups work and make comments or ask questions on the flip chart. Spend 3-5 minutes per flip chart.
20 minutes

In plenary provide a handout of the full generic (or agency specific) job description and allow 5 minutes for participants to read through this. Invite discussion and clarification

of the Job Purpose and any of the questions raised earlier on the flip charts.
15 minutes

Ask each participant to underline the areas in their job description that they feel they need support or training on and discuss this with the person sitting next to them. They should also try to think of suggestions of how to meet these training/support needs. Ask participants to call out any training/support needs and suggestions and make a note of these. Refer the participants to the WASH HP bibliography on the introductory CD and any materials available for self study. Encourage them to reflect further on this as the training continues and to:

a) make suggestions in the evaluation
b) discuss with their manager in one to one meetings and performance reviews

Provide the handout on Learning and Professional Development.
20 minutes

Ask participants what the key differences are between the different levels of hygiene promoters in terms of responsibilities.

Provide copies of the other relevant job descriptions for your programme and allow time for the participants to read through these. Invite questions and discussion and clarify misconceptions.
20 minutes

Facilitators Notes/Key Learning Points:

- Job descriptions should be specific to the situation and agency requirements. With a mixed group the generic job description can be used as long as participants are asked to reflect on their own specific responsibilities.
- Ideally the training will be adapted to reflect the specific job descriptions of participants. If participants are only being recruited for a short time, the focus on future training and support needs may not be as relevant.
- Depending on the group, participants may be reluctant to expose their lack of experience or knowledge but should be encouraged to reflect on this in preparation for one to one meetings with their managers.

Where can I find out more?

CD *Introduction to Hygiene Promotion Tools and Approaches* (2008) WASH Cluster HP Project (see WASH Cluster HP Generic Job Descriptions and Overview)
Ferron S. Morgan, J. & O'Reilly M. (2007) *Hygiene Promotion: A Practical Manual for Relief & Development IT Publications*, London pp 51-59

Overview of Hygiene Promotion Intervention

Aims:

This session is designed to:
Provide an overview of a hygiene promotion programme and the important links within and between sectors

Outcomes:

By the end of the session participants will be able to:

- Describe the sequence and timing of a typical hygiene promotion programme
- List a range of hygiene promotion activities that they will be responsible for managing
- Explain the importance of integration and collaboration

90 Minutes

Resources/Handouts:

PowerPoint Slides 54 -58
Example Hygiene Promotion Activities (cards with HP activities listed on them - one activity per card and one set of cards per small group)
Hygiene Promotion Steps

Session Plan:

Provide a brief introduction to the session with the overall aim.

Ask the group to briefly explain how water, sanitation and hygiene are linked together. Revise or introduce the Hygiene Improvement Framework from Part 1 of the training (see PowerPoint slide).

Show the 2 representations of the project cycle. Invite comments in relation to an emergency WASH intervention and clarify misconceptions especially with regard to the timing of the assessment process and the baseline survey.
15 minutes

Ask participants to explain the links between other sectors and why we need to promote co-ordination and collaboration between sectors (see PowerPoint Slide)
5 minutes

Divide participants into small groups. Provide the handout on the Hygiene Promotion steps (taken from the HP briefing paper) and ask each group to draw a rough project cycle on flip chart paper and illustrate this with either symbols or pictures representing the different steps. Keep the illustrated project cycles where they can be seen during the course and invite participants to make sure they find time to look at the other groups' work.
30 minutes

Provide each group with a set of cards listing different hygiene promotion activities. Ask the groups to compile a timeline showing when these activities are likely to happen in an emergency. (It may be useful to use/adapt the Tufanya case study in the appendix to provide participants with a common scenario). Ask them to make up their own cards to give an idea of the timing of activities using the categories: **Hours, Days, Weeks, Months**
If engineers are present in the group, they can also add some example hardware oriented activity cards.

Ask the groups to stick the activities on a board or wall that will be easily visible by the other participants in the plenary session.

Invite the whole group to discuss one timeline and clarify any misconceptions about the timing and sequence of HP activities, making use of the groups' project cycles where possible.
40 minutes

Facilitators Notes/Key Learning Points:

- This session builds on the session from Part 1 of the training on hygiene promotion in emergencies and could be run as a combined longer session. The main aim is to enable managers and co-ordinators to have a programme overview.
- HP co-ordinators will have a key responsibility to promote co-ordination and collaboration and need to understand the links between different members of the team as well as other sectors.

Where can I find out more?

CD *Introduction to Hygiene Promotion Tools and Approaches* (2008) WASH Cluster HP Project
Ferron S. Morgan, J. & O'Reilly M. (2007) *Hygiene Promotion: A Practical Manual for Relief & Development* IT Publications, London
UNICEF (2006) *Behaviour change communication in emergencies. A tool kit*. Regional Office for South Asia: (UNICEF, ROSA)

HP Communication Strategy

Aims:

This session is designed to:
Enable co-ordinators to understand the key principles in message design as well as the importance of promoting dialogue

Outcomes:

By the end of the session participants will be able to:

- Describe how to design a communication strategy
- Describe why there might be a tension between the concept of 'dissemination of messages' and the concept of 'promoting dialogue'
- Explain how to select and define messages where used

90 Minutes

Resources/Handouts:

Developing messages
PowerPoint Slide 60

Session Plan:

Introduce the session and the objectives.
Ask the group to define the term **'communication strategy'.**

An example definition is:

> *'A well planned series of actions aimed at achieving certain objectives through the use of [culturally appropriate] communication methods, techniques and approaches' (FAO Participation Communication Strategy Design Handbook).*

Ask the group to brainstorm what is required for a communication strategy. Refer to Who, What, Where, When, How. Make sure they cover the following points:

- **Problems to be addressed/Objectives**
- **Audiences (could be divided into primary and secondary)**
- **Ideas to convey (and specific messages where used)/behaviour change objectives**
- **Channels of communication**
- **Tools available and activities required (make reference to the need for visual aids)**
- **Resources required**
- **Timescales**
- **Monitoring & refining**

Ask the participants to think why it is important to have a communication strategy.
20 minutes

Ask the participants to think of key health messages that they have been exposed to and consider if they feel that they have been effective or not and why. Provide some examples from your own experience.
10 minutes

Record at least 2 'slogans, catch phrases or messages' (good or bad) that have been mentioned in the discussion on the flip chart or board.

On another flip chart paper present the Seven 'C's of Effective Communication (Williams 1992) below (see PowerPoint slide) and ask to what extent these messages conform to the Seven C's:

1. Command attention
2. Cater to the heart and head
3. Clarify the message
4. Communicate a benefit
5. Create trust
6. Convey consistent message
7. Call for action

15 minutes

Divide participants into 3 small groups. In each group ask:

2 participants to promote the a message based approach,
2 participant to promote a dialogue based approach
1 person should be the rapporteur and should feedback to the plenary at least 3 pros & cons from the debate

15 minutes

Ask each rapporteur to feed back to the plenary group and discuss.

15 minutes

Ensure that participants understand that defining messages will sometimes be important and that those providing the messages must ensure that they are not confusing people with mixed messages. Provide the handout on designing messages and allow time for questions.

15 minutes

Facilitators Notes/Key Learning Points:

- This session can be designed in conjunction with additional sessions on hygiene promotion methods and the use of the PowerPoint slides from Part 1 and 2 of the training.
- It is frequently the case that there is a lot of pressure to define 'hygiene messages' without an adequate understanding of the situation - especially in an emergency. Once defined these messages are often not readily adapted to reflect a better understanding of the situation that comes with time.
- The important point is to prioritise and limit the key ideas or messages that will be used and to emphasise the use of dialogue.
- It is more important to achieve consistency in what is being conveyed (the key ideas) than to define the perfect message
- There appears to be a trade off between 'reach' and 'effectiveness' such that you can reach more people using message dissemination but this may not be as effective as interpersonal methods and dialogue
- It is also important to emphasise the importance of mobilising people for action to address public health risks

Where can I find out more?

John Hopkins School of Public Health (no date) A Field Guide to Designing a Health Communication Strategy Chapter 5 www.ibpinitiative.org/pubs/fg/02/07-chapter5.pdf
FAO Participation Communication Strategy Design Handbook: www.fao.org/docrep/008/y5794e/Y5794E00.htm

Managing Meetings

Aims:

This session is designed to:
Equip participants with the skills to effectively run HP related meetings

Outcomes:

By the end of the session participants will be able to:

- List 6 tips for effective meetings
- Explain how to organise and manage an effective meeting

60 Minutes

Resources/Handouts:

Effective meetings (All in Diary 2007)
Multi-language meetings (All in Diary 2007)
PowerPoint Slide 60

Session Plan:

Introduce the session briefly

Ask participants to suggest good principles for running meetings and record these on a flip chart. Once you have all of the suggestions invite participants to discuss any discrepancies and clarify misconceptions. Suggestions might include:

- Set a key objective for the meeting – what do you hope to get out of it?
- Provide an agenda for the meeting
- Set aside preparation time and ask other participants to prepare specific items
- Nominate a chair and note taker
- Define action points and who will be responsible
- Ask for feedback on the meeting and what will make it better next time

10 minutes

Divide participants into 2 groups and provide each group with a meeting scenario or ask them to select a scenario from their own recent experience and to devise a short role play to illustrate an important learning point about meetings:

- **Group1:** A WASH Cluster Co-ordination meeting held weekly to update participants and share information
- **Group 2:** A Hygiene Promotion Co-ordination sub-meeting to devise a response to a recent outbreak of cholera.

30 minutes

Ask each group to present their role-play and invite comments and discussion.
15 minutes

Provide handouts on meetings and allow time for questions and clarifications.
5 minutes

Facilitators Notes/Key Learning Points:

- Co-ordinators will need to attend interagency co-ordination meetings (see session on co-ordination responsibilities) as well as ensure that regular team, staff and one to one meetings are used to maximise programme communication.
- They will also need to train their staff on holding meetings with the community and similar planning principles will apply. However, HP staff will need to be creative in the way that they present information to a population where literacy levels are low.
- Other helpful suggestions when organising meetings might include:
    1. Use visualisation of a problem e.g. pictures/maps/diagrams of a particular problem to be addressed or use the flipchart to help categorise issues etc.
    2. Provide a trivia question related to HP when sending out the agenda and give the answer after introducing the meeting and participants in order to encourage attendance
    3. Provide timely minutes and follow up on action points
- When facilitating coordination meetings remember the following points:
    - listen
    - limit your own ideas
    - link other peoples' ideas
    - encourage reactions
    - ask questions
    - check understanding & summarise regularly (especially where different language speakers are represented)
    - balance contributions
    - be conscious of the time and ensure meetings do not drag on for too long

Where can I find out more?

Ferron S. Morgan, J. & O'Reilly M. (2007) *Hygiene Promotion: A Practical Manual for Relief & Development IT Publications*, London pp 68-72

Developing Partnerships

Aims:

This session is designed to:
Ensure that participants identify key partners and know how to promote trust between partners

Outcomes:

By the end of the session participants will be able to:

- Explain how to do a stakeholder analysis
- Describe how to identify partners and map capacity
- Explain the process of drawing up and using a Community Agreement or MoU

2 Hours

Resources/Handouts:

PowerPoint Slide 64
Developing Partnerships (All in diary)
Stakeholder analysis
Example Community Agreement
(Specific agency guidelines on partnership or partner appraisal where available)

Session Plan:

Introduce the session and outline the objectives

Ask participants: 'Why is Partnership important?'

Use the 'Tufanya' Case Study and ask participants to identify the different stakeholders who might be involved in the scenario. Allow time to read the case study even if it has been used before.
15 minutes

Divide participants into small groups and ask each group to discuss what interest each stakeholder has in the WASH programme.

Ask each group to feedback some examples of stakeholders and their interests in relation to WASH and invite comments and questions from the other groups.
25 minutes

Use different coloured pens to illustrate on a flip chart (based on the discussion of their interests in the project):

- Non WASH stakeholders (if any)
- Primary WASH Stakeholders
- Secondary WASH Stakeholders

Ask each group to then construct a Venn Diagram that depicts the Importance and

Influence of each stakeholder group.

> ***Influence*** *refers to how powerful a stakeholder is.* ***Importance*** *refers to those stakeholders whose problems, needs and interests are the priority of the intervention - if these 'important'; stakeholders are not assisted effectively then the project cannot be deemed a 'success'.*

Allow the groups to determine how to depict these dimensions but if they are struggling explain that Influence could be illustrated by the size of the circle and Importance by the position of the circle.
20 minutes

Ask each group to display their Venn Diagram and explain why and how this might be useful in programme design.
10 minutes

Ask participants to think about the different kinds of partnership that are possible (e.g. with government, local NGOs, UN agencies etc.) Show a flipchart or slide of the different levels of partnership and ask them to give examples of this from their own experience. Refer to some of the previously identified stakeholders and identify the level of partnership that might apply to these stakeholders.
15 minutes

Ask them to brainstorm some possible criteria for selecting partners in hygiene promotion and how they might assess hygiene promotion capacity e.g. trained staff, experience of emergencies, emphasis on participatory methods etc.
15 minutes

Ask the group if they have experience of drawing up a community agreement in their work and to explain the benefit of these. Provide the example handout and invite comments and questions.
20 minutes

Facilitators Notes/Key Learning Points:

- A stakeholder analysis is a useful method for understanding the potential for developing partnerships. Drawing a Venn diagram to illustrate links and importance and influence is one method that can be used but the matrices described in the handout could also be used.
- Key partners will be the relevant Ministries e.g. Ministry of Health/Sanitation/Education and/or Social Welfare and National NGOs. Many agencies choose to work predominantly through National NGOs by providing funding and capacity building
- When carrying out an assessment of capacity it is useful to consider both actual and potential capacity. A phased approach might be adopted with staff seconded to your operational response where overall capacity is low with greater efforts directed at capacity building and independent working as the emergency progresses. However, the integrity and desire for independence of each partner must also be respected.
- Consider also issues such as the importance of an Integrated WASH response and how this can be best achieved.

Where can I find out more?

DFID (2002) Tools for Development: A handbook for those engaged in development activity: Section 2 www.dfid.gov.uk/pubs/files/toolsfordevelopment.pdf

RESOURCES MANAGEMENT

Recruitment and Managing Others

Aims:

This session is designed to:
Ensure that participants understand the principles of good personnel management and recruitment

Outcomes:

By the end of the session participants will be able to:

- Outline the guiding principles for the recruitment of staff in emergencies
- Describe how to manage groups and resolve conflict
- Provide examples of how to manage and support staff
- Outline some of the issues in HR in emergencies

2 Hours

Resources/Handouts:

Recruiting and selecting staff (All in Diary 2007)
Group development and team working (taken from WASH Cluster Co-ordinator's training)
Human Resources Issues

Session Plan:

Briefly introduce the session.

Provide the handout on HR issues and allow participants the time to read through this and invite questions. Ask the group if anyone has had problems in staff recruitment.

Ask if the provision of incentives for community volunteers or mobilisers has been a problem and ask how this has been managed. Ensure that all participants are aware of the pros and cons of paying incentives and emphasise that this decision must be coordinated in the broader WASH & Health fora.
20 minutes

Ask participants if they have experience of staff recruitment and conducting interviews. Divide participants into small groups and ensure that at least one person in each group has some previous experience.

Give each group one of the following tasks in relation to recruitment of staff:

Group 1: How would you go about advertising for HP staff in an emergency? Write an advertisement for the local paper (or most appropriate advertising method in a

given situation).
Group 2: How would you go about interviewing a prospective candidate? Invent a short role play to show some common pitfalls of interviewing.
Group 3: What cultural issues might you need to consider when recruiting staff?

Invent a short role play illustrating a potential cultural clash in recruitment
Group 4: Draw up a flow chart of the recruitment process highlighting all the issues that need to be considered along the way. How do you make sure that the recruitment process is fair and equitable?

30 minutes

Ask each group to feedback in plenary and invite comments and limited questions after each. Once all of the presentations have been made use the flow chart (from Group 4) to recap on key issues.
25 minutes

Allow participants a short break or use an energiser.

Write up the following 4 terms on a flip chart and ask if anyone is familiar with the terms and if they can explain them:

Forming – Storming – Norming – Performing.

Explain that groups of individuals often follow this path when beginning to work together as a team (see notes below). Ask the group to suggest any strategies for resolving conflict in a team.
10 minutes

Ask each group to draw a picture of the ideal manager and provide labels to indicate key qualities and responsibilities.

Ask one group to present their ideal manager and invite other groups to add or dispute attributes.
Answers could include some of the following:

- Good communicator
- Good motivator
- Good time management
- Regular face to face interaction as team and individually
- Able to identify strengths and weaknesses
- Able to delegate
- Facilitator
- Does not patronise

20 minutes

In the plenary group ask for some suggestions for ongoing support of team members and where necessary explain how these can be done: Answers might include:

- On the job training
- Mentoring and Coaching
- Supervision
- Hot seating (see notes)

10 minutes

Provide handouts and invite questions
5 minutes

Facilitators Notes/Key Learning Points:

- Depending on the needs of the group this session can be rearranged to meet specific issues or needs.
- Design this session in collaboration with agency HR staff where possible
- The following issues will need to be considered when recruiting staff:
    1. National and local legislation
    2. How many, at which levels, their key roles, supervisory structure?
    3. Salaries / incentives – what level versus local salaries, or voluntary, or other incentives?
    4. Training – for whom, what, where, how and by whom?
    5. Logistics support e.g. vehicles/transport
- The **Forming – Storming – Norming – Performing** model of group development was first proposed by Bruce Tuckman in 1965, who maintained that this is how individuals will develop and start to work constructively as a team. Forming – team members get to know each other, they are often on their best behaviour but not focused on themselves rather than the team. Their manager needs to be quite directive at this stage. It can help to discuss the model at this early stage. Storming – This is when different ideas compete for recognition and it can be confrontational and painful for those who do not like conflict. Immature team members may want to assert their knowledge, whilst others may become focused on minutiae rather than the broad purpose of the intervention. The manager might also be challenged but they need to keep the team focused on the goal and professional standards of behaviour at this stage. Some teams risk staying in the storming phase if they are not managed well but most will then start the process of norming as they become used to each other and agree on shared methods and rules. Managers should try to hand over more responsibility at this stage and encourage greater participation in decision-making. Some teams will reach a stage of high performing where they become interdependent and can work virtually unsupervised. They become highly motivated, competent and confident in what they do.
- Conflict Resolution should involve listening to both sides, involving protagonists to think of solutions
- Good Communication (Cole, 1997) should involve the following:
    1. Keep people informed
    2. Encourage staff to express ideas and work as a team
    3. Listen in order to understand: Don't interrupt. Listening doesn't mean you have to act - just understand and empathize. Ask questions, Repeat what you hear /clarify your understanding, Take notes where appropriate
    4. Be honest.
- Face to face meetings with staff to review performance should also be held regularly in order to:
    1. Review goals and accomplishments and praise where warranted.
    2. Identify positive work related achievements

3. Ask what they want from you as a manager.
4. Enable the staff member to identify their own learning needs

Several agencies use a formal performance review framework for this purpose.

- In 'hot seating' a team member is asked to sit in the hot seat and explain a specific work related problem or issue to the rest of the team. The other team members should then try to collaborate in making suggestions to help resolve the problem. The person in the hot seat must finally agree to try out at least one suggestion.

Where can I find out more?

ECB, Building Trust Working Group (2007) Building Trust in Diverse Teams: the toolkit for emergency response, Oxfam Publishing, Oxford
www.businessballs.com

Logistics and Financial Management

Aims:

This session is designed to:
Ensure that participants are familiar with logistics and finance systems to enable them to do their job

Outcomes:

By the end of the session participants will be able to:

- Describe how they will co-ordinate and collaborate with logistics staff in their agency
- Describe how their agency financial systems work and what their specific responsibilities are.
- Explain what NFI stockpiles are available and where

60 Minutes

Resources/Handouts:

Managing finance (All in Diary 2007)
Agency guidelines or SOPs.

Session Plan:

Ask participants in pairs to write down on post its 2 roles and responsibilities of the logistics staff. Group these together on a large board and add areas that have been forgotten. Ask participants which areas relate to their work and discuss how they can work effectively together. Make sure that all participants are aware of procedures and systems to be followed and what they will need to explain to the rest of their teams.
30 minutes

If participants are involved in managing budgets they will need to have time to familiarise themselves with specific financial systems and reporting requirements.
A general handout on managing finance is provided which lists the key principles.
Participants could be given a specific scenario to work on in teams or individually.
30 minutes

Facilitators Notes/Key Learning Points:

- This session will need to be planned with reference to the specific procedures of each agency and in conjunction with programme managers and logistics and finance staff. Where possible, invite staff from these departments to share the facilitation of the session.
- Logistics teams are vital to the success of a WASH programme and HP staff will need to work collaboratively with them. Opportunities may also exist to share information and knowledge. Logistics staff working in the field i.e. drivers, those involved in distributions etc. can also set an example to communities with regard to positive hygiene practices, promoting participation and accountability.
- The procurement for Hygiene NFI's is usually done by a logistics department and

accurate supplies requests are vital.

- Several large NGOs keep stockpiles of WASH emergency materials. The UN also maintains stockpiles in various locations throughout the world. From the UN Humanitarian Response Depot (UNHRD) hubs, emergency humanitarian relief items can be sent anywhere in the world within 24/48 hours.

Where can I find out more?

www.mango.org.uk

Appendix 1: Tufanya Case Study

Tufanya has a population of 10.5 million people, the majority of whom (89%) are Muslim. There has been a 'civil' war in the south of the country for the last 21 years. Recently a peace agreement was signed after talks lasting a number of years. This gave separatists in the west of the country, renewed impetus in their quest for greater autonomy. International attention has become focussed on the region of Mufugo where militias, supported by the government, have been attacking and brutally displacing whole villages.

The population of the Mufugo Region is estimated at just over 2 million, of which over 700,000 people have been displaced into numerous camps, some in the buildings and grounds of local schools. The two largest camps have populations over 100,000. One is situated next to the River Mito and near to a place called Kundani and the other not far from the town of Buhoro.

The residents in the villages near to the camps have been as hospitable as they can be but their own resources are severely stretched and they are worried about how long people are going to stay. Resources such as local firewood are being depleted. Nearly all the displaced walked to where they are now and so were only able to bring what they could carry but the army has been distributing tents to the majority of families. Some families were able to bring livestock with them, but their villages and stores of food have been destroyed. The main occupation of the area is normally subsistence farming.

The rains are due to start in about a month but in recent years these have become increasingly unpredictable. Many roads become impassable during the rains and journeys can be long and treacherous. The rains also make it harder for people to go in search of wild food and other sources of income.

Intervention by foreign countries in the internal affairs of Tufanya has led to past suspicion towards many international aid agencies but the humanitarian situation has been deteriorating and aid agencies – national and international are scaling up their interventions. Following visits from the International Union Monitoring Force (IUMF), and the deployment of increased numbers of police, security has recently improved.

Currently drinking water is usually collected from nearby rivers and unprotected springs. Two large boreholes are available in nearby towns and numerous private and community owned hand pumps can be found in the villages around the two camps. There are no latrine facilities at present in the camps although many families were used to having latrines within their compounds previously. Water is used for anal cleansing and hand washing is usual after defaecation and before eating but soap is rarely used.

Government clinics are reporting increasing rates of diarrhoea and ARTI – especially amongst the under five population but extra government health staff from other locations in the country have been temporarily deployed to the area.

A large distribution of food and NFIs has recently been carried out but there have been numerous complaints about the quality of the NFIs. A media NGO has recently distributed wind up radios and plans to broadcast health information.

On June 10th a fire broke out in one small camp and 20 people died. It was found that people were covering the inside of their tents with kerosene to deter mosquitoes.

Appendix 2: Terminology and Definitions[6]

Public Health is often defined as the 'promotion of health and prevention of disease through the organised efforts of society'. A public health intervention aims to ensure coordination between sectors (e.g. in Humanitarian programmes with those involved in food and nutrition, water and sanitation, shelter, health care etc.) and to base its actions on sound public health information that is aimed at the maximum impact for the greatest number of people.

Health Promotion **is the process of enabling people to increase control over, and to improve, their health. The Ottawa Charter[7](1986) defined five key principles of health promotion:**

- To build healthy public policy
- To create supportive environments
- To strengthen community action
- To develop personal skills
- To reorient health services

The Jakarta Declaration (1997) reaffirmed that health promotion was most effective if it adhered to these principles and emphasised also the importance of participation.

Hygiene Promotion is a term used in a variety of different ways but can be understood as the systematic attempt to enable people to take action to prevent water and sanitation related disease and to maximise the benefits of improved water and sanitation facilities. Sphere notes that there are three important factors in Hygiene Promotion: 1) mutual sharing of information and knowledge, 2) the mobilisation of communities, and 3) the provision and maintenance of essential materials and facilities. Hygiene Promotion includes the use of communication, learning and social marketing strategies and combines 'insider' knowledge/resources (what people know, want, and do) with 'outsider' knowledge/resources (e.g. the causes of disease, including social, economic, and political determinants, engineering, community development, and advocacy skills).

Hygiene Education refers to the provision of education and/or information to encourage people to maintain good hygiene and prevent hygiene related disease. It is a part of Hygiene Promotion and is often most effective when undertaken in a participatory or interactive way. In the past health or hygiene education has sometimes been carried out as a response to an assumed lack of knowledge or understanding within the target population. This approach often missed the opportunity to build on existing knowledge within the community and was often undertaken without consideration of the overall social and economic context. The terms 'health promotion' and 'Hygiene Promotion' give greater weight to the context in which people live and the terminology has thus evolved to take account of this.

The difference between Hygiene Promotion and health promotion; Hygiene Promotion is more specific and more targeted than health promotion. It focuses on the reduction – and ultimately the elimination – of diseases and deaths that originate from poor hygiene conditions and practices. For example, good hygiene conditions and practices are enhanced when people can consume water that is safe, use sufficient amounts of water for personal and domestic cleanliness, and dispose of their solid and liquid wastes safely. A person may have good hygiene behaviour, but not be healthy for other reasons. Good or bad health is influenced by many factors, such as the environment (physical, social, and economic). For example, in social environments where people are marginalised because

of their gender, economic status or religious affiliation, and have no influence whatsoever on decisions that affect their daily lives, they are likely to be prone to anxiety or depression, which can lead to mental problems.

Hygiene Promotion approaches refers to a specific system of methods that are used to promote hygiene. Formalised approaches are usually governed by particular principles of engagement e.g. social marketing, PHAST, or Child to Child. Campaigns and peer education have a much looser framework that can be interpreted in different ways. Most Hygiene Promotion initiatives take either a directive or participatory approach or combine the two. It is possible to use a mixture of methods from these different approaches and combine them into an individualised approach for a specific emergency.

Hygiene Promotion methods refers to the stand alone activities and tools that can be used for Hygiene Promotion e.g. focus group discussions, three-pile sorting, pocket chart voting, and mapping.

Behaviour change communication (BCC) is an interactive process for developing messages and approaches using a mix of communication channels in order to encourage and sustain positive and appropriate behaviours. BCC has evolved from information, education, and communication (IEC) programmes to promote more tailored messages, greater dialogue, and fuller ownership. Participation of the workplace stakeholders is vital at every step of planning and implementation of the behaviour change programmes to ensure sustainable change in attitudes and behaviour.[8]

Community is a group of people who:

- are interdependent of each other and limited by geographical boundaries
- share common natural resources
- share a common culture
- experience the same problems

Despite common characteristic traits, there is a general recognition that even within a community, there would still be sub-groups, each with specific interests and goals, and development facilitators should be sensitive to such groups even though it might be impossible to satisfy the needs of all sub-groups within a community. An example to illustrate this could be the difference in the level of enthusiasm for sanitation awareness campaigns among village members who already have and are using latrines and those who do not have them. Similarly, even within the same community, there will be people who are better off than others or who are more influential than others.

Community mobilisation is a strategy for involving communities in TAKING ACTION to achieve a particular goal. The emphasis of mobilisation is on the action taken rather than the longer-term concept of behaviour change and it thus provides a more useful model for the emergency context.

Community participation does NOT simply involve people contributing labour, equipment or money to a project, but aims to promote the active involvement of all sections of a community in project planning and decision making. It aims to encourage people to take responsibility for the process and outcomes, both short and long term, of a project. Encouraging participation in an emergency can help to restore people's self esteem and dignity, but achieving participation within a short time-frame can present significant challenges. It should be remembered that at different stages of the emergency different levels of participation are possible and therefore a flexible response is required.

Connectedness – see ‘sustainability’ below.

Enabling environment refers to the existence of a favourable social environment – whether at the community, municipal, regional, or national level – that supports the integrated technology and hygiene interventions proposed. If these interventions are to be accepted and implemented they will need the support and co-ordination of other WASH stakeholders AND other actors in the emergency context. An Enabling Environment is one of the three main components of the **Hygiene Improvement Framework** – along with **Access to Hardware** and **Hygiene Promotion**. This model has been adapted to the emergency context by the WASH Cluster HP project.

Environmental health is a broad term that encompasses water and sanitation interventions as well as such issues as air and noise pollution. Environmental health services are defined by the World Health Organisation as:

> *“those services which implement environmental health policies through monitoring and control activities. They also carry out that role by promoting the improvement of environmental parameters and by encouraging the use of environmentally friendly and healthy technologies and behaviours.”*

The Environmental Health profession had its modern-day roots in the sanitary and public health movement. Many countries have EH officers who may be recruited to the team either as core delegates or as field officers/local staff.

Gender refers to the socially and culturally defined roles and responsibilities associated with being either male or female. Gender determines how men and women are seen and expected to behave and varies according to time and place whereas a person’s sex is (usually) fixed and the same everywhere. It is important to remember that gender, like culture, is dynamic and constantly changing. Even in traditional societies, a woman’s or man’s experience of gender will be different from that of previous generations. In emergencies, men and women may be forced to change their roles and responsibilities but they may need support to do so.

Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. It is a fundamental human right and attainment of the highest possible level of health is a most important worldwide social goal whose realisation requires the action of many other social and economic sectors in addition to the health sector. (World Health Organisation – WHO)

Outputs refer to the specific deliverables or products of a water, sanitation, and hygiene programme. This could be the coverage of latrines, protected water sources, handwashing facilities, community mobilisers, or household distributions of hygiene items. **Outcomes** refer to the expected consequence of having such outputs e.g. the use and maintenance of latrines and handwashing facilities or the effective use of hygiene items.

Sanitation refers to the disposal of human and animal excreta, vector control, solid waste disposal, and drainage. It may also include the disposal of hospital waste and the disposal of mortal remains.

Social mobilisation is a broad-scale movement to engage people's participation to achieve a specific development goal through self-reliant efforts. It includes the process of bringing together multi-sectoral community partners to raise awareness of such development goals, and demand and progress towards them.

The terms **software** and **hardware** are frequently used to refer to different components of a water and sanitation programme. Software refers to the community aspects of the intervention i.e. how people use the facilities, and hardware refers to the physical infrastructure such as new hand pumps, tanks, pipes etc. While engineers may be predominantly responsible for the construction of water systems and sanitation facilities, it is a misconception to think that they have no responsibility for the way that these facilities are used and maintained. In the same way, the hygiene promoters also have a role to play in ensuring that feedback on the appropriate design of facilities is incorporated into the programme. Some feel that the term 'software' has negative connotations but if you continue with the computer analogy, the hardware is of little use without innovative software programmes!

Sustainability refers to the potential for lasting improvements that a project offers. In the emergency context, sustainability may not always be possible or necessary to prevent significant mortality but, where possible, work should be carried out in such a way that opportunities for lasting benefits are actively sought and resourced as required. A term that is often used instead of sustainability in the emergency context is **connectedness.** This refers to the importance of not undermining the potential for lasting improvements or changes. This may be done by working, as much as possible, through existing structures and making use of existing capacities.

December 2007

Part 3 Available Handouts:

These handouts are taken or adapted from the following publications or resources:

1. ACF-IN (2007) How to make WASH Projects Sustainable and Successfully Disengage in Vulnerable Contexts; A practical manual of recommendations & good practices based on a case study of five ACF-IN water, sanitation and hygiene projects'.

2. All in Diary (2009) http://www.allindiary.org/

3. Parkinson J (2009) for the WASH Cluster, A review of the evidence base for WASH Interventions in Emergency Response www.humanitarianreform.org

4. DFID (2002) Tools for Development: A handbook for those engaged in development activity: Section 2 www.dfid.gov.uk/pubs/files/toolsfordevelopment.pdf

5. DFID/LSHTM/WEDC (1998). Guidance Manual on Water Supply and Sanitation Programmes. Published by WEDC for DFID

6. Ferron S. Morgan, J. & O'Reilly M. (2007) *Hygiene Promotion: A Practical Manual for Relief & Development* IT Publications, London

7. John Hopkins School of Public Health (no date) A Field Guide to Designing a Health Communication Strategy Chapter 5 www.ibpinitiative.org/pubs/fg/02/07-chapter5.pdf

8. FAO Participation Communication Strategy Design Handbook: www.fao.org/docrep/008/y5794e/Y5794E00.htm

9. Oxfam Public Health Promotion Guidelines and Emergency Response Manual

10. Public Private Partnership for Handwashing with Soap (2008) Global Handwashing Day Planners Guide

11. Simpson-Hebert, M & Wood, S. (1998) Checklist for planning hygiene behaviour in sanitation projects – in Sanitation Promotion WHO (1998) Geneva

12. WASH Cluster (2008) The Human Right to Water and Sanitation in Emergencies; An Advocacy Tool, ACF France

13. WASH Cluster Tools and Resources: www.humanitarianreform.org and www.oneresponse.org

PROGRAMME APPROACH

Evidence Base
Summary of key evidence base

Operation, Maintenance and Sustainability
Factors affecting sustainability of water systems

Managing Accountability
Sources of Humanitarian Principles
WASH Accountability Checklist

Advocacy
WASH advocacy in emergencies
Planning advocacy initiatives
WASH advocacy case study
WASH advocacy case study analysis

Summary of Key Evidence Base[9]

Water Supply – Quantity vs. Quality in Emergencies?

There is a need for more rigorous research to disaggregate between benefits associated with quantity and those associated with quality. Chlorination at point of collection appears to be promising in camps. Ongoing research by the Kenya Rural Water Project (RWP) should provide evidence on this.

Water Supply – Point of Use Water Treatment in Emergency Settings

- ☐ PoUWT practices after the Asian Tsunami were not encouraging (Clasen et al 2006). Nonetheless, Schmidt and Cairncross (unpublished) concluded that given the current available evidence, there may be a case for implementing HWT as a preliminary method in emergency settings, or temporarily during an epidemic of water-borne diseases.
- ☐ A number of studies indicate that some POU methods may be appropriate for specific disasters, such as flooding, or for scattered populations that are hard to serve with conventional water treatment methods (Lantagne 2008).
- ☐ PoUWT programmes have documented more success in stable emergency as opposed to immediate response in acute emergencies (Lantagne 2008).
- ☐ For all PoUWT options, training has been identified as crucial to programme success. Different options may require different amounts of training and follow-up (Lantagne 2008).
- ☐ PuR is the most researched PoUWT option in emergencies. Three targeted emergency response projects that distribute PuR to flood affected communities in Haiti, and distribute in a feeding project in Ethiopia – have been well evaluated.
- ☐ In contrast to the successes from refugee camp situations as detailed above, two separate evaluations of a hurricane response project in Haiti demonstrate significant challenges implementing PuR in an acute emergency situation. One hundred households that received PuR in these community demonstrations were interviewed two weeks after the distribution. Although 92% of households reported using PuR sometime during the previous week, and 78% correctly answered all five knowledge questions about how to use PuR, only 22 (22%) households reported using PuR at the time of the unannounced visit, and only 10 (10%) of households had correct chlorine residual levels in their stored drinking water.
- ☐ Despite the fact that distribution of chlorine tablets (AquaTabs) is considered a standard intervention in emergency response, Lantagne (2008) has not identified a single peer-reviewed article or project report on tablet usage in emergencies. There are no specific reports evaluating a chlorine tablet project in an emergency identified (Edmondson, 2008) However, P&G/UNICEF undertook a study in Bangladesh amongst households who were effectively treating the water as measured by presence of free chlorine residual and absence of thermotolerant coliform in both the flood-affected areas and the Cyclone response. It was noted that there were extensive problems with the bulk distribution of AquaTabs in response to Cyclone Sidr, including the fact that no training was provided, people did not like the smell and taste of the treated water, and there were problems with dosage because different size tablets were distributed (Johnston 2008).
- ☐ According to Lantagne, ceramic filters have not been as widely evaluated in emergencies (three Oxfam evaluations were identified : Sri Lanka post-tsunami, a peer-reviewed journal articled from a Dominican Republic project after flooding, and a report from a Haiti project after flooding).
- ☐ The effectiveness of POU interventions following distribution without any form of promotion (as typically happens in an emergency) warrants further investigation (Ben Harvey, IRC).
- ☐ In summary, POWUT effective (particularly for cholera prevention) but in practice problematic. For all PoUWT options, training has been identified as crucial to programme success. Effectiveness is dependent on promotion and population but the effectiveness of POU

interventions following distribution without any form of promotion warrants further investigation.

Excreta Disposal - General

- ☐ There is a general consensus that there is often too much overemphasis on the installation of sanitation facilities, without sufficient attention paid to management arrangements and sustainability. This has significant impact on the effectiveness of the intervention.
- ☐ Emergency latrine construction programs can take several months to achieve the minimum of humanitarian standards. Therefore there is a need to look at the time it takes to install sanitary facilities and achieve sufficient levels of behaviour change to ensure high levels of usage.

Excreta Disposal - Usage vs Access in Emergencies

- ☐ In respect to latrine coverage and access to sanitation facilities there is a need to investigate what level of latrines use/safe excreta disposal (e.g. % of population using latrines or other safe excreta disposal methods) would result in a substantive health benefit as a primary barrier? In theory, there should be very little impact on reducing diarrhoeal transmission where access (and consequently usage) is low but at present we do not know at what stage the increasing access stimulate greater usage. But there are of course other factors that will play a key role in whether or not people use it. A specific question is the question is total sanitation required? (Ben Harvey- IRC), referring to the argument that even one of 2 people practicing open defecation creates a significant health risk the rest of the emergency community.

Excreta Disposal - Technology Choice in Emergencies

- ☐ Although there is literature about the types of sanitation technology that may be appropriate in the emergency context, there is not presently a framework to guide decision makers towards the identification of the most appropriate latrine. The phase of the emergency response is clearly a key factor in terms of the most appropriate technology.
- ☐ Choice of sanitation technology is clearly a key factor for the achievement of health benefits. Simply put, getting the technology wrong may result in complete failure of the intervention. Therefore, data regarding the effectiveness of sanitation to achieve health benefits needs to be taken within the context of the type of latrine and how well it is maintained, which can subsequently influence hygiene behaviour as well as the other way around.
- ☐ The effectiveness of packet latrine (Peepoo bag) technology needs a trial and also more research into communal versus individual latrines is requited for different contexts.

Latrine Promotion in Emergencies

- ☐ What are the most effective behaviour change methods for encouraging latrine use? There is a need to explore in greater depth how social marketing may apply in the case of emergency response operations.
- ☐ Experiences from CLTS are only just emerging and there would need to be a more detailed assessment to consider whether this approach would be effective in the emergency environment and specifically what physical and social environment.

Hygiene Promotion in Emergencies

- ☐ Although there are some staunch advocates of hygiene promotion, there are others who believe that we have yet to demonstrate sufficiently that hygiene promotion really makes a difference.
- ☐ A potential important area of research is the receptiveness of populations to different hygiene behaviour promotional techniques and a focus on their ability to respond to these and adopted

new behaviours. A key issue related to this that is especially relevant in the emergency context may be the psychological status of the population.

- ☐ It would be useful to assess the role of hygiene education alone compared to hygiene education and water treatment or storage improvements (as attempted by Wilson and Neveu 1995) to see how much hygiene education contributes to the apparent health benefits of such interventions. However, in most cases this is probably not a realistic proposition as it would be considered unethical to deny disaster affected populations access to basic water supply and sanitation.

Hygiene Promotion - What Activities are Most Effective and to whom?

- ☐ In IFRC's experience in 8 countries in Eastern Africa, PHAST has proven to be a useful hygiene promotion tool for development work and in long-term refugee settings. It is also potentially useful in emergency contexts in order to help rapidly identify key hygiene risks and risk groups, and involve the affected population in developing strategies for reducing risk. How effective is the faster PHAST process and methodology (in an emergency (as opposed to use of participatory tools in isolation)? Research is underway to assess the effectiveness of the faster PHAST approach.
- ☐ A pre-prepared kit of materials and equipment may help to implement the process rapidly, and as preparedness is essential for enabling PHAST to be fast trained staff can be deployed at short notice to help implement PHAST in an emergency.
- ☐ Is it beneficial to carry out one-to-one motivational interviewing for hygiene promotion in emergencies or will it suffice to work at the communal level?
- ☐ Are the hygiene promotion activities influencing the behaviour or children (either directly or indirectly)?
- ☐ Is it beneficial to carry out one-to-one motivational interviewing for hygiene promotion in emergencies or will it suffice to work at the communal level?
- ☐ To ensure that hygiene promotion is effective, how much resources need to be put into it to ensure that the desired outcome is achieved?

Hygiene Promotion: Receptiveness of Populations

- ☐ Does the acute emergency context predispose people to change their practices?
- ☐ A potential important area of research is the receptiveness of populations to different hygiene behaviour promotional techniques and a focus on their ability to respond to these and adopted new behaviours.
- ☐ A key issue related to this that is especially relevant in the emergency context may be the psychological status of the population. For instance, if an individual is in a state of mental/emotional turmoil, they may not be in the right frame of mind to respond to behavioural change interventions.

Hygiene Promotion Kits in Emergencies and the Importance of Soap

- ☐ Peterson et al (1998) carried out a systematic sample of 402 households in one portion of a refugee camp in Malawi which housed 64 000 Mozambican refugees. The findings suggest that the provision of regular and adequate soap rations, even in the absence of a behaviour modification or education program, can play an important role in reducing diarrhoea in refugee populations.
- ☐ Provision of soap to refugees without emphasis on its promotion requires further investigation. Based upon the experience from Peterson, it is important to plan for additional research to evaluate whether the provision of soap can result in desirable health benefits without the focus on hygiene promotion. Impact of distributing massive quantities of soap alone without other hygiene items vs distributing family hygiene kits that contain soap (and the importance of soap is lost).

Hygiene Promotion in Emergencies and Cost Effectiveness

- ☐ Existing results indicates that hygiene promotion is the most cost effective but these results may not be relevant as most of the data is from development situation. Evidently if something has some impact and costs very little, then it is a potentially a more attractive options than one that only has a little additional benefit but costs a lot more.
- ☐ The issue of costs seems to be factor that is not mentioned in the literature and there is a need for a concerted effort to collect and compare cost data. More research to assess the impacts of transitions from crisis emergency response to more stable "emergency".

Primary Barriers vs. Secondary Barriers in Emergency Settings

- ☐ What level of latrines use/safe excreta disposal (e.g. % of population using latrines or other safe excreta disposal methods) would result in a substantive health benefit as a primary barrier?
- ☐ Is the household centred approach to diarrheal disease reduction the most effective way of reducing diarrheal disease? (Ben Harvey- IRC).

Epidemiological Impact

- ☐ At present, there does not appear be a systematic review and assessment of pathogen pathways within different emergency contexts and how these are affected by the physical and social environment. A description of the epidemiological conditions associated with these contexts and how the effectiveness of WASH intervention will be affected by the type of environment in which the relief organization is operating.
- ☐ There is a need to look at disease transmission routes and consider if a household centred approach is the most effective way of reducing diarrheal disease. This could be used as the basis for improving the understanding of health risks in these different environments and thus potentially improve decision-making and program planning.
- ☐ Although the expected impacts of climate change (such as temperature rise) on pathogen transmission are recognized (notably those related to insect vectors), there is insufficient consideration to date as to what this is likely to mean for environmental health in emergency situations and how these may affect humanitarian aid responses.
- ☐ It is important to consider children in emergency situations, although clearly the evidence base argues for the need to focus on children for various reasons, this does not appear to be an aspect which has been looked at in sufficient depth in shorter term relief efforts. Age is not taken into account sufficiently in the epidemiological studies in the literature.
- ☐ We know that in some situations epidemics occur and in others they don't. Do we have rationale basis for assessing these risks in order to help agencies estimate whether an epidemic (notably cholera) is expected and therefore plan accordingly?

Factors that affect sustainability of water systems[10]

External factors	Internal factors (within communities) or affected by project design
1. Legislation, policies & political support. 2. Efficiency of intermediate level actors – Govt, NGOs, private sector. 3. Availability of donors or funding sources. 4. Availability of spares and materials. 5. Standardisation of approaches across the sector. 6. Water resource availability. 7. Risks from natural disasters, conflicts & vulnerability.	8. Quality of leadership in the community. 9. Gender divisions, inequity & social cohesion. 10. Management capacities, baseline skills, education & capacities and an effective management system have been developed. 11. Existence & enforcement of rules. 12. Community sense of ownership & legal ownership. 13. Community commitment to the project, willingness & ability to pay for the capital costs of the project. 14. Existence of an effective management system for O&M and financing O&M. 15. An effective mechanism for collecting and managing funds for recurrent costs. 16. The community has the willingness & ability to raise money for major rehabilitation or replacement. 17. Appropriate service level & technology. 18. Systems appropriate to livelihoods. 19. Environmental sustainability.

Additional factors which affect sustainability in vulnerable contexts

Conflicts & areas with marginalised groups, neglected or targeted by governments	Resource based conflicts & communities badly affected by HIV/AIDS	Natural disasters
• **Working with Governments vs ensuring political neutrality?** • **Working with insurgents when they control certain areas?** • **Neutrality of possible partner organisations?** • **War damage, landmines, direct targeting water supplies** • **Trained staff – killed, displaced, unable to access areas** • **Looting of pipes, transformers etc** • **No spare parts, economy damaged** • **Very high inflation, no ability to save** • **Marginalised groups may have limited formal education, remoteness** • **Changing population numbers – forced or coerced displacement**	• **Particularly challenging for dryland areas & where competing livelihood bases** • **Increasing populations following water improvements:** • **Exacerbating conflicts,** • **Increased environmental stress** • **Death of trained people from HIV/AIDS** • **Less funds available to elderly or child headed households**	• **Climate change – changing patterns** • **Repeated disasters & dependency** • **Limited disaster preparedness & reduction** • **Expense - disaster mitigation for protection works, earthquake resistant construction etc** • **Loss of life including trained personnel**

Emergency, development continuum & contiguum				
Features of programmes contributing to longer term sustainability	**Disaster Risk Reduction (DRR) =** **Disaster Preparedness (DPrep)** **&** **Disaster Mitigation (DM)** **&** **Disaster Prevention (DPrev)**	**Acute Emergency** **Natural disaster** **Conflict** **Complex**	**Transitional phase** **LRRD** **Recovery** **Rehabilitation** **Post-conflict & DDR** **'The grey area'**	**Development** **(& DRR)**
		Chronic situations, structural crises, discrimination, neglect **Protracted crises**		
	Different levels of the above contexts can co-exist (Contiguum) and situations can also fluctuate back and forwards			
Main focus	Minimising risks and vulnerabilities to disasters and reinforcing capacities for response Prevention, mitigation & preparedness	Ensuring survival & dignity	Recovery, rehabilitation and working towards longer term development Reducing dependence on external aid Reintegration & stabilisation in post-conflict situations	Longer term development and sustainability DRR should be part of this context
Activities which will contribute towards sustainability of WASH interventions	Communities identify vulnerabilities Designing appropriate strategies to reduce vulnerability Designing to minimise impacts of disasters Implementing DRR activities	Advocacy re populations who are discriminated against & designing specific responses which will strengthen own ability to sustain WASH Projects designed to make longer term sustainability possible (whenever possible & appropriate)	Supporting the re-establishment of community cohesion through management of WASH More emphasis on building links & capacity of local actors – Govt, NGO, private sector Developing & strengthening partnerships Rehabilitating to minimise the impact of future disasters Projects designed to make longer term sustainability possible	Community managed projects, or community choice of alternative management models Training of community management skills, technical capacity, financial management Development of effective spare parts network More emphasis on building capacity of local actors – Govt, NGO, private sector – sustainability and respect for rights
Activities contributing to equitable and sustainable WASH – across all contexts	**Involve communities at each stage of the project cycle** – leadership, representatives throughout community, vulnerable groups, technical personnel **Listen to communities own expressed needs and learn about their own efforts to recovery** – try to support these rather than impose imported solutions **Consider and respond to equity related needs** – gender and other equity related factors, age, ethnicity, PLWHA, disability, elderly, child, female h/h etc **Working collaboratively with (ideally through) local partners** – wherever possible – particularly Govt & local NGOs (may be challenging during conflict situations) **Capacity building** – community members, Govt, NGO, networks, private sector **Contributions to capacity building of national institutions** – likely to be more difficult in the emergency phase & also where there is discrimination			

Recommendations for improving sustainability and disengagement strategies in vulnerable contexts

(Taken from ACF-IN (2007) How to make WASH Projects Sustainable and Successfully Disengage in Vulnerable Contexts; A practical manual of recommendations & good practices based on a case study of five ACF-IN water, sanitation and hygiene projects')

Recommendations – strategic and institutional

1. Be honest with donors, other sector actors and communities, about the challenges which are generally faced in trying to support sustainable projects and the additional challenges which are faced from vulnerable contexts.
2. The transition from emergency to increased stability and ideally development needs an increasing alignment with government policies and structures. Whilst governments face many challenges to undertaking their responsibilities, effort should still be made to make the linkages and align with national institutions policies wherever possible.
3. INGOs should advocate and lobby with the larger donors to pay more attention to the transitional context and to give attention to capacity building intermediate level actors for longer term back up to communities for operation and maintenance, supporting spare parts chains, and other sector wide issues.
4. Working in partnership as standard procedure, helping to build the capacity of local institutions whilst at the same time benefiting from their local knowledge, links and experiences, and hopefully contributing the leaving behind stronger institutions when the external organisation leaves the vulnerable context. Partnerships should be for a number of years and focus on institution building as well as programme support.
5. Country programmes should make sure that they develop disengagement or exit strategies, which can also be considered as 'sustainability strategies' for – (i) individual projects; (ii) programme areas; and for (iii) the country programme. The earlier these are determined, the more chance there will be to incorporate them into the programme strategies and the country programme's longer term aims and hence more chance for success.
6. To continue working towards recruiting staff and volunteers for longer periods.
7. Pay more attention to showing that staff are valued and continue the process of putting more resources and support to committed and capable staff (particularly national staff) to build their capacities and confidence to take on senior posts.
8. Reinforce local institutions and structures and contribute to policies and development plans.
9. Allocate a % of untied funding to pay for regular (annual) monitoring of previous projects for a lesson learning exercise to feed into current programmes, if funding is not available from donors.
10. Develop standard minimum evaluation requirements in relation to sustainability for external evaluations. Currently the level of understanding or discussion on the factors affecting sustainability shown in a range of external evaluation reports varies. Ensure that the evaluators are given a realistic number of days for the evaluations to be able to pay more than superficial attention to sustainability issues.

Recommendations - programme & project design:

1. Spend more time undertaking analysis of the risk factors for sustainability in each context and in following up and learning in relation to the successes and challenges faced.
2. Ensure that new projects include a budget for follow up back-stopping support to previous projects.

3. Make more effort to engage local intermediate level actors in the projects to increase their attention to sustainability and ensure that communities know where they can go for help if they face a problem they are unable to solve.
4. Remain working in the same areas for higher coverage, than moving areas when there is still need, as this has multiple benefits relating to building links with intermediate level actors, contributing to capacity building of the same, providing opportunities for effective spare parts networks, and communities to share experiences with each other.
5. Be clear as programme teams on the implications of each type of project supported – management, financial, technical, renewal at the end of the design life, advantages and disadvantages of each option, before working with communities, so that this information is readily available to communities when initiating projects[11].
6. Offer a number of technical options and levels of service and provide the communities with enough information to make an informed choice – use the water ladder and the sanitation ladder approaches.
7. Consider different models for management and allow communities a degree of choice depending on which they feel will work best in their communities. Do not take the community voluntary committee management model as the default model assumed to be the correct one, or communities to collect monthly payments, but consider them as options.
8. Financial mismanagement is one of the key risks to community solidarity with water and sanitation committees and so particular attention should be made to ensure that there is a good system of regulation or clear audit processes in place which the whole community is aware of.
9. More attention to be given to understanding community dynamics and gender and equity related issues, making sure that the more marginalized members of the communities needs are heard and that increasing levels of support are given to encourage both women and men to share management, technical and hygiene promotion responsibilities.
10. Use village-to-village visits to give communities the opportunity to learn from each other on both successful and problematic management of WASH.
11. More attention to be given to opportunities for income generation within communities to help sustain interest of volunteers and pay for maintenance.

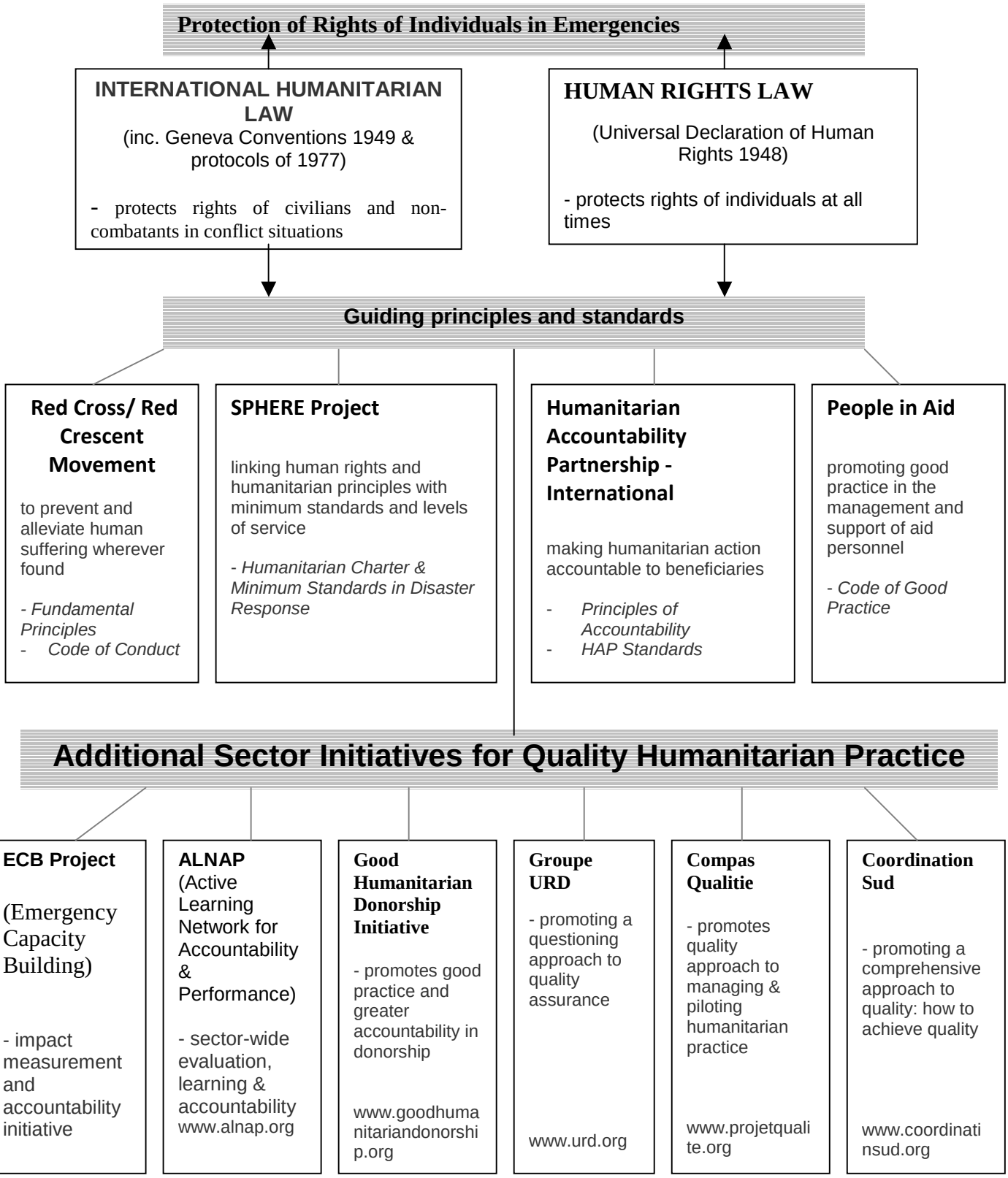
Recommendations to donors:

1. Support longer project durations in transitional or vulnerable contexts[12], including for hygiene and sanitation promotion and change procedures to reduce the delays in awarding new projects which leads to negative impacts for implementation, including less time to work with communities on the elements which affect longer term sustainability.
2. Discuss as a topic at donor harmonisation meetings – practical ways of supporting LRRD, including funding follow up of previous projects over a number of subsequent projects.
3. Support national spare parts networks as a matter of urgency in countries where handpumps are widely used and only fund the sectors standardised pump(s) when organisations who are being funded are importing pumps, alongside development and trial of local models which have easier maintenance.
4. Include funds for capacity building for staff in transitional contexts.
5. Less emphasis on the number of people supported for small sums of money, but more on the quality of work and longer-term support for a multiplication of benefits, particularly in non-acute scenarios. In non-acute situations, is it really better to limit the spending per head and have projects fail soon after completion? Who does this really benefit?

6. Be more open to different approaches including the private sector and self-supply, particularly in urban and particular problem areas such as dryland contexts where community management is more challenging.
7. Encourage organisations to allocate a % of the total programme budget, staffing and overhead costs to providing occasional ongoing support to previous projects (which can be funded by various donors and not necessarily the donor funding the follow up projects).
8. Fund requests from INGOs and other implementing partners to undertake regular (annual) monitoring of previous projects for a lesson learning exercise to feed into current programmes.
9. Support thematic technical workshops and peer monitoring[13] to help assist harmonization of approaches / peer learning where sector coordination is weak or there is an absence of guidelines in vulnerable contexts.
10. Consider regular sector wide evaluations of a selection of projects in relation to longer term impacts of short term emergency funding.
11. Where UNICEF does not have the capacity to support the Government in its WASH sector coordination role or capacity building for sector leadership during LRRD phases, consider funding a specific post with this specific term of reference (and not watered down by having numerous programme related tasks)[14].
12. There is a need to help break down 'the glass wall' between the development and emergency sector actors[15] through inter-disciplinary dialogue and learning opportunities.
13. Not insisting on putting labels on everything would contribute to encouraging standardisation of hygiene promotion materials and more ownership by communities (rather than seeing the facilities as belonging to the implementing agency or donors).

Produced in collaboration with

Sources of Humanitarian Guiding Principles & Standards



ASK, LISTEN, COMMUNICATE WASH Accountability Checklist ASK, LISTEN, COMMUNICATE

"We acknowledge that our fundamental accountability must be to those we seek to assist."

Sphere Humanitarian Charter

Accountability can be seen as having 5 dimensions:

I. **Transparency T**
II. **Feedback and Complaints F**
III. **Participation P**
IV. **Staff competencies and attitudes S**
V. **Monitoring and Evaluation M**

In practical terms the emphasis is on **active listening, a respectful attitude and the ability to empathise with those affected**. The formal and informal **provision of adequate and timely information** is also critical. The checklist is not prescriptive and it is intended that it will be agreed by each team and adapted to their specific context.

First Phase/Acute		Dimension	Scale 1-5
1.	Agency staff members always **treat affected women, men and children with respect** (e.g. showing courtesy and patience, meeting them on their terms, actively seeking their viewpoint on all programme issues, sharing project information openly and recognising the vital contribution this has to people's recovery.) HAP Benchmark 4	S	
2.	Agency staff members **do not abuse their position of power as per the Staff Code of Conduct** (e.g. by asking for any kind of favour from those affected in return for assistance). This is a serious offence and provides grounds for disciplinary proceedings. HAP Benchmark 4	S	
3.	WASH personnel do not enter a community /camp /settlement without first discussing and **seeking permission** from the local leadership or representatives where available. HAP Benchmark 3	P	
4.	**Photographs are not be taken indiscriminately** and wherever possible the consent of the person being photographed must be obtained. HAP Benchmark 2 & 3	T, P	
5.	Where vehicles are used, they are **parked discreetly** and the WASH team does not consult with community members from their vehicles. **Sit at the same level** as the person you are discussing with e.g. on the ground or crouching down. HAP Benchmark 3	P	
6.	WASH staff will **dress appropriately** and take cultural norms into consideration. HAP Benchmark 4	S	
7.	WASH personnel will **plan community meetings** in advance at a time that is mutually convenient and allows maximum participation. They will attend all meetings on time or provide an explanation for the delay (which may be due to late arrival of community members). HAP Benchmark 3	P	
8.	The **recruitment of both male and female staff must be ensured** and female staff especially should be available to consult with female community members. HAP Benchmark 3 & 4	P, S	
9.	Where WASH personnel do not speak the same language as the affected community, **interpreters must be provided.** WASH personnel should also limit discussions amongst themselves that cannot be understood by the affected community. Every effort must be made to **recruit WASH personnel who speak the same language as those affected.** HAP Benchmark 2 & 4 [	T, S	
10.	All WASH personnel **will identify themselves** (e.g. by using badges stating name and agency/wearing ID cards with photographs) when working in the field. (Security considerations must be adhered to and take precedence). HAP Benchmark 2	T	
11.	Agency staff members will **consult women and men separately** and will discuss the programme with **the most vulnerable groups (e.g. children, older people and those with disabilities)**. They will identify the main social groupings in the community, including the most marginalised, and consider their priorities. HAP Benchmark 3	P	
12.	People/communities are **systematically provided with information** on the following: • Name of organisation and contact details • Names of staff working in their location • Proposed plan of action/follow up visits/feedback • Source of funding and proposed expenditure • Type and duration of intervention • Dates and times for community meetings • Targeting criteria (should be agreed previously through community discussions) • How to make a complaint and the right to receive a reply • Agreed roles & responsibilities of agency and communities • Expected standards of behaviour HAP Benchmark 2	T	
13.	People/communities are informed that they have the **right to provide feedback or suggestions** (good or bad) and a right to receive a reply on the work being undertaken and on staff conduct (and that the agency has an obligation to respond promptly to complaints) HAP Benchmark 2	F, P, M	
14.	Feedback on the **design and siting/location** of toilets, washrooms, laundry slabs and water points will be actively sought from women, men, boys and girls as well as people with special needs or vulnerabilities such as those with disabilities. HAP Benchmark 3	F, P, M	
15.	Discussions must be held, with **women, children, older people and those with disabilities** on **safe access** to water and sanitation facilities e.g. location of facilities, provision of locks, lighting, clearing of bushes etc. HAP Benchmark 3	P	
16.	The **degree of satisfaction** with first phase hygiene kits or NFI's will be monitored as quickly as possible following distribution and **input sought into the content** of subsequent hygiene kits (and preferred brands where feasible). HAP Benchmark 3	F, P, M	
17.	Consultation **with women by women** will be held to determine appropriate requirements for female menstruation and the method of provision (e.g. lingerie fairs, vouchers etc). HAP Benchmark 3	P	
18.	WASH staff will **identify the local institutions** responsible for delivering water and sanitation services, discuss plans	P	

	with them and **seek their input and guidance.** HAP Benchmark 3		
19.	**Communication, collaboration and co-ordination with other WASH staff and other WASH agencies** should be seen as a key aspect of every fieldworker's job description., HAP Benchmark 4	**S**	
20.	The decision to pay for community labour or outreach systems must be considered in the light of its impact on longer-term development and **where unavoidable should be explained** to the affected population. HAP Benchmark 2 & 3	**T, P**	
21.	**Monitoring systems** should seek to involve community members and to identify their perspective on success and failure as well as measure client satisfaction and degree of participation. HAP Benchmark 3 & 6	**P, M**	
22.	Feedback on all **HP communication materials** should also be obtained and this should inform future adaptation and development HAP Benchmark 3 and 6	**P, M**	
23.	The WASH team will regularly assess **what social groups have been consulted and which omitted** and attempts will be made to ensure ongoing contact with the most vulnerable groups. HAP Benchmark 3&6	**P, M**	
24.	Where feasible **relevant feedback** from assessments, monitoring and evaluation **will be provided to community** members and they should have an opportunity to comment on the findings and process of the assessment or monitoring. HAP Benchmark 3	**T, P**	
25.	**ALL WASH staff** (including community volunteers or mobilisers) **will be adequately prepared** to enable them to work in a transparent and supportive way with those affected (recruitment, job descriptions, orientation, training, ongoing mentoring and support). HAP Benchmark 4	**S**	
Second Phase/Chronic Emergency		**Dimension**	**Scale 1-5**
1.	**MoUs** or partnership agreements should be signed with user groups to ensure that the respective responsibilities of service provider and user are adhered to. HAP Benchmark 3	**T, P**	
2.	Attention must be paid to **long-term management** of facilities by strengthening links with, and the capacity of, national structures and systems/user groups/committees etc. HAP Benchmark 1	**P, M**	
3.	**Ongoing information** is systematically provided to affected women and men using the means that they favour (e.g. community meetings, information sheets, notice boards with pictures, radio, posters, newspapers etc) and the language of their choice. HAP Benchmark 2 & 3	**T**	
4.	Programmes will be designed **according to each specific context, based on discussion with users** and a standard 'one size fits all' approach will be avoided. Management options must also be discussed. HAP Benchmark 2	**T**	
5.	WASH facilities must be **completed as agreed** and should enable communities to maintain them easily (e.g. plastering, drainage, etc.) HAP Benchmark 1	**M**	
6.	Organisational branding (use of logos on shelters, NFIs, notice boards etc.) will not be used indiscriminately without the consent of affected populations. HAP Benchmark 2 & 3	**T, P**	
7.	Where feasible agency staff members should try to make some **time for informal, discussions** during the project cycle - discussing whatever is important to local people. HAP Benchmark 3	**P**	
8.	**Regular reports of actual performance** in relation to previously agreed goals are provided to the affected communities. Those affected should have an opportunity to ask questions, discuss and/or challenge these. HAP Benchmark 2 & 3	**T**	
9.	Any **significant changes** to programme goals or activities; or the budget; or to key contacts are provided promptly to representatives/user groups. HAP Benchmark 2	**T**	
10.	Ways should be sought to provide information on expenditure e.g. the costs of materials/suppliers etc. and how community members can help to guard against corruption. HAP Benchmark 2 & 3	**T, P**	
11.	Managers model open, inclusive and respectful behaviour within the staff team (e.g. making decisions in a transparent and inclusive way, welcoming divergent views and encouraging collaboration and team-working) HAP Benchmarks 1 and 4	**P, S**	
12.	All staff can explain the meaning of 'accountability to the community' and can give examples of how they have been accountable to the people they provide services to. HAP Benchmark 4	**S**	
13.	A robust quality management system must be put in place to support staff and project development. HAP Benchmark 1	**All**	
14.	A clear and **transparent 'exit strategy'** must be discussed and communicated to affected communities. **(ADD OR ADAPT INDICATORS AS REQUIRED)**	**T, P**	

Adapted from: Accountability to Beneficiaries: A Practical Checklist Mango 2007

Resources:

The Good Enough Guide: Impact Measurement and Accountability in Emergencies (2007) Emergency Capacity Building Project: http://www.oxfam.org.uk/what_we_do/resources/downloads/Good_Enough_Guide.pdf
Sphere: Humanitarian Charter and Minimum Standards in Disaster Response (Includes the Red Cross Code of Conduct): www.sphereproject.org
HAP International (2008): The guide to the HAP Standard, Humanitarian Accountability and Quality Management, available online at http://publications.oxfam.org.uk/oxfam/add_info_051.asp
HAP 2007 Standard in Humanitarian Accountability and Quality Management, available online at http://www.hapinternational.org/standards.aspx

WASH Advocacy in Emergencies

The material in this handout is taken from, 'The Human Right to Water and Sanitation in Emergency Situations: An Advocacy Tool WASH Cluster Project 2008 (draft).

The stated aim of this handbook is: 'to supply organizations with sufficient information on the right to water and sanitation - its legal nature, scope, normative content, roles and responsibilities of different actors - to enable them to build up rights-based advocacy activities at international and national levels. For more information go to the website: www.humanitarianreform.org

What is advocacy?

Generally speaking, advocacy in situations of emergency can be defined as:

"Deliberate efforts based on demonstrated evidence, to persuade those in authority to adopt certain policies or actions in order to protect people affected by disasters or by conflicts".[16]

Ordinarily, the objective of advocacy in emergency situations is:[17]

- To help protect the rights of all persons caught up in an emergency situation by drawing attention to their rights and needs;
- To promote the rights of populations affected by disasters or by conflict;
- To gain political and social commitment and support for that cause (i.e. the promotion of human rights);
- To boost financial support from donors and the international community;
- To promote observance of international laws and standards.

Advocacy is one of the key components of the strategies of most humanitarian agencies and is considered to be part and parcel of any humanitarian response to emergencies. The goal of advocacy in humanitarian emergency situations is not to replace the assistance being made available on the ground. It can, however, be a powerful tool to improve, support and mobilize additional funds for such field assistance.

A rights-based advocacy approach to water issues is effective precisely because it invokes the language of legal rights and legally-binding state obligations, and violations, all of which are concerned with the relationship between individuals and the community as rights-holders and the state, or other responsible authorities, as duty-bearers.

Developing advocacy should never jeopardize the security of the teams on the ground nor the assistance and protection afforded to populations caught up in an emergency situation. On the contrary, advocacy must support the action being instigated and developed.

Generally speaking, in order to put a rights-based advocacy approach to emergencies into practice, humanitarian staff should be able to respond to three questions:

- What rights do people have? (reference to the different existing sources of international and national laws)
- What aspects of the human right to water and sanitation are being denied? (violations or disrespect)
- What opportunities exist to change people's access to their rights? (opportunity to develop advocacy at international and national levels)

Who is responsible for realizing the human right to water and sanitation?

States are primarily responsible for implementing fundamental human rights and ensuring the satisfaction of the basic needs of all individuals living within their jurisdictions or in areas under the effective control of their armed forces (in cases of occupation or intervention). However, today, NGOs, International Organizations and Red Cross and Red Crescent Movements have an increasingly important custodial role to play in ensuring the fulfillment of basic human needs and putting fundamental human rights such as the right to water and sanitation into practice, especially in

emergency situations where the capacity to act of the State is often undermined. Moreover, it is an innate principle of the charters of most humanitarian agencies to ensure that the rights of those affected by catastrophe or armed conflict (as defined by human rights law, international humanitarian law and refugee law) are respected, protected and implemented. As a result, humanitarian aid agencies have promoted two fundamental principles: the responsibility to assist and the responsibility to protect.

So, in order to deal with emergency situations in an appropriate manner it is essential that humanitarian staff thoroughly understand the importance of humanitarian principles and the rights of populations in emergencies.

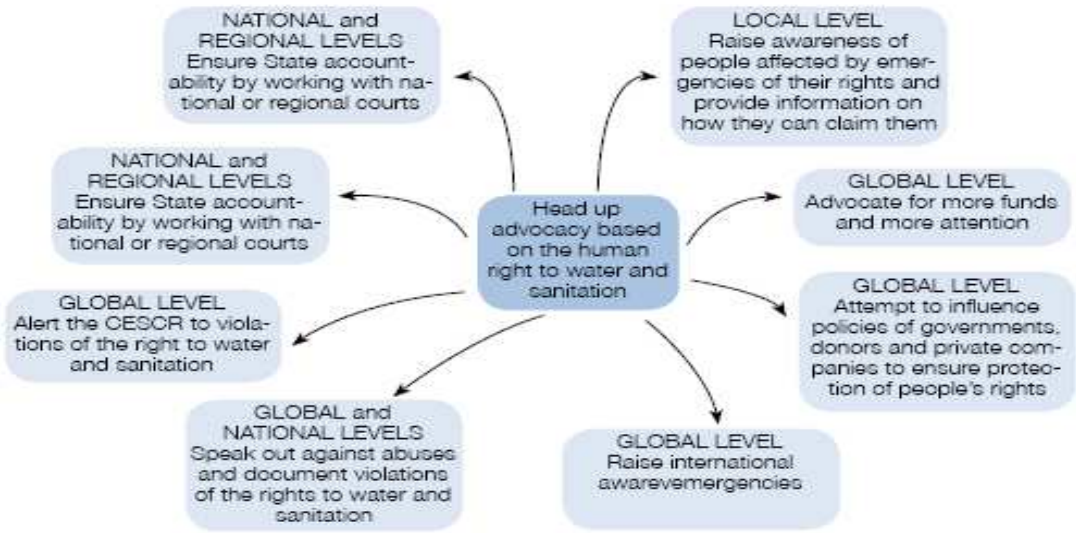
In our work, we should bear in mind:

- The right to water and sanitation is comprehensively included in other economic, social and cultural rights protected under the ICESCR. Observance of these latter rights is supervised by the CESCR, which is the ICESCR's monitoring body. The CESCR examines reports submitted by States parties. We should therefore recommend the systematic examination of the treatment of the human right to water as a component of economic, social and cultural rights by the panel of experts constituting the CESCR and ensure that this is carried out[49] (see Part 3).
- We should advocate for better recognition of the right to water as a fundamental component of the right to life, housing, health and food all of which are protected under human rights law.
- We should also advocate for the formal recognition of sanitation (which often lags behind recognition of water) as a right encompassed within ICESCR.

Key:
ICESCR - International Covenant on Economic, Social and Cultural Rights
CESCR – The Committee on Economic, Social and Cultural Rights is responsible for monitoring the implementation of the ICESCR by States parties.

Human rights are always applicable at all times, even in emergency situations. For this reason, it must yet again be emphasized that these rights provide key actors, and especially humanitarian actors, with the tools they must have if, in compliance with their humanitarian mandate, they are to successfully advocate for the respect, the protection and the fulfillment of the human right to water and sanitation, considered as a human right, especially for the most vulnerable populations in emergency situations.

Different Types of Advocacy Initiatives



Key steps for planning advocacy activities[18]

What is advocacy?

The word advocacy has its origins in law, but its modern meaning is the process of managing information and knowledge strategically to change or influence policies and practices that affect the lives of people (particularly the disadvantaged). In this sense the process for planning advocacy initiatives bears many resemblances with the planning of hygiene promotion. However, generally speaking advocacy is often aimed mainly at those in positions of power and influence so that these people then become agents for change. Hygiene Promotion initiatives can use this approach as one strategy amongst many but will also usually directly target the individual and community levels with a view to improving the lives of the most vulnerable.

Effective advocacy work needs good planning. These seven questions can guide you in the development of your advocacy plan.

1. Identifying the issues: What do we want to change?

Be as specific as you can about the issue you want to change

2. Analysis: What do we already know and what knowledge can we use?

To ensure credibility among your target groups, you ought to be well informed and familiar with more than just the key facts. For country and local activities, you will need specific information on your region and the special problems of people there. Local data will be most persuasive to local media and politicians.

3. Set objectives: What are our specific advocacy objectives, and how can we make them SMART?

As for any project or program objectives, advocacy objectives should be SMART:

- Specific (What exactly do we want to happen?)
- Measurable (Will we know when we've achieved it?)
- Achievable (Is it possible to achieve given our resources and time?)
- Relevant (Is it relevant to all stakeholders and the real problem?)
- Time-bound (By when do we want it to happen?)

4. Identifying the targets: Whom do we want to influence?

Whom are we addressing: community residents, municipal authorities, NGOs, local or national politicians, the corporate sector, journalists? Your research and analysis on your advocacy issue will have shown its specific local characteristics and the power relationships around that issue, helping you determine who has the power to effect the change you wish to take place. The better you know and define your targets, the better you will be able to select the most appropriate advocacy tools and approaches to reach and influence them.

5. Identifying allies: Whom can we work with?

Start by gathering information on potential partners. Co-ordinate and collaborate with other NGOs. Remember to reach out to less conventional groups. Approach a wide range of partners with an outline of activities and events to discuss and agree upon their involvement and support. Discuss their participation by focusing on their self-interest – as well as supporting a good cause, many activities can increase their visibility in the community or the general public. For example, if you are approaching actors in the private sector, find out about their Corporate Social Responsibility Strategy.

6. Developing the messages, choosing approaches and selecting the tools: How can we best reach our targets?

You will usually combine several tools, but you need first to look at a large variety of options to find the tools with the potentially biggest impact on your target groups. To develop clear messages, transform your data and information into messages that your targets can relate to. Here, sound

bites, slogans or short claims are best. Turn dry facts and statistics into easy-to-remember, clear key messages and lively stories.

Some of the most common tools used in advocacy are:

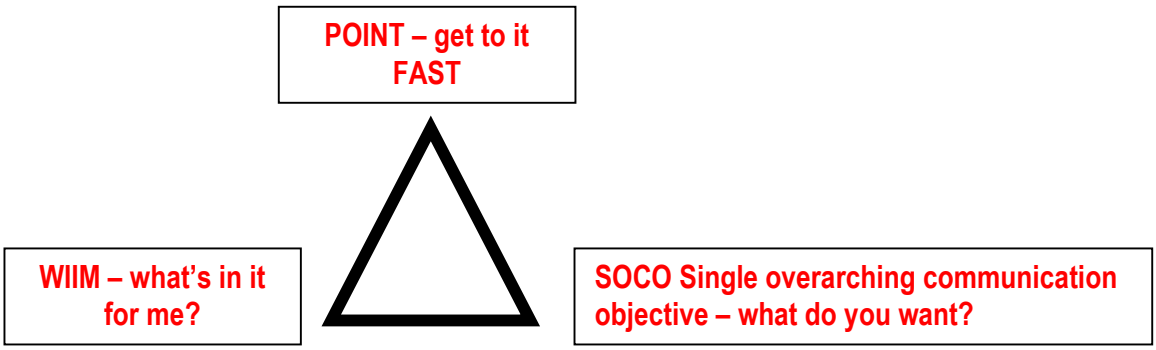
Lobbying	**Media: television, radio, press**
Meetings	**Posters, leaflets and news sheets**
Negotiation	**Audio cassettes**
Project visits	**Videos, slides**
Demonstration	**Email/internet**
Reports	**Drama**
Letter Writing	**Street Theatre**

7. Monitoring & evaluation: How can we measure the impact of our activities?

Monitoring and evaluating advocacy work requires clear yardsticks with which to measure success. It is almost impossible to monitor or evaluate progress with vague objectives. Define indicators for success for all objectives during the planning phase and incorporate them in your advocacy plan. Indicators should be drawn up for inputs, outputs, outcomes and, as much as possible, impact. If no hard, quantitative data are available to measure the impact, record whatever data – such as press clippings – is available as systematically as possible. Presenting a reasoned argument for the likely or plausible impact, based on what has been achieved to date, is often all that can be done.

Find out what impact your efforts have had to plan for follow-up action: What elements contributed to your success or failure? How many people did you reach? Inform your partners about this. Thanking the planning committee and your partners can lay ground for future collaboration.

A Good tool for advocacy is the: POINT – SOCO – WIIFM triangle[19]



Advocacy Case Study

UN/Government campaign on the right to water in Haiti[20]

In late 2008, the Government of Haiti (Water and Sanitation Cell of the Ministry of Public Works) and a number of UN agencies present in Haiti (OHCHR, UNICEF, UNDP, and the Human Rights Section of the UN Mission in Haiti, MINUSTAH) grouped together to conduct a 2-months awareness-raising campaign on "the right to clean drinkable water". The campaign began in October 2008 and ended with an official ceremony on 10 December, Human Rights Day. Follow-up action is being planned.

The action was prompted in part by the alarming statistics on access to water in Haiti: only 16.5% of the population enjoys access to adequate sanitation, according to 2008 UNDAF figures (less than 10% have running water at home). 45% are deprived of durable access to water, and 50%of households are at 30-minutes walking distance from the nearest water facility. 70% of the water consumed is untreated, according to the same source.

According to the UN agencies, the objectives of the campaign were to:

- Raise awareness of the population and the Government of Haiti on access to water as a human right (rather than a need);
- Seek an increased Government of Haiti commitment to enabling the exercise of the right to water, which could be demonstrated, for example, by ratification of the ICESCR, enactment of the Water Sanitation Bill, or an increase in government budgets related to clean drinkable water.

During its 2-months duration, the campaign participants (UN agencies, local NGOs active in remote locations, government experts, representatives of the official water and sanitation services, etc) conducted awareness-raising activities, including:

- Conferences on economic, social and cultural rights in the 8 regions where the Human Rights Section of MINUSTAH is present – the conference in the capital Port-au-Prince was held in the presence of a member of the Committee on Economic, Social and Cultural Rights (independent experts monitoring the compliance of State Parties with the ICESCR);
- Sensitization activities in high schools, universities, local government offices and remote villages where access to drinkable water is most problematic;
- Drafting a document advocating the ratification of the ICESCR;
- Joint presentations with representatives of the Ministry of Public Works on access to water and the work of the Ministry;
- Other sensitization activities with NGO partners at local level, including production and dissemination of public information materials (posters, etc) and radio broadcasts.
- A closing ceremony on 10 December 2008, focusing on the right to water.

According to the UN, the action benefited from the local knowledge and credibility of NGO partners operating in remote locations. It also benefited from the support of local authorities and government experts (even though some of the activities were directed at advocacy towards senior officials on ratification and budgetary allocations). The action will be followed-up with further advocacy, particularly around the adoption of the Water and Sanitation Bill.

INFORMATION MANAGEMENT

Designing and managing an assessment
WASH CAT assessment flowcharts
Basic checklist for planning hygiene promotion

Data analysis and reporting
Analysing qualitative & quantitative data
Example questionnaire (see Part 2 of the training)
Exercise on mortality rates

Planning and Logical Framework
Example WASH Logframe Matrix

Monitoring for Managers
Example hygiene promotion monitoring plan
Participatory monitoring and measuring participation

Impact and Evaluation
Framework for evaluation

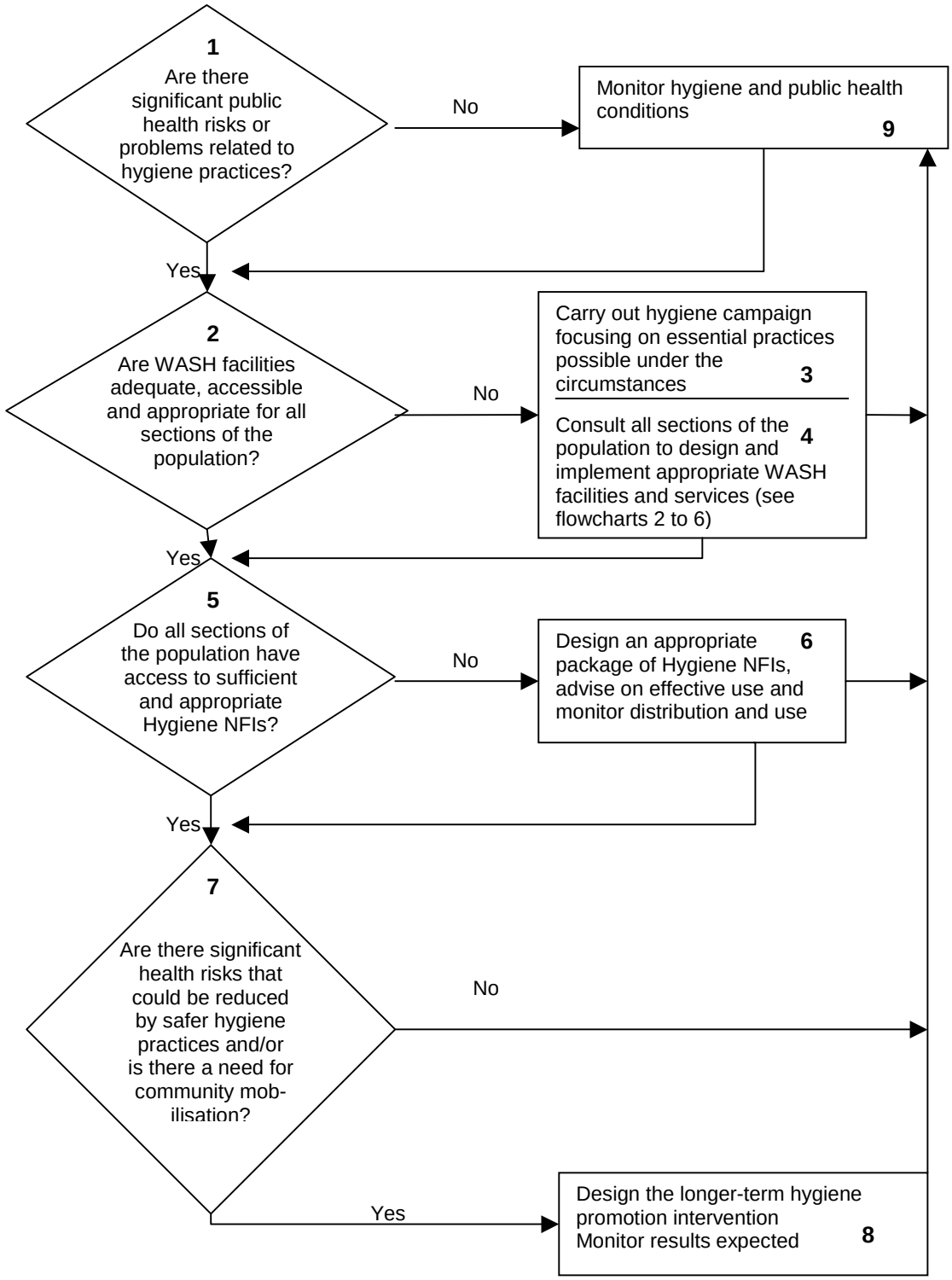
Promoting Integration
Teamwork and integration

Co-ordination Responsibilities
Draft Health and Nutrition WASH Matrix
Draft Education WASH Matrix
Draft Emergency Shelter WASH Matrix

Flowcharts for decision making for design of the response[21]

1. Hygiene promotion

(for more details on the questions or actions in this flowchart, refer to the checklist in the pages that follow)



Hygiene promotion checklist

***1.** Are there significant public health risks or problems related to hygiene practices?*

- Is there a significant presence of disease related to hygiene?
- Is there a significant problem related to essential hygiene practices (use of safe water for drinking; use of toilets; hand washing with soap at key times)?

***2.** Are WASH facilities and services adequate, accessible and appropriate for all sections of the population?*

- Is there sufficient accessible potable water?
- Are there sufficient accessible toilets?
- Is the site kept sufficiently clear of solid waste and stagnant water?
- Is there sufficient protection from vector-borne disease?
- Are there sections of the population who do not have access to available facilities?
- If so, who does not have access, and why? What specific measures are required?

***3.** Carry out hygiene campaign focusing on essential practices possible under current circumstances*

- What are the critical WASH-related health risks created by current conditions?
- What can people do right now, with available resources, to protect their health by adopting specific feasible and acceptable hygiene practices?
- What temporary measures could be taken to support the adoption of protective hygiene practices (bucket chlorination, defecation fields etc.)?

***4.** Consult all sections of the population to design and implement appropriate WASH facilities and services*

***5.** Do all sections of the population have access to sufficient and appropriate Hygiene NFIs?*

- Is there a general lack of NFIs required by the population required for hygiene with comfort and dignity?
- If so, is this because these items are not available locally, because people cannot afford to buy them or both?
- Is there a specific lack of hygiene NFIs for particular groups in the population (because they have particular needs or because they do not have access for any reason)?

***6.** Design an appropriate package of Hygiene NFIs, advise on effective use and monitor distribution and use* [22]

- What hygiene NFIs are required, in which numbers, for the population at this site?
- Which people are primarily responsible for collecting household water. Are water-collecting containers of an appropriate size available (no more than 10 litres for children)?
- What hygiene items are the population already familiar with? What items are essential for health and what items may support the dignity of the affected population? What quality of items would be most appropriate to cost-constraints and conditions of use?
- What items are required for particular groups in the population who may have specific needs?
- Are there any particular procedures or precautions that need to be explained to users of the hygiene NFI's?
- Who will procure, transport, store and distribute the hygiene NFIs? Should distribution be one-off or repeated?
- What population lists or numbers are used as a basis for distribution?
- What measures need to be taken to ensure post-distribution monitoring of appropriateness, use and impact of the hygiene NFIs distribution?
- Will hygiene NFIs need to be supplied for an extended period or will people soon be able to procure these items themselves?

7. *Are there significant health risks that could be reduced by safer hygiene practices using the WASH facilities and hygiene NFIs now available and/or is there a need or community mobilisation?*

- What hygiene practices are of concern?
- Which people / groups are involved in these practices?
- Would it be possible for people to take action to change these practices, given the appropriate advice and encouragement?
- What degree of community involvement is required to ensure effective implementation of the WASH response and appropriate participation and representation of all sections of the affected population?
- What degree of community involvement is required to ensure sustainable use, operation and maintenance of WASH facilities?

8. *Design the hygiene promotion intervention:*[23]

- What hygiene practices are of concern?
- Which people / groups are involved in these practices?
- What information or advice needs to be communicated?
- What would be appropriate ways to communicate?
- What specific results are expected and how will they be monitored?
- What individuals, organisations and networks are available to participate in hygiene promotion as staff and volunteers?
- What training will be needed for capacity development?

9. *Monitor hygiene and public health conditions*.

- Select appropriate indicators for baseline survey, regular monitoring and periodic review

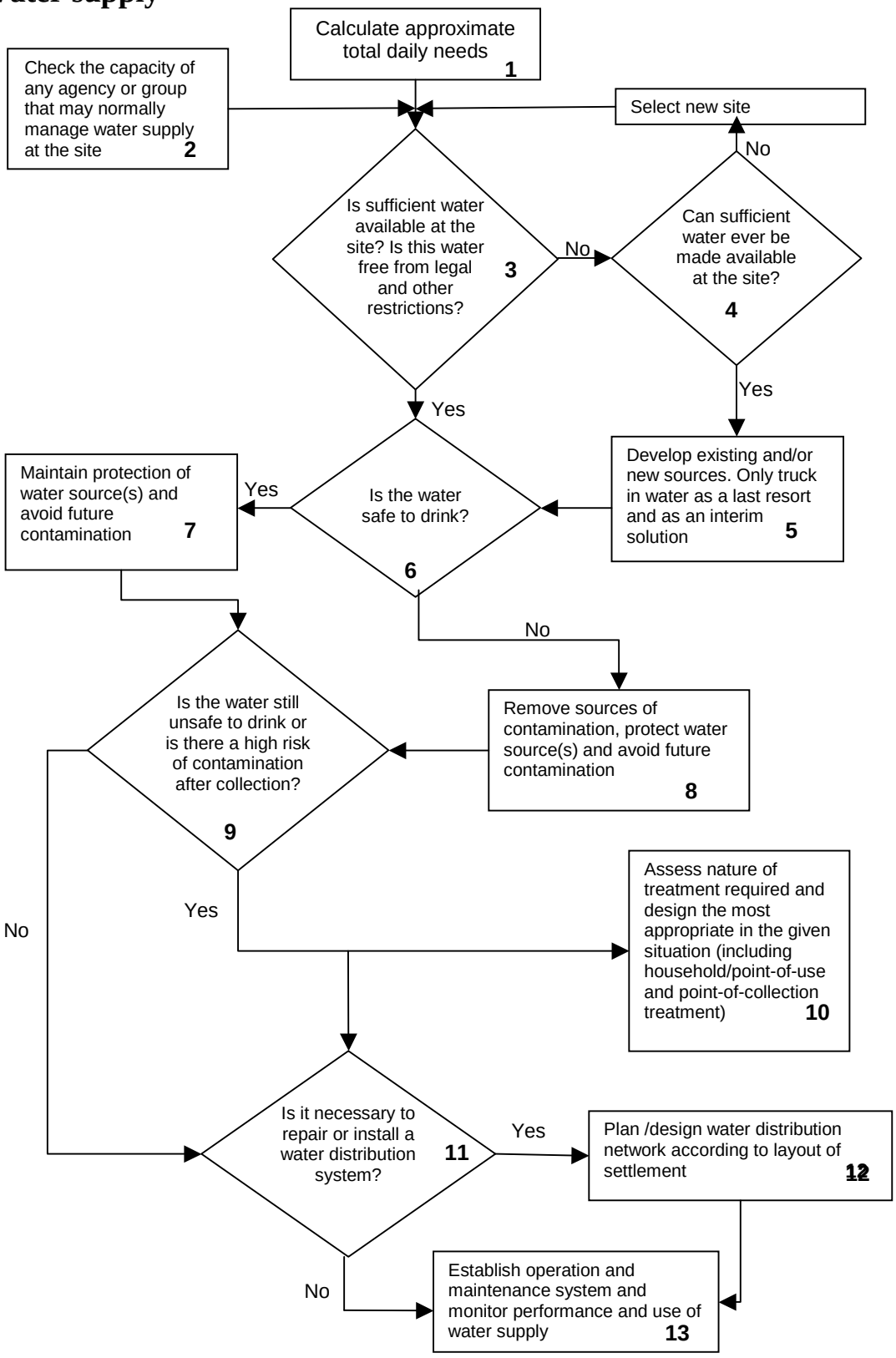
Hygiene promotion assessment documents

Almedom A, Blumenthal U, Mandeson L (1997). *Hygiene Evaluation Procedures: Approaches and methods for assessing water- and sanitation-related practices*. IT Publications, London.

WASH Hygiene Promotion Project (2008). *Indicators for monitoring.*

Ferron, S., Morgan, J., O'Reilly, M. (2007) *A practical manual for relief & development.* IT Publications London on behalf of CARE International.

2. Water supply



Adapted from: UNHCR (2007). *Handbook for Emergencies*. 3rd Edition. Geneva.
http://www.unhcr.org/publ/PUBL/471db4c92.html

Water supply checklist.

1. *Calculate approximate total daily needs*[24]

- What is the total population at the site (including people from nearby communities who may use the same water sources and likely population influxes)? Consideration of all potential users, such as households, schools, medical centre, markets, religious centres etc.
- How much water is required per person per day in this context?
- How much water is required at schools, health-care centres, markets, religious centres etc.
- How much non-potable water is required for livestock, gardens / crops, construction etc. to support livelihoods and promote public health?

2. *Check the capacity of any agency or group that may normally manage water supply at the site*

- How was water supply at this site managed, if at all, before the crisis – community based, public utility, private utility etc?
- Was there sufficient capacity (human, material and financial) to manage water supplies before the crisis?
- How has the crisis affected capacity to manage water supplies (damage to infrastructure, loss of staff, breakdown of management and support services etc.)?

3. *Is sufficient water available at the site? Is this water free from legal and other restrictions?*[25]

- What is the approximate volume of water available per day from sources within reach of the site[26]
- What legal or ownership restrictions may limit access?
- What security and protection issues need to be taken into account?

4. *Can sufficient water ever be made available at the site?*

- Are there any water sources that are currently not being used because of broken equipment?
- Could additional water sources be created sufficiently quickly to meet needs?
- Could existing sources be developed to increase their yield?

5. *Develop existing and/or new sources. Only truck in water as a last resort and as an interim solution*

6. *Is the water safe to drink?*

- Conduct water quality analysis – physical, chemical and bacteriological.
- Are sources of potable water protected from contamination?[27]
- Is there evidence of faecal contamination of water at source?

7 & 8 *Remove sources of contamination, protect water source(s) and avoid future contamination*[28]

9. *Is the water still unsafe to drink or is there a high risk of contamination after collection?*

- Is the water source impossible to protect (e.g. a lake or river exposed to contamination over a large area)?
- Is there evidence of faecal contamination of water at source or at household level?
- Do hygiene and sanitation conditions and practices create a high risk of contamination after collection (lack of suitable containers for storage, lack of handwashing facilities etc.)?

10. *Assess nature of treatment required and design the most appropriate in the given situation*[29]

- What is the quality of the raw water and predicted variations in quality?
- What is the potential to improve the quality of the raw water?
- What is the final water quality required?
- What is the stage of the emergency and predicted length of operation of any treatment system?
- How long would it take to set up different treatment options?
- Are the necessary treatment materials available in-country or do they need to be imported (important consideration for sustainability of the system)?
- How much will it cost to set up and run different treatment options?
- How easy will operation and maintenance of different treatment options be and what are local capacities for operation and maintenance?
- What is the cultural and social acceptance of different treatment options?

- Is point-of-collection treatment appropriate? (would it be more rapid to set up than treatment before distribution, are treatment supplies appropriate to the nature of the water readily available?)
- Is household / point-of-use treatment appropriate? (would it be more rapid to set up than treatment before distribution, is the technology already familiar to users or can it be introduced rapidly, are treatment supplies appropriate to the nature of the water readily available?)

11. *Is it necessary to repair or install a water distribution system?*

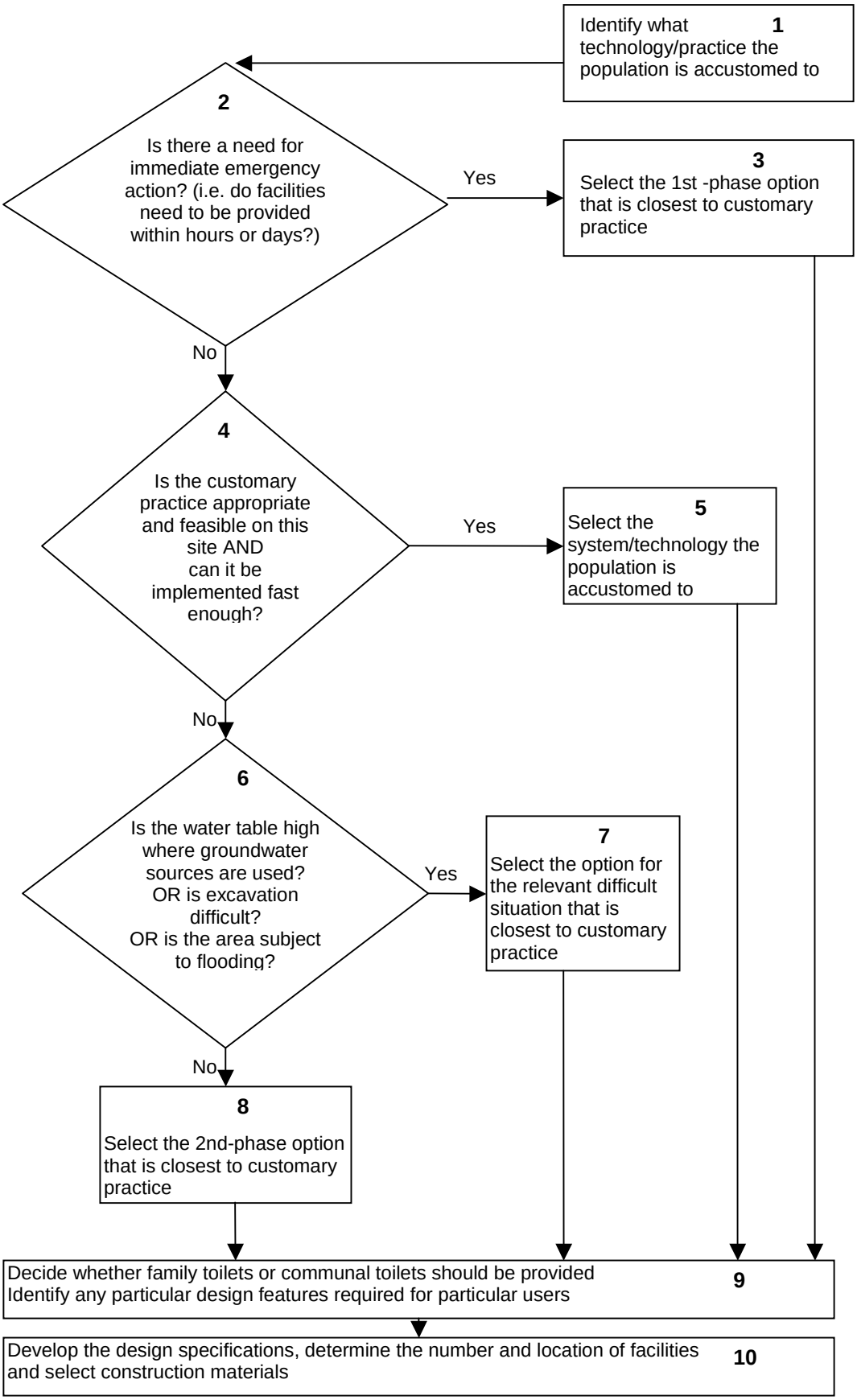
- Are water distribution points sufficiently close to people's accommodation?
- What works need to be carried out to provide safe and equitable access to water points?
- What is the likely longer-term future of the emergency settlement?

12. *Plan /design water distribution network according to layout of settlement*[30]

13. *Establish operation and maintenance system and monitor performance and use of water supply*

- Ensure appropriate links with hygiene promotion and community mobilisation for community support for operation and maintenance.
- Use agreed indicators for sharing monitoring data with the WASH cluster.

3. Excreta disposal



Adapted from WEDC (2006). *Excreta disposal in emergencies: a field manual.* Loughborough.

Excreta disposal checklist.

1. *Identify what technology/practice the population is accustomed to*

- Are there different groups in the population who are accustomed to different types of toilet?
- What social and cultural practices and beliefs are normally associated with excreta disposal in the affected population (gender matters, children's faeces, religious or cultural taboos, requirements for privacy, anal cleansing materials etc.)?
- Do the public authorities of the country promote a standard design for excreta disposal for family / public and communal facilities?

2. *Is there a need for immediate emergency action? (i.e. do facilities need to be provided within hours or days?)*

- Is there a significant amount of scattered excreta on and around the site? Are there long queues for any existing toilets?
- Do people report that they do not have an accessible, clean, safe and appropriate toilet that they can use when they need?

3. *Select the 1st -phase option that is closest to customary practice*[31]

- Clean up scattered faeces in critical locations
- Defecation fields
- Shallow trench latrines
- Deep trench latrines
- Shallow family latrines
- Bucket latrines
- Packet latrines
- Chemical toilets
- Others

4. *Is the customary practice appropriate and feasible on this site AND can it be implemented fast enough?*

- Would/do customary practices/technologies pose a health risk in the emergency situation (e.g. open defecation in a high-density environment)?
- Do the resources exist for implementing customary technologies (e.g. water for flushing toilets)?
- Would it take more than a matter of days to provide adequate access to toilets using customary technologies (e.g. by repairing broken facilities or constructing new ones take)?
- Would using alternative approaches be faster than customary technologies? Which would be more sustainable in the long term?

5. *Select the system/technology the population is accustomed to*

- Try to identify and support resources and systems for construction, operation and maintenance that were in operation before the disaster
- Use the opportunity of the emergency situation to encourage improvements in the design or operation of systems/technologies (e.g. by improving the design of toilets for people with disabilities)
- Are there existing systems / tools in place for emptying the excreta-disposal facilities? Is there an appropriate sludge containment / disposal / treatment site? If not, then what would need to be put in place to facilitate this process – consider the cultural acceptance, availability of offsite area for management, tools to remove sludge, transport etc.

6. *Is the water table high where groundwater sources are used? OR is excavation difficult? OR is the area subject to flooding?*

Consider also the following possibilities in addition to groundwater contamination, hard ground and flooding:

- People are used to water-based systems but water-borne sewerage is not possible and the ground has a low infiltration capacity;
- The ground is very soft / unstable and pit walls collapse before a sufficient depth is reached;
- Crowded urban or peri-urban areas or camps where space is limited and access is restricted;
- Toilets are not accepted by the affected population.

7. *Select the option for the relevant difficult situation that is closest to customary practice*[32]

- Raised latrines
- Sand-enveloped latrines
- Sealed pits or tanks
- Dehydrating or composting latrines

- Septic tanks or aqua-privies
- Sewerage systems (small bore and large bore)
- Overhung latrines
- Floating latrines
- Chemical toilets
- Bucket latrines
- Plastic bags
- Cat method

8. *Select the 2nd-phase option that is closest to customary practice*[33]

- Simple pit latrines
- Ventilated improved pit (VIP) latrines
- Eco-san options
- Borehole latrines
- Pour-flush latrines
- Septic tanks
- Aqua-privies
- Wastewater treatment systems
- Others

9. *Decide whether family toilets or communal toilets should be provided. Identify any particular design features required for particular users*

- Are people in this community accustomed to using family toilets or communal toilets?
- How should cleaning and maintenance of communal toilets or family toilets be organised?
- How many toilets require which particular design features for ensuring safe and comfortable use by people with specific needs (disabled, injured, frail, ill or elderly people, pregnant women, parents or siblings carrying babies etc.)?[34]

10. *Develop the design specifications, determine the number and location of facilities and select construction materials*

- How many toilets are required?
- What is the most appropriate design for short-term and longer-term interventions?
- Where should toilets be located so as to ensure easy access and protection of water sources and living areas?
- What suitable materials are available locally? What needs to be brought into the area?
- What skills and experience related to toilet construction are available and what need to be developed?
- What monitoring tools should be put in place in order to regulate / monitor the frequency of latrine emptying and or replacement?

Basic Checklist for Planning Hygiene Promotion[35]

	YES	NO
Current Practices		
Have you determined:		
Where men defaecate?	☐	☐
Where women defaecate?	☐	☐
Where children (boys and girls) defaecate?	☐	☐
Where babies faeces are disposed?	☐	☐
Where sick people defaecate?	☐	☐
Anal cleansing practices?	☐	☐
Handwashing with soap after defaecation?	☐	☐
Handwashing with soap after handling babies' faeces?	☐	☐
Handwashing with soap before eating or feeding children?	☐	☐
Drinking water handling practices and possible routes of contamination?	☐	☐
Key hygiene practices		
Have you determined which practices existed prior to the emergency?	☐	☐
Have you determined the hygiene practices harmful to health, who practices these and why?	☐	☐
Have you determined positive hygiene practices, who practices these and why?	☐	☐
Social Structures		
Have you identified:		
Formal power structures?	☐	☐
Informal power structures (e.g. community leaders, opinion leaders, elders, women's groups?)	☐	☐
How decisions are made in the community?	☐	☐
How decisions are made in the family?	☐	☐
Existing outreach/community mobilisation structures?	☐	☐
Potential Communication Methods		
Have you collected the following information:		
Literacy levels of men, women, boys and girls?	☐	☐
Existing formal channels of communication (CHWs, TBAs, clubs, co-operatives, churches, mosques etc.)?	☐	☐
Key respected and influential members of the community?	☐	☐
Existing informal channels of communication (groups, traditional healers etc.)?	☐	☐
Mass media access in the area (radio, TV, video, newspapers etc.?)	☐	☐
Planning the Intervention		
Have you identified/prioritised;		
The segments of the population that will be targeted? (mothers, children, community leaders, community kitchen workers etc.?)	☐	☐
The type of outreach system (s) needed (volunteers, health clubs, committees etc.)?	☐	☐
The learning needs of staff and volunteers?	☐	☐

Analysing Qualitative and Quantitative Data

Recording Qualitative Data

It is often useful to conduct the data collection sessions with at least two facilitators so that one person can concentrate on writing down the data. They should try to write down as much as possible of what is said and where possible quote people directly – especially where they seem to offer some key insights into the problem being discussed. This should be explained to participants and their permission for the data to be recorded should be obtained. If they refuse, the facilitators will have to try and record the data from memory after the session.

It is also possible to record the session with the permission of those taking part but the tapes then have to be transcribed and large amounts of data analysed and this may be difficult in an acute emergency. However, even if written notes are taken, the data from the focus groups will still need to be collated and then analysed.

Where diagrams have been produced as in the case of mapping or seasonal calendars, these can be transcribed onto paper (where the ground has been used), copied or photographed – again with the permission of those who have taken part. They may also want to have a copy of the session left with them.

Photographs can also be taken of specific observations but care must be taken to obtain people's permission and to ensure that the photograph is not used to embarrass or shame someone in the future. (Where photographs are used for three pile sorting exercises, hygiene promoters or volunteers may be willing to pose for these).

Analysing qualitative data[36]

Many people find it difficult to know what to do with the data collected from participatory methods. Below is a brief summary of how to analyse this type of data. However, remember that one of the main reasons why these methods are used is to try to enable the people that you are working with to analyse the information for themselves, in their own way and to come to some meaningful conclusions.

Qualitative data consists of the words that people say and once collected this will need to be analysed in a logical and systematic way if it is to be used formally in an assessment report. You will first need to state where the data came from e.g. who are the key informants, why did you choose them or who took part in the focus group discussions (without mentioning names) and why they are/are not representative of the wider population, who asked the questions or did the observations and how many groups you worked with.

There are four basic steps to analysing qualitative data:

- Organise data
- Shape or code the data
- Interpret and summarise the information
- Explain the information

Below is an example of how the hard data from an assessment might be shaped using a matrix:

Focus group discussion topic: Sanitation

Question	Response	Similar responses
What do young children do?	Go in the compound Use a plastic potty Use an old tin Taken to the toilet by sibling Scared of dark latrine Hole too big in latrine Cannot go to the bush as too far	𝍸 || || |||| ||| 𝍸 || ||| |||| 𝍸 || 𝍸 ||
What do older people in your family do?	Use bush Use latrine Have arthritis cannot bend legs – must stand up to go Use children's potty	𝍸 || 𝍸 || |||| | ||| 𝍸 || 𝍸 |||| |||
What makes women use latrines?	Private do not expose self to strangers Convenient Stop compound smelling	𝍸 || 𝍸 || 𝍸 || |||| 𝍸 ||
What prevents people from using latrines?	No money to build Men too busy to dig pit - working or looking for money Men too hungry to dig pit Not in men's interest to dig – they don't use latrines	𝍸 ||| ||| 𝍸 ||| ||| 𝍸 || || 𝍸 ||
How could people be persuaded to build and use latrines	Force – laws Makes house better Good for family health Need help with cost	𝍸 || || 𝍸 || 𝍸 ||| |||

Remember that you cannot count up the tally marks and convert this into a percentage. However, you can say that there were a certain number of responses under a certain category and identify the categories that people mentioned most frequently or least frequently. However, you must then include a couple of quotes to back up your interpretation.

Quantitative Data

Quantitative data relevant to hygiene promotion could come in the form of mortality and morbidity rates but because health and specifically diarrhoea rates are affected by so many different factors, this data alone should not provide the only assessment baseline for the programme and cannot help you to determine the impact of your specific intervention.

Quantitative data can also be collected using a questionnaire survey and employing random sampling to obtain a representative sample of the population you are working with. The data from this can then be collated and turned into percentages to provide coverage rates for a variety of indicators e.g. hand washing amongst children under five or latrine use. Conducting a questionnaire survey can be very challenging at the best of times and especially in an emergency and may not always represent the best method of obtaining baseline information.

Analysing quantitative data

The first step is to tabulate the information collected from the questionnaires. Tabulation allows you to bring all of the data from each questionnaire together and organise it in a way that makes interpretation easier. You can use a computer programme to do this e.g. Epi Info or SPSS but access to a computer and training on the use of the software will be required. The CAT (Comprehensive Assessment Tool) also allows you to collate and tabulate the data using an Excel spreadsheet or Access database. However, if you want your data collection team to be involved in the process then it may be preferable to tabulate the data by hand.

If you are tabulating by hand:

- prepare a template tabulation sheet that reflects the questions asked on the questionnaire
- organise the data collectors into teams of three people
- enter data from each question on each questionnaire systematically to limit the chance of errors occurring
- ensure that teams are using the correct tabulation table
- ensure teams are using an adequate procedure for calling out, recording and verifying data that is included in the table

The example Tabulation Form on the next page is designed for only 10 questionnaires but more could be included or several sheets could be used. You will then need to collate the data from the tabulation forms (see example Data Collation Form) to give you the results for the whole survey. Percentages can then be determined by dividing the total number of 'correct' answers by the total sample size and multiplying by one hundred.

Example Tabulation Table

Respondents: Females with Children between 0-5 Years Old

Location: _____ Supervisor:_____ Date: _____

Correct = 1 Incorrect = 0 Skipped = S Missing = X

#	Indicator	Correct Response Key	1	2	3	4	5	6	7	8	9	10	Total Correct	Total Sample Size (all O's and 1's)
Water														
1.	Where do you collect water in the rainy season?	Protected Water Source												
2.	What do you do to make your water safe to drink?	Nothing												
2.	"	Boil												
2.	"	Camphor												
2.	"	Other												
3.	Do you know the measurements of chlorine in HH chlorination?	All												
3.	"	At least one												
4.	How long do you have to leave the water and chlorine before drinking?	At least 30 mins												
5.	How long do you have to boil water to make it safe?	At least one minute												
Hand washing														
6.	Ask one adult when they usually wash their hands?	After Def and Before Eating												
7.	Ask one child when they washed their hands today?	After Def and before eat												

Example Data Collation Form

Community_____ Date_____	INDICATOR	Correct Response	Total No of (correct) responses	Sample Size	Percentage
WATER					
1.	Where do you collect water in the rainy season?	Protected Source			
2.	What do you do to make your water safe to drink?	Nothing			
2.	"	Boil			
2.	"	Camphor			
2.	"	Other			
3.	Do you know the measurements of chlorine in HH chlorination?	All			
3.	"	At least one			
4.	How long do you have to leave the water and chlorine before drinking?	At least 30 minutes			
5.	How long do you have to boil water to make it safe?	At least one minute			
HANDWASHING					
6.	Ask one adult when they usually wash their hands?	2 key times			
7.	Ask one child when they washed their hands today?	2 key times			

Exercise for calculating mortality rates[37]

Deaths reported over 5 day period from a population of 22,200:

1. What is the crude mortality rate?

2. What is the < 5 mortality rate?

NAME	AGE	SEX	PLACE OF RESIDENCE	CAUSE OF DEATH
John Smith	4 months	M		Cough
Mohammed Ahmed	65	M		Fever, chills, headache
Marion Jones	3	F		Diarrhoea
Maryama Abdi	22	F		In childbirth
Joshua	30	M		?
Tadessa	3	M		Diarrhoea
Hassan Mohamed	2	M		Rash, fever , cough ? measles
James Jenkins	30	M		Truck accident
Mary Jenkins	5	M		Truck accident
Patricia Jenkins	2	F		Truck accident
Fatima Ismail	18 months	F		Malnourished
Doreen Duncan	18	F		Diarrhoea
Mary Jacobs	35	F		Diarrhoea
Theresa King	77	F		"very old"
Graham Williams	14	M		Fell from a mango tree!
Marie Mulholland	4	F		Measles
Ahmed Abdi	25	M		Malaria
Jack Smith	6	M		Respiratory diseases
Fred Harvest	7	M		Diarrhoea
Charles Sanderson	24	M		Stab wound
Jason O Reilly	15	M		Malaria
Ismail Mohamed	7	M		Measles
Suzanne O'Reilly	1 month	F		?
Mary Wise	6	F		Malaria
Gabrielle Gode	8	F		? meningitis
Steven Grey	4 months	M		Diarrhoea
Osman Abdi	6 months	M		Malnutrition
Hyacinth Blue	33	F		After childbirth
Jane Merlin	7	F		Malaria
Jean-Paul Marques	5	M		Respiratory infection
Elizabeth Edmund	6	F		measles

To calculate the CMR: Total number of deaths during time period x 10,000 /no of days in time period divided by the total population

To calculate the U5MR: Total number of under five deaths during the time period x 10,000 /no of days in time period divided by the total under five population

Example WASH Logical Framework Matrix[38]

	Intervention Logic	Objectively Verifiable Indicators	Sources of Verification	Risks and Assumptions
Principal Objective **(IMPACT)**	Contribute to the recovery, protection and sustainable improvement of the health and wellbeing of the target community over X months for X,000 people in X location	Mortality and morbidity data within accepted limits (see WHO) No major outbreaks of sanitation and hygiene-related diseases in target area Local capacity for managing sanitation services is re-established'	UN & Government reports Other agency reports Health facility data Community consultation e.g. pocket voting, FGD	
Specific Objective **(OUTCOME)**	Men, women and children in the target population (x no) have sufficient access to, and make optimal use of water, sanitation and hygiene facilities, and take effective action to protect themselves against threats to public health	X % of the target population have access to potable water by the end of Phase 1 Areas within X m radius of all dwelling and water points free from observable excreta by end of Phase 1 X% of the target population using sanitary latrines by the end of Phase 1 X% of latrines are clean on spot inspections X% of the target population washing hands with soap / alternatives by the end of Phase 1 At least X% of households dispose of solid waste safely by mid Phase 2[39] The project target area is free from solid waste and stagnant water by mid Phase 2 In malaria-prevalent zones, X% of pregnant women and children under five are sleeping under LLINs by the end of Phase 1	Exploratory walks reports Focus group discussions Information from other NGOs. Surveys Community monitoring tools	Absence of major further conflict/secondary hazards. Population has access to sufficient food, non-food items, shelter and health care.

RESULT 1 **(OUTPUT)**	X,000 men, women and children have access to safe sanitary facilities, hygiene	1 toilet is constructed per X people after community consultation by the end of	Engineers monitoring and output records.	Population remains in the emergency settlement

	items and environmental services	Phase 1 1 toilet is constructed per X people after community consultation by mid Phase 2. All communal toilets have hand washing facilities X proportion of women and men in FGDs express satisfaction [40] with the safety, privacy and accessibility of toilets Scattered excreta and refuse have been removed by mid Phase 1 Drainage works have been completed by the end of Phase 2 A system for refuse storage, collection and disposal is in place by the end of Phase 2 Each household reports the presence of soap on random weekly visits All women and girls have access to appropriate[41] sanitary materials and underwear In malaria-prevalent zones, X% of pregnant women and children under five are provided with LLINs by the end of Phase 1.	Latrine monitoring forms Focus group discussions Household visits Questionnaire survey	
RESULT 2 (OUTPUT)	All men, women and children have access to safe drinking water by the end of Phase 1	At least X % of target population access at least 15 litres water per person per day. Maximum distance from shelter/home to water points is 500m. Water meets national/international quality standards Queuing time at water sources is no more than 15 minutes X proportion of women and men in FGDs express satisfaction with the safety and	Engineers monitoring and output records. Records from water point attendants. Regular water testing monitoring and recording Surveys Random observation walks	Population remains in the emergency settlement Adequate sources of water are identified

		accessibility of water points.		
RESULT 3 (OUTPUT)	X,000 of men, women and children are aware of what they can do to practice safe hygiene in a dignified and culturally appropriate manner, and contribute to the design and management of water, sanitation facilities, hygiene items and environmental services	X% of trained hygiene promoters are holding at least X number of meetings/or carrying out X household visits per week[42] by mid Phase 2 X% of the target population have attended an interactive hygiene promotion session and can list one change that they have made as a result of this by the end of Phase 2 At least X% of carers can demonstrate how to make up and give ORS/SSS correctly by the end of Phase 2 In malaria-affected areas, at least X% of families with children under five know how to prevent malaria and manage fever by the end of Phase 2 X% of target population can list three ways to prevent diarrhoea by the end of Phase 2	Observation Weekly random transect walk Focus group discussions Pocket charts Random household visits Hand-washing demonstrations Questionnaire surveys Interviews. Health centre records	Suitably qualified personnel Adequate materials available. Regular distribution of soap continues Accessibility of health facilities Available and timely supply of LLINs Available and timely supply of registered chemicals

ACTIVITIES (INPUTS)	***PHASE 1 (during acute phase):*** **X,000 men, women and children have access to safe sanitary facilities, hygiene items and environmental services** **1.1** Establish a coordination system among ERU / RDRT / NIT teams, sanitation, hygiene promotion and water-supply agencies and other stakeholders **1.2** Form, train and equip teams to remove faeces from priority areas **1.3** Organise open defecation to protect water sources and living areas **1.4** Discuss with stakeholders the design of communal toilets, hand washing, bathing and laundry facilities **1.5** Train a set of local artisans and RC volunteers in latrine, hand washing facilities construction and **1.6** Construct communal toilets and hand washing facilities **1.7** Identify and train communal latrine attendants during construction period **1.8** Construct X no gender-segregated bathing facilities **1.9** Construct X no community-washing facilities (laundry). **1.10** Identify important disease vectors and organize a specialist assessment if necessary **1.11** Where required provide Insecticide treated bed nets **1.12** Identify priorities and strategies for the next phase, including possible household toilet programme, solid waste management and drainage ***PHASE 2 (during stabilized phase):*** **1.13** Develop a management system for communal toilets with users groups **1.14** Design, plan and carry out a household toilet programme **1.15** Design, plan and carry out a drainage and solid waste programme **1.16** Recruit, train and equip vector-control teams and carry out vector-control activities as appropriate **1.17** Prepare for handover of facilities and activities to community, local authorities, ONS or other partners	**Means** **Material resources** Sanitation equipment (including rapid latrines) Promotional materials Transport Hygiene materials Sanitary materials for women Cleaning materials Bins Transport **Human resources** Engineers – international and national Hygiene Promoters/volunteers international and national Interpreters for international staff **Costs** List costs of means here according to budget lines used	

ACTIVITIES (INPUTS)	***PHASE 1 (during acute phase): All men, women and children have access to safe drinking water*** **2.1** Installation of x no bladders or tanks **2.2** Truck water where necessary **2.3** Preparation of design options for water facilities (where feasible) **2.4** Consultation with communities on siting of water facilities **2.5** Installation of x no water points in the refugee camp. **2.6** Training of x no water point attendants in camp. ***PHASE 2 (during stabilized phase):*** **2.7** Construction of x no hand pumps in local village. **2.8** Training of x no hand pump attendants in village. **2.9** Establishment of a stock of community spares for water pumps in village. **2.10** Establishment of water management committee in local village ***PHASE 1 (during acute phase): Implement a rapid hygiene promotion campaign; advise on the content, distribution and use of hygiene kits.*** **3.1** Identify and train hygiene promotion coordinators and supervisors of community facilitators. **3.2** Identify and train at least 1 community facilitator per 1,000 population in hygiene promotion. **3.3** Carry out a 2 week Hygiene campaign on priority hygiene issues using standard channels of communication and IEC materials. **3.4** Liaise with relief team to ensure appropriate targeting and communication around hygiene kits distribution **3.5** Distribute LLINs in malaria-affected areas along with information about their use ***PHASE 2 (during stabilized phase): Implement a more participatory hygiene promotion campaign in the second and third month.*** **2.6** Complete baseline research by the end of 8 weeks with key stakeholders	**Means**	**Costs**	

	2.7 Design materials adapted to the target population, pre-test and print IEC materials by the end of the second month. **2.8** Identify and select the most effective communication channels **2.9** Continue participatory hygiene promotion activities (responding where necessary to disease outbreaks)	**Material resources** Sanitation equipment (including rapid latrines) Promotional materials Transport Hygiene materials Sanitary materials for women Cleaning materials Bins Transport **Human resources** Engineers – international and national Hygiene Promoters/volunteers international and national Interpreters for international staff	List costs of means here according to budget lines used	
<u>Activities common to all results.</u> **1.** Initiate a Monitoring & Evaluation system within one month and refine the system during the following weeks. **2.** Share good practice and lessons learnt from the end of the third month				

Example Hygiene Promotion Monitoring Plan

WHO	What/ Indicator	How	How Often	Report Format
Hygiene Promotion Co-ordinator	Health status	HIS/feedback from medical agencies/clinics	Weekly/monthly	Narrative agency report
	Use and maintenance of facilities	Questionnaire surveys Feedback from HP sessions using Focus Group Discussions with men, women and children Pocket charts, Demonstrations, Exploratory Walks Observation, Team Meetings	Weekly/monthly	Collation of HP Monitoring Forms Collation of Hygiene Kit Monitoring Form Excel Spreadsheet
	Hand washing		Weekly/monthly	
	Satisfaction/Use of Hygiene Kits		Following Distribution	
	Household water quality and quantity		Weekly/monthly	
	Use of ORS/Management of diarrhoea		Weekly/monthly	
	User satisfaction with facilities		Weekly/monthly/3 monthly	
	Participation		Weekly/monthly/3 monthly	
	Protection Issues/Incidents		Weekly/monthly/3 monthly	
	Training of Hygiene Promoters	Observation, Discussion	As necessary	Collation of training evaluation forms
	Hygiene Promoters Performance	HP Action Plans Observation	Monthly/3 Monthly	Performance Appraisal
Hygiene Promoters	Use and maintenance of facilities	Questionnaire surveys Feedback from HP sessions using Focus Group Discussions with men, women and children Pocket charts, Demonstrations, Exploratory Walks Observation,	Weekly/monthly	HP Monitoring Form Hygiene kit Monitoring Form
	Hand washing		Weekly/monthly	
	Satisfaction/Use of Hygiene Kits		Following distribution	
	Household water quality and quantity		Weekly/monthly	
	Use of ORS/Management of diarrhoea		Weekly/monthly	
	User satisfaction with facilities		Weekly/monthly	
	Participation		Weekly/monthly/3 monthly	
	Protection Issues/Incidents		Weekly/monthly/3 monthly	
	Training of Community Volunteers		As necessary	Training evaluation forms
Community Mobilisers	Use and maintenance of facilities, community hygiene actions Hygiene Risks	Discussions, household visits Observation Meetings with Hygiene Promoters and Engineers	Weekly Monthly 10 households	Verbal reports, Pictorial Latrine Monitoring Form Handwashing Forms
Community Members	Community Defined Indicators	Observation, discussion	As defined by community groups	Verbal reports/discussions

Ref: Ferron S. Morgan, J. & O'Reilly M. (2007) *Hygiene Promotion: A Practical Manual for Relief & Development* IT Publications, London pp 21-49

Participatory Monitoring and Measuring Participation[43]

As has been explained in Part 1 of the training, participation can be seen in terms of a ladder or steps and different levels of participation may be appropriate at different times of an emergency. However, if we are to be accountable to the affected population then we must learn to seek out and listen to their point of view and there will always be some space to do this even in the early stages of a large-scale acute emergency. Greater levels of participation are possible as the emergency proceeds and monitoring of project processes, outcomes and impact must always aim to understand the effect that the project has had on those affected as they themselves see it. Involving those affected in the process of collecting and analysing data and in participatory monitoring, can help to achieve this aim and may also be a powerful motivator for those who take part.

The affected community are not the only group of stakeholders who should be encouraged to participate. The other key group are project staff who may be instrumental in collecting data but may be overlooked when interpreting and shaping that data.

Why should those affected participate?

- It is their programme
- They know best what has happened and why
- By participating they are empowered to have more control over the project and the way it is being run
- It may be easier to accept poor results if you discover them for yourselves

Why should they not participate?

- They know the programme too well
- It may be difficult to be objective, especially if things are not going well
- They may be motivated by hopes for personal gain
- There may be power struggles and results may not be shared
- Beneficiaries may lack the skills and knowledge to carry out monitoring
- Donors want figures and beneficiaries may not be able to collect them
- Participatory monitoring takes time
- In an emergency people may be too traumatised or busy coping to involve themselves in monitoring

How can those affected be involved?

- Using simple tally sheets – with pictures if literacy skills are limited
- Pocket chart voting
- Keeping records of births and deaths, cases of certain diseases, people who go to the clinic, hospital admissions
- Seasonal calendars
- Mapping
- Observation
- Focus groups or discussion groups to discuss data obtained
- Feedback of results and interpretation in community meetings

Measuring community participation using a spidergram

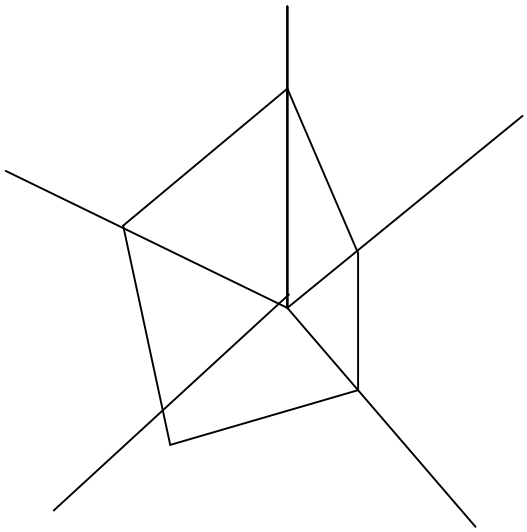
One way to measure participation (or sustainability) is by using a spidergram or evaluation wheel (see next page). This can be drawn on a flipchart or on the ground if you are working with a group who are not comfortable with writing. A modified spidergram with fewer spokes could also be used or alternatively smiley/frowning faces could be used for each indicator.

Select five indicators that can help to capture the meaning of participation such as leadership, organisation, management of resources, needs assessment, involvement of women. Then construct a

matrix with a score of 1-5 to define different levels of each indicator as shown in the example matrix overleaf. The indicators and criteria can be changed according to the demands of the situation.

Indicator	1 (bad)	2 (poor)	3 (fair)	4 (good)	5 (excellent)
Leadership	No committee after six months	Committee but has never held a meeting	Committee but holds meetings once every two months	Committee formed and holding monthly meetings	Committee formed without agency influence and holding weekly meetings
Organisation	Community only works on projects if paid by agency	Community works but only when told to do so by agency	Community volunteers for work but needs supervision	Community organised work groups after meeting with agency	Community already had organised working groups before agency arrived
Management of resources	Community lost equipment given by agency	Community took equipment but only leaders use it	Community has equipment but often argue about using it	Community shares all equipment as needed	Community requested equipment and manages it
Needs assessment	Assessed done by agency	Assessed by agency but with community involvement	Community leaders given mandate to assess needs with agency	Leaders assessed needs but without consulting the community	Leaders in consultation with community assessed needs and lobbied agency
Involvement of women	No women involved in decision making	Women on committees but in a minority and do not talk	Women represented equally but talk occasionally	Women talk as much as men	Decisions taken equally by men and women

Take each indicator in turn and ask people what rating they would give it. Mark this score from 1 -5 on each of five spokes or arms. When all indicators have been scored, join up the lines. You can do this at different stages in the project and then compare the spider grams. If there is good community participation, the lines will all be further out on the arms.



Framework for Evaluation[44]

Criteria, Explanation and Related Questions	Sources of Information	Method of Data Collection
1.Appropriateness		
The ability to tailor humanitarian activities to local needs, increasing ownership, accountability and cost effectiveness; appropriate according to:- internal policies, perceptions of target population, national policies; timeliness of a response can be part of an intervention's appropriateness		
Questions 1. What were the needs of the population and how appropriate was the response in terms of those perceived needs? 2. Was a phased approach to implementation and achievement of project outputs and purpose appropriate – did we meet most urgent needs first? 3. Were the food choices made for distribution appropriate for the target population? Was the decision to carry out food for work project appropriate intervention in order to meet the objectives of decreased asset stripping? 4. What were the Oxfam International coordination mechanisms? How well did they work? Did they achieve the aim of increasing collective OI impact?	Assessments; key informants; beneficiaries Assessments and prioritisation; indicators – how quickly some standards were achieved; Beneficiaries; h/hold visits; markets; H/hold security analysis	Reports; interviews; questionnaires; focus group discussions, monitoring reports Questionnaires, focus group discussions; market surveys
2. Coverage		
The extent to which project activities reached the specific target population and or to what extent the beneficiaries had access to our services; can involve examining 'within-population' differences in resources they receive or have access to		
1. To what extent did the programme activities cater for vulnerable populations – specifically the physically disabled, elderly, pregnant and lactating mothers? 2. Were any particular groups excluded from the health care services provided? 3. How accessible were project activities/outputs to the target population?	Representatives of vulnerable groups; individuals; Beneficiaries; staff; demand for activity; no of attendants	Distribution reports; questionnaires; interviews; Gender analysis
3. Connectedness		
Whether short-term emergency responses are carried out in a context which takes longer-term problems into account		
1. Were all project activities carried out in a sustainable manner wherever possible? 2. How were local resources and capacities strengthened in order to be able to respond more effectively in the future? 3. What community development and relationships have formed which may initiate other projects in the community ?	Sector advisor recommendations; capacities/ vulnerabilities analysis – pre and post intervention; standards adherence e.g. People in Aid; Community mobilisers; community representatives	Trip reports; activity-environment analysis; Training reports Community analysis
4. Coherence		
Whether relief activities were carried out with an effective division of labour among the		

actors, maximising the comparative advantage of each, avoiding gaps and overlaps, acknowledging the responsibilities of all involved; co-ordination of the response can be part of coherence.		
1. What other organisations were working in similar project activities, were they successfully co-ordinated and were there any overlaps that could have been avoided? 2. How well did our partners co-ordinate their regional activities with other actors – were they carrying out activities suited to their capacities? 3. Which different methods were used to collaborate and co-ordinate with other actors, particularly those who were not represented at any of the main co-ordinating bodies?	Co-ordinating bodies; other actors; standards adherence eg NGO Protocols; co-ordination reports; Partners, other actors; monitoring reports and achievement of standards set; Project management/staff; agencies not part of co-ordinating body	Agency intervention analysis; desk studies; interviews; Stakeholder analysis
5. Efficiency		
Measures the outputs (qualitative or quantitative) in relation to the inputs; can require the alternative approaches to achieving the same outputs, to examine if the most efficient process has been used; whether resources have been optimally used to address the needs; managerial efficiency can be used to examine the decision making process, human resource management, logistics; cost-efficiency, the lowest cost to produce or achieve specific outputs (doesn't imply effectiveness) can be a related term		
1. Did our purchasing policies ensure that the best and lowest prices were obtained – what were the constraints to these mechanisms? 2. How close were the original planned costs (material, human, running), and actual costs in order to achieve project outputs? 3. For how many weeks of the project were human resource needs undefiled? How did this effect on the achievement of project outputs e.g. timing, stress?	Tendering documents; other agency comparisons; logistics staff Budget and accounts; sector cost analysis Human resource analysis sheets; staff; project status description	Desk studies, questionnaires, interviews; accounts analysis
6. Effectiveness		
Measures the extent to which the project purpose was achieved and whether this happened on the basis of the activities and inputs of goods and services. The use of proxy indicators to measure impact means that there is considerable overlap between the Effectiveness and Impact categories.		
1. Were project purposes achieved? What contribution did the project activities and outputs make to the achievement? What extraneous activities additionally contributed? 2. What were the most significant aspects of the project environment that affected the achievement of project objectives – were they foreseen and monitored? 3. What were the unforeseen effects of the project? How quickly were these identified? How could we have mitigated the negative effects? How could we have used the positive effects to the benefit of the project?	Monitoring reports, Proxy indicator measurement; staff; beneficiaries; comparison with recognised standards e.g. Sphere Analysis reports Staff; beneficiaries; co-ordinating bodies; monitoring analysis reps	Desk studies, site visits and surveys; interviews, questionnaires; conflict mapping
7. Impact		
Impact refers to significant or lasting change in the lives of people. This change can be		

positive or negative. The most significant question to ask when assessing impact is what has changed and what is different as a result of this intervention. Difficult (if not impossible), to collect data in a reliable way due to the characteristics of an emergency. However, it is feasible to arrive at conclusions on likely impact based on the use of proxy indicators and an analysis of the relevance of the intervention.		
1. To what extent have the goals of the project been achieved; have there been any health changes in the population? How likely is it that our project contributed to the achievement of the goal? To what extent did the assumptions between purpose and goal hold? 2. Have there been any negative impacts on the population as a result of our project intervention? 3. What was the potential for impact and to what extent has that potential been realised?	Public health context indicators; public health proxy indicators; baseline data; other contributors to goal; recognised standards e.g. Sphere Beneficiaries; key informants	Intervention logic analysis; desk studies; interviews; questionnaires; focus group discussions
8. Cost-Effectiveness		
Whether the project outcomes could have been achieved at a lower cost; examines the relationship between costs and outcomes or impact; or whether greater impact could have been achieved for the same cost; requires sectors to monitor expenditure to achieve outcome. Cost-effectiveness is seldom feasible if costs are compared to impact, as it is confronted with the same constraints as impact.		
1. What have been the actual costs per beneficiary in order to achieve project purposes compared to planned costs? 2. Have there been alternative outputs within the project that have achieved the same project purpose, but at lower costs? 3. Why were expensive methodologies chosen over less expensive alternatives that have achieved similar purposes in other areas?	Accounts, monitoring reports and budget analysis; Project activity analysis, sector advisors; cost analysis for alternatives Sector staff; management;	Desk studies; interviews, questionnaires; review of available techniques

Teamwork and Integration[45]

- Teamwork and integration are the responsibility of all team members and must be supported by every level of management.
- The project manager or co-ordinator has a key role to play in team building and conflict resolution
- It is vital that all those involved in a WASH response understand what hygiene promotion is and how it can contribute to the programme and project outcomes
- It is important for one person to co-ordinate the hygiene promotion aspect of the programme but this person could be an engineer, a hygiene promoter or a generalist. Whatever their background they need to have a good grasp of the inter-relationship between the different components of a WASH programme and the skills to facilitate integration
- Assessments should be seen as a joint activity to provide crucial information for project planning and design e.g. the identification of water sources and priority sources to be protected
- Meetings with community members which involve discussions regarding the design and provision of facilities should initially be attended by both engineers and hygiene promoters
- Planning the project should be a joint activity and initial objectives should be discussed and defined as a team
- It may be helpful to write joint reports regarding work progress but if this is not possible team members should at least read and discuss each others reports
- Regular formal and informal meetings must be held between all team members involved in the project including outside staff or project partners
- Hygiene Promoters are in a key position to feedback community views, ideas, complaints and compliments to other team members who may not always have the opportunity or time to discuss issues on a ongoing basis
- Visits to other team members' project sites will help to promote integration
- Hygiene Promoters, outreach workers and community members can also be involved, when time permits, in such activities as water testing or visits to other projects or engineering sites

Responsibilities and Accountabilities Matrices

Health, Nutrition and WASH (Water Sanitation Hygiene) Clusters

This matrix defines the responsibilities and accountabilities of the Health, Nutrition and WASH Clusters during emergency response in areas of potential overlap. The matrix has been developed through a broad consultative process, but can be revised as necessary at field level, following consideration of the specific contexts and available resources.

Objectives

- Clarify responsibilities and accountabilities in areas of potential overlap between the three clusters, especially as they relate to the prevention and control of infectious diseases.
- Improve coordination and collaboration among Health, WASH and Nutrition field staff during emergency operations.

Responsibility

- Clusters at field or national level can use this matrix as a starting point to negotiate specific responsibilities. Capacity across Health, WASH and Nutrition sectors may vary according to context and therefore responsibilities for each activity may vary – what is important is that there is clarity of responsibilities for all activities.
- Clusters at global level have agreed on the "indicative" framework, but will review and possibly update the matrix, following input from clusters at field level. If you have specific input, please send it to the global level contacts: WASH: Jean McCluskey (jmccluskey@unicef.org), Health: Erin Kenney (kenneye@who.int), Nutrition: Bruce Cogill (bcogill@unicef.org).

Please note that:

- ***Responsibility means ensuring that the job gets done, not necessarily doing it.*** For example, for Health Care Waste Management the Health Cluster is responsible to ensure it happens, but the support and implementation may be requested outside of the cluster.
- WASH Standards are set at Global level (i.e. Sphere, WHO), but other standards may be incorporated or take priority according to context – for example national standards – and should be discussed by the Cluster / sector actors.
- Clusters work with / coordinate with national authorities and incorporate national standards, provided that these can ensure a level of service that protects and promotes public health.
- Comments and experiences from the field are welcome and will be included in a revision of the matrix in 2009.

AREA OF POTENTIAL OVERLAP	SPECIFIC ACTIVITY	RESPONSIBILITY		
		HEALTH CLUSTER	WASH CLUSTER	NUTRITION CLUSTER
Assessment	Conduct WASH assessments	In health facilities	Outside health facilities Support other clusters as requested	At nutrition rehabilitation centres and wet feeding programs. Support WASH assessment in communities where malnutrition is of concern.
Monitoring	Monitor and share WASH related information with other clusters	Disease status and trends (evidence based) in health facilities	WASH indicators (more perception based) outside health facilities. Support other clusters as requested	Trends in hygiene and water related illness at nutrition rehabilitation centres, wet feeding programs and at the community level (from nutritional surveys) where malnutrition is of concern
Information Management (IM)	Develop and monitor IM system	Gather, analyze and disseminate evidence based health information. Share with other clusters	Gather, analyse and disseminate WASH information. Share with other clusters	Gather, analyze and disseminate evidence based nutrition information. Share with other clusters
WASH Standards	Disseminate, promote and monitor application	In health facilities	Outside health facilities	At nutrition rehabilitation centres, wet feeding programs and through community based management of malnutrition
	Agree indicators	In health facilities	Responsible to coordinate agreement outside health facilities	At nutrition rehabilitation centres, and wet feeding programmes
Water Quality	Identify country testing capacity and facilities		Fully responsible	
	Ensuring and testing treatment	In health facilities	Outside health facilities. Provide training, material and support to other clusters as requested	At nutrition rehabilitation centres and wet feeding programs. Support WASH as requested, where malnutrition is of concern
	Monitoring	In health facilities	Outside health facilities	At nutrition rehabilitation centres and wet feeding programs
Water quantity	Ensure quantity	In health facilities	Outside health facilities. Provide support to Health and Nutrition Clusters as requested	At nutrition rehabilitation centres and wet feeding programs. Advocate for communities as necessary
Water facilities	Improve access	In health facilities	Outside health facilities	At nutrition rehabilitation centres and wet feeding programs. Advocate for communities as necessary
Hygiene	Promote and improve hygiene	In health facilities	Fully responsible to coordinate common message between clusters; and to conduct outside health facilities	At nutrition rehabilitation centres, supplementary feeding programs and through community based workers involved with management of malnutrition
Hygiene Promotion Outreach Workers (including Community Health Workers)	Develop Hygiene promotion strategy and message content	Provide input	Responsible to coordinate common message between clusters	Provide input, if relevant
	Agree outreach worker terms and conditions (e.g. paid, volunteer)	Agree outreach strategy with WASH Cluster	Agree outreach strategy with Health Cluster	Participate if relevant
Excreta disposal	Ensure access	In health facilities	Outside health facilities	At nutrition rehabilitation centres and wet feeding programs
Drainage and Waste	Disposal	In health facilities	Outside health facilities	At nutrition rehabilitation

AREA OF POTENTIAL OVERLAP	SPECIFIC ACTIVITY	RESPONSIBILITY		
		HEALTH CLUSTER	WASH CLUSTER	NUTRITION CLUSTER
Water				centres and wet feeding programs
Ensure Sanitary Environment	Ensure sanitary environment	In health facilities	Outside health facilities	At nutrition rehabilitation centres and wet feeding programs
Disease Outbreak	Assessment	Fully responsible for overall coordination (with input from other clusters)	Participate in assessment	Input into assessment tool and support as suitable
	Surveillance and monitoring		Support as requested. Full involvement in response action plan for WASH related diseases	Report incidence in programmatic areas and support as requested
	Outbreak control			Support communication strategies at nutrition rehabilitation centres and wet feeding programs
	Communication			
Vector Control	Identify vector and coordinate control efforts	Fully responsible	Support as requested	Support as required
	Implement vector control - provision of materials e.g. bed-nets, spraying	In health facilities	Outside health facilities – responsible for general population	At nutrition rehabilitation centres and wet feeding programs
Waste Management	Maintain, construct and renovate	In health facilities	Outside health facilities. Provide support to Health and Nutrition Clusters as requested	At nutrition rehabilitation centres and wet feeding programs
WASH Infrastructure	Prioritise facilities for renovation and construction Implement projects	In health facilities	Outside health facilities. Provide support to Health and Nutrition Clusters as requested	At nutrition rehabilitation centres and wet feeding programs
WASH Related Stockpiles	Procure and share information about stockpiles between clusters.	Material used in health facilities, and Oral Rehydration Salts (ORS). Support WASH as requested, particularly for bed net need and distribution	Population based material (Bed nets, water treatment chemicals (e.g. chlorine), water testing equipment, soap)	Nutrition related products such as anthropometric equipment, specially designed food commodities, micronutrient supplements, etc used in the assessment and management of malnutrition

DRAFT Responsibilities and Accountabilities Matrix: Education and WASH Clusters

This matrix defines the responsibilities and accountabilities of the Education and WASH Clusters during emergency response in areas of potential overlap. The matrix has been developed through a broad consultative process, but can be revised as necessary at field level, following consideration of the specific contexts and available resources.

Objectives

- Clarify responsibilities and accountabilities between the two clusters.
- Improve coordination and collaboration between Education and WASH field staff during emergency operations.

Responsibility

- Clusters at field or national level can use this matrix as a starting point to negotiate specific responsibilities, as well as to identify geographic areas of operation.
- Clusters at global level have agreed on the "indicative" framework, but will review and update the matrix following input from clusters at field level. Cluster contacts at global level are: WASH: Jean McCluskey (jmccluskey@unicef.org),.

Please note that:

- Responsibility means ensuring that the job gets done, not necessarily doing it.
- WASH Standards are set at Global level (i.e. Sphere, and Minimum Standards for Education in Emergencies (MSEE) from the Interagency Network for Education in Emergencies (INEE)), but specific indicators can be agreed at field level
- Wherever feasible, clusters collaborate with national authorities and incorporate national standards, provided that these can ensure a level of service that protects and promotes public health.
- The principles of consultation, participation, and non-discrimination should be applied to every activity. In particular, the people affected by an emergency should play an active role in the design and implementation of emergency education and WASH activities.
- In both emergency and reconstruction/rehabilitation phases, ensure that all water and sanitation systems: are appropriate to local culture, are accessible to all users (e.g. disabled students and staff), are safe (located in secure areas, well-lit at night etc.), ensure that sanitation systems, and provide separate facilities for male and female students, and male and female staff.

Area of Potential Overlap	*Specific Activity*	*Responsibilities*	
		Education	*WASH Cluster*
Standards			
WASH Standards	Disseminate and promote	For education facilities	Outside education facilities Support Education Cluster as requested
	Ensure that all activities conform to WASH standards	For education facilities (as per MSEE)	Outside Education Facilities Support Education Cluster as requested
Hygiene Promotion			
Hygiene Promotion	Provide training to teachers	For education facilities	Support Education cluster by conducting training to teachers as requested
	Provide resources to teachers	For education facilities	Fully responsible to coordinate common message between clusters, and to conduct outside education facilities. Support Education cluster by providing hygiene promotion material
	Monitor hygiene promotion practices and support schools were necessary	For education facilities	Inform Education Cluster about prevalent WASH related diseases in the community
	Support schools with additional personnel and financially for Hygiene promotion	Responsible	
All Facilities			
Needs Assessment	Assess the WASH needs (as per INEE), and Prioritise facilities for renovation and construction	For education facilities	Support Education Cluster as requested – such as conducting comprehensive WASH assessments
Community Consultation / Training	Ensure designs meet community needs, are child friendly, appropriate, safe and will be maintained long term.	For education facilities	Support Education Cluster as requested - such as with consultation and design
Construction / Rehabilitation	Engage and manage contractor, in collaboration with Ministry of Education.	For education facilities	Support Education Cluster as requested – especially during the emergency phase
	Quality control	For education facilities	Support Education Cluster as requested
Maintenance	Ensure facilities are maintained	For education facilities	Support Education Cluster as requested
Use	Ensure facilities are used	For education facilities	Support Education Cluster as requested
Water			
Water Quality	Identify country testing capacity and facilities		Fully responsible
	Ensure testing capacity	For Education facilities	Outside education facilities Provide support to Education Cluster as requested
	Testing	For Education facilities	Outside education facilities – in collaboration with national authorities (including source, storage and distribution) Provide training to other

Area of Potential Overlap	*Specific Activity*	*Responsibilities*	
		Education	*WASH Cluster*
			clusters as required
	Monitoring	For Education facilities	Outside education facilities – in collaboration with national authorities
Water Quantity	Provide quantity	(?Within boundary of) education facilities	Outside Education facilities
Water Facilities	Improve access	For education facilities	Outside Education facilities
Water Treatment	Procurement of chemicals		Fully responsible
	Provision of chemicals		Fully responsible
	Design systems	For Education facilities (with technical input from WASH)	Outside education facilities. Provide support to Education Clusters as requested
Other			
Excreta disposal	Improve access	For education facilities	Outside education facilities
Drainage and wastewater	Disposal	For education facilities	Outside education facilities
Waste Management	Maintain, construct and renovate	For education facilities	Outside education facilities
Improve sanitary environment	Improve environment	For education facilities	Outside education facilities. Provide support to Education cluster as requested
Improve Sanitary Environment	Improve environment, such as removing standing water	For education facilities	Support Education Cluster as requested
Vector Control			
Emergency Preparedness	Support schools in the training of teachers for emergency preparedness	Responsible	Support Education Cluster as requested
WASH related Emergency Materials	Provide materials (such as Chlorine, insecticide) when the national Ministry of Education is unable to do so ???(from Health) Procure and share information about stockpiles between Clusters	Responsible	Provide advice on essential materials for WASH. Provide emergency supplies, where stocks exist.

WASH Sector Response Areas

Hygiene Promotion, Water Supply, Excreta Disposal, Vector Control, Solid Waste Management, Drainage

Education Cluster Response Areas

Perhaps:
Permanent educational facilities eg schools
Temporary educational facilities eg temporary learning spaces, child friendly spaces

Case Study:

Situation: Temporary learning place in an IPD camp, using IDP camp WASH Facilities
Responsibility (TBC):

- Education Cluster to conduct needs assessment for facility, and inform WASH cluster
- WASH Cluster to upgrade common facilities

DRAFT PROPOSED Responsibilities and Accountabilities Matrix
Emergency Shelter and WASH Clusters

This matrix defines the proposed responsibilities and accountabilities of the Emergency Shelter and WASH Clusters at country level for emergency response in areas of potential overlap. The matrix has been developed through a broad consultative process (to be discussed and approved by both Clusters), but can be revised as necessary at field level, following consideration of the specific contexts and available resources.

Objectives

- Clarify responsibilities and accountabilities in areas of potential overlap between the two clusters.
- Improve coordination and collaboration between Emergency Shelter and WASH field staff during emergency operations.

Responsibility

- Clusters at field or national level can use this matrix as a starting point to negotiate specific responsibilities. Capacity across Emergency Shelter and WASH sectors may vary according to context and therefore responsibilities for each activity may vary – what is important is that there is clarity of responsibilities for all activities.
- Clusters at global level have agreed on the "indicative" framework, but will review and update the matrix following input from clusters at field level. If you have specific input, please send it to the global level contacts: WASH: Jean McCluskey (jmccluskey@unicef.org), Emergency Shelter: Manoucher Lolachi (lolachi@unhcr.org) or Malcolm Johnstone (malcolm.johnstone@ifrc.org)

Please note that:

- Responsibility means ensuring, where possible, that the job gets done, not necessarily doing it.
- WASH and Emergency Shelter standards are set at Global level (i.e. Sphere), but other standards may be incorporated according to context, for example national standards
- Clusters work with / coordinate with national authorities and incorporate national standards, provided that these can ensure a level of service that protects and promotes public health, and provides safe and adequate shelter.

Area of Potential Overlap *(in alphabetical order)*	*Specific Activity*	*Responsibilities*	
		Emergency Shelter (ES)	***WASH Cluster***
Coordination with in Country / Local Authority	Sharing information on focal points, to maximise linkages and opportunities	Share names, contacts and appointments with WASH Cluster	Share names, contacts and appointments with ES Cluster
Disaster waste / including disposal in an appropriate manner	Clearing mud/silt (especially natural disasters)	Support clear-up as appropriate	Work with local authorities to coordinate response
	Clearing and disposal of any debris for access for transport.	Assist Logistics Cluster, who take coordinating role, as requested	Assist Logistics Cluster, who take coordinating role, as requested
	Identification of appropriate dump site for disaster waste		Work with local authorities, and environmental experts as required, to coordinate response
	Recycling of disaster waste for building reconstruction	Work with local authorities to coordinate response	
	Chemical and Hazardous Waste Identification and disposal	ES responsible for identification and disposal of hazards related to construction material, e.g. asbestos	- Work with National Authorities, WHO, Joint UNEP/OCHA Environment Unit to coordinate response. - WASH responsible for identification and disposal of hazards related to WASH facilities
Environmental Impact	Environmental Impact Assessment (EIA) of proposed sites	Work with local authorities to coordinate EIA	Carry out EIA of potential WASH activities
	EIA of all programme activities	Responsible for activities related to ES – from procurement to disposal (e.g. of construction related materials)	Responsible for activities related to WASH – from procurement to disposal (e.g. groundwater pollution)
Information Management	Collect data, capture, analyse and monitor e.g. 3W, agency information and gap analysis	- ES share with Inter-Sector/Cluster mechanism - ES and WASH to combine IM system where possible	- WASH share with Inter-Sector/Cluster mechanism - WASH and ES to combine IM system where possible
Initial Assessment	Undertaking assessments	ES share assessment plans with Inter-Sector/Cluster mechanism	WASH share assessment plans with Inter-Sector/Cluster mechanism
For all phases: Preparedness, Rapid onset and Ongoing Emergencies			
General Household Support Package[46] (NFI's)	Define overall package	- Coordinated by ES - Define non-WASH related items	Define WASH related items
	Define Specifications	- Coordinated by ES - Specify non-WASH related items	Specify WASH related items
	Distribution, tracking and monitoring	- Coordinated by ES - Share information with other clusters	Encourage WASH agencies to coordinate with ES
Household (HH) WASH Support Package[47]	Define overall package, specifications, distribution, tracking and monitoring	Encourage ES agencies to coordinate with WASH	- Responsible - Share information with inter-cluster mechanism
	Coordinate and define the common approach to promotion and use	Encourage ES agencies to coordinate with WASH	- Responsible - Cooperate with ES on HH Support Package tracking - Share information with inter-cluster mechanism
Household Shelter Construction Support Package[48]	Define overall package, specifications, distribution, tracking and monitoring	- Responsible - Share information with inter-cluster mechanism	Encourage WASH agencies to coordinate with ES

Area of Potential Overlap *(in alphabetical order)*	*Specific Activity*	*Responsibilities*	
		Emergency Shelter (ES)	*WASH Cluster*
	Coordinate and define the common approach	- Responsible - Cooperate with WASH on HH Support Package tracking - Share information with inter-cluster mechanism	Encourage WASH agencies to coordinate with ES
Preparedness for all Support Package items (where stocks are held at country level)	Determine which items are "WASH related"	Appraise proposed items and reach agreement with WASH	Propose WASH related items and reach agreement with ES
	Emergency stockpiles: Agree quantities to stock, Stockpiling locations, fundraising, purchase, release criteria, replenishment, monitoring of stocks	For ES NFIs (Non WASH)	For WASH related NFIs
Physical Planning – New settlements	Assessment and selection	- Work with local authorities to coordinate response - Ensure WASH Cluster is involved in both assessment and selection.	Work with ESC to ensure site is suitable from WASH perspective
	Clear site of new settlement for construction, in an environmentally considerate manner	In settlement areas related to shelter construction	In areas related to WASH activities when outside of settlement area
	Design	- Overall settlement design. - Ensure WASH requirements are incorporated in planning phase. - With input from Early Recovery where appropriate	- Inform ES Cluster of WASH requirements (eg space for replacement latrines), domestic waste disposal, graveyards.) - Support ES where necessary. - With input from Early Recovery where appropriate
		Ensure budget for WASH requirements is incorporated into overall settlement costing	Provide necessary information for budgets as requested
	Maintenance	Ensure WASH maintenance schedule incorporated into overall settlement maintenance schedule	Work with Settlement management to ensure maintenance schedule for WASH
Physical Planning - Existing settlement	Assessment	- Responsible to coordinate - Ensure WASH Cluster is involved in both assessment and selection.	- In areas related to WASH activities. - Ensure WASH information is relayed to ES
	Clear site as necessary for repair / rebuilding, in an environmentally considerate manner	In settlement areas related to settlement construction	In areas related to WASH activities when outside of settlement area
	Design	Ensure WASH requirements are incorporated in planning phase (build back better).	- Inform ES Cluster of WASH requirements - Support ES where necessary. - With input from Early Recovery where appropriate
		Ensure budget for WASH requirements is incorporated into overall settlement costing	Provide necessary information for budgets as requested
Decommissioning Temporary Settlements	Support settlement management	Facilitate decommissioning shelter related facilities, incorporating environmental issues	Facilitate decommissioning WASH related facilities, incorporating environmental issues

Area of Potential Overlap *(in alphabetical order)*	*Specific Activity*	*Responsibilities*	
		Emergency Shelter (ES)	*WASH Cluster*
Raising Awareness	Raising awareness of WASH requirements in settlement planning	ES to raise awareness in shelter forums on WASH requirements in settlement planning	WASH to provide relevant expertise in ES training events and other shelter forums
Waste Management	Municipal waste (domestic waste)		Work with local authorities to coordinate response
	Construction related waste	Responsibility for environmentally safe disposal lies with constructing agency	Responsibility for environmentally safe disposal lies with constructing agency

BACKGROUND

WASH Sector Response Areas

- Hygiene Promotion
- Water Supply
- Excreta Disposal
- Vector Control
- Solid Waste Management
- Drainage

Emergency Shelter Cluster Response Areas

- Physical planning
- Ensuring adequacy of covered living spaces
- Design of covered living spaces
- Construction of covered living spaces
- Environmental impact of covered living spaces

IMPLEMENTATION

Job Description

Hygiene Promotion Co-ordinator Job Description
Learning and Professional development

Overview of HP Intervention

Hygiene Promotion Steps
Example Hygiene Promotion Activities

Communication Strategy

Tajikistan discussion handout
Developing messages

Managing meetings

Effective meetings
Multi-language meetings
Conflict resolution and consensus

Developing Partnerships

Developing partnerships
Stakeholder analysis
Example Memorandum of Understanding

Hygiene Promotion Co-ordinator Job Description

Job title:	**Hygiene Promotion Coordinator**
Reports to:	WASH Team Leader
Manages:	Hygiene Promoters and Community Mobilisers

Purpose:

As part of the WASH intervention, to safeguard and improve the public health of the affected population by:

- **promoting safe WASH practices, including appropriate use and maintenance of WASH facilities and services;**
- **ensuring appropriate community involvement in the design and delivery of essential WASH services and facilities;**
- **ensuring effective coordination and integration of Hygiene Promotion activities with the delivery of water and sanitation services and facilities.**

Key tasks and responsibilities:

Information management

- In collaboration with other members of the WASH team, design and manage assessments and baseline studies in order to identify WASH-related health risks and priorities.
- In cooperation with other WASH staff, design and plan activities to reduce these risks, with reference to both physical and behavioural aspects.
- Design and manage a plan to monitor activities, outputs and impact and adapt the programme as needed.
- Design and manage periodic studies to measure progress and the health impact of the WASH intervention.
- Provide regular and reliable narrative and financial reports.
- Work together with other WASH team members to ensure that the various aspects of the WASH response are integrated, and that they form part of a coherent public health response.
- Coordinate assessments, plans, and activities with other agencies (governmental and non-governmental), as necessary. Participate in cluster coordination meetings as appropriate.

Implementation

Ensure and oversee the following activities:

- Identification of key hygiene practices to be addressed and sectors of the population with whom to engage and develop an appropriate communications strategy to promote safe practices.

- Identification, or facilitation, of community structures through which the WASH activities can be implemented.
- Mobilisation of the disaster-affected communities as appropriate for participation in planning, construction, operation, and maintenance of WASH facilities and services.
- Creation of channels for dialogue between the WASH response and the affected population, to ensure appropriate technical interventions and allow the agency to be held to account for the quality of the WASH programme.
- Design, implementation, and monitoring of WASH activities that are appropriate to specific sectors of the community, e.g. children, youths, women, and men.
- Identification of any need for the distribution of non-food items related to public health, such as containers, soap, hygiene kits, etc., and participation in the choice of items, targeting strategy, promotion of effective use, and post-distribution monitoring.

Resources management

- Recruit, train, and manage Hygiene Promoters and Community Mobilisers.
- Plan and manage the Hygiene Promotion budget, and control/authorise expenditure.
- Manage day-to-day logistics, administration, and personnel activities (including any local, contracted personnel/daily labour) in accordance with national law and organisational guidelines.

Programme approach

- Ensure that Hygiene Promotion activities are in line with relevant standards, codes of conduct, and humanitarian principles.
- Use participatory approaches as a far as possible throughout the programme cycle, in training, and in the use of tool kits and other materials.
- Ensure that Hygiene Promotion activities and resources are implemented and handed over or ended in a way that promotes local capacities and sustainable operations.
- Ensure that gender, protection, HIV, the environment, and other important cross-cutting concerns are taken into account in programme design, implementation, and reporting; ensure that activities reflect the needs of specific groups and individuals e.g. elderly people, children, and people with disabilities.

Person specification:

1. Knowledge of public health and one or more other relevant area (e.g. health promotion, community development, education, community water supply).

2. At least two years of practical experience in developing countries in appropriate community health programmes in different contexts. Some of this time should have been in emergency relief programmes.

3. Good knowledge and experience of working with local partner agencies with a capacity to provide formal and informal training.

4. Experience and understanding of Hygiene Promotion and community mobilisation in relation to water and sanitation activities.

5. Understanding of international health and development and relief issues.

6. Sensitivity to the needs and priorities of disaster-affected populations.

7. Demonstrated experience of integrating gender and diversity issues into public health promotion.

8. Assessment, analytical, and planning skills.

9. Good oral and written reporting skills.

10. Diplomacy, tact, and negotiating skills.

11. Training/counterpart development skills.

12. Personnel management skills.

13. Good communication skills and ability to work well in a team.

14. Ability to work well under pressure and in response to changing needs.

15. Ability to travel at short notice and to work in difficult circumstances.

16. Good written and spoken skills in the language of the humanitarian operation.

Other information:
Specific job descriptions should be completed with brief background on context, humanitarian response, and organisation's role, reporting lines, terms and conditions etc.

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Learning and professional development

"It is the responsibility of the aid worker to become a good team-player and take the initiative to capture the new knowledge that is generated by his work, updating his knowledge profile in a way that it can be transmitted to peers and successors"

– © ODI 2004, Faulkner & Foster, ALNAP, Managing Learning at the Field Level in the Humanitarian Sector

How this is achieved will depend on the:

- particular knowledge, skills or behaviour the learner aims to acquire or develop
- level of knowledge, skill or behaviour the learner already demonstrates
- learner's preferred learning style
- resources available (people, money, equipment, opportunity and time)

DIRECTED GROUP LEARNING

- formal structured training and learning in different sized groups

- **Training courses /Workshops** (short courses run internally or by others)
- **Briefings** (short inputs on specific issues)
- **Road shows** (short sessions in many locations)
- **Conferences** (large meeting for consultation or discussion)

Advantages	Disadvantages
- can target a wide audience - builds skills and knowledge - builds relationships and contacts - two-way exchange of information	- the larger the numbers, the more general the content - takes time to plan - expensive to run

SELF-DIRECTED GROUP LEARNING

- self-choosing groups where individuals learn from each other

- **Discussion forum** (in-person or electronic forum to exchange ideas, post questions, offer answers, offer help on relevant subjects)
- **Action learning sets** (regular meetings to explore solutions to real problems and decide action)
- **Communities of practice** (informal network of like-minded individuals sharing expertise)

Advantages	Disadvantages
- real, live issues - action based - directly relevant - can be easy to arrange - useful for teams working on same site	- coordination - continuity - can need skilled facilitation - seen as gimmicky - lack of focus - becomes a talking shop

INDIVIDUAL LEARNING

- specific individual learning opportunities

- **Coaching / mentoring** (providing guidance, feedback and direction)
- **Shadowing** (following and observing experienced person)
- **Field visits** (visiting actual programme sites)
- **Practical demonstrations**
- **Placements/secondments** (temporary assignment in another organisation)

Advantages	Disadvantages
- very specific - on-going learning - focused on needs of the individual - practical learning	- resource intense - time - can pass on bad habits

SELF-MANAGED LEARNING

- individual actions the learning in their own time

Self study:

- books, reports, downloadable resources
- CDs , videos, DVDs, podcasts
- distance learning

Personal reflection:

- Observing and listening
- Learning logs (written record of learning)

Advantages	Disadvantages
- written materials give standardised messages - can reach large audience - individual responsibility and motivation for learning	- relies on individual motivation - written messages can be too general or misinterpreted - materials take time to produce

ORGANISATIONAL LEARNING

In the rapidly changing environment of humanitarian relief, organisations need to continually adapt and learn.

In addition to M&E processes for your programme, you need to capture learning from your employees through, e.g.

Team Lessons Learnt meetings/debriefings

Regular meetings to capture essential lessons from what work has been performed and what was achieved.

Personal debriefing

Asking individual to reflect on, and share, experiences - high points, low points, readjustments made and recommended.

Exit interviews

Interviewing staff just before they leave to gather candid views on the work, organisation, programme, management etc.

All In Diary CD Resources:

© People in Aid (2004) HR Information Notes, Learning Styles and Methodologies;
© People in Aid (2004) HR Information Notes , Training and Development,;
© ODI (2004) ALNAP Review of Humanitarian Action 2003 – Field Level Learning

Web links for further information

www.aidworkers.net; www.networklearning.org
http://www.actionlearningsets.com/php/news.php?id=4&item=; http://www.the-ecentre.net/resources/1-1-1.cfm

Hygiene Promotion Steps

Project cycle stage		Steps
Initial assessment		**Step 1** – Rapid assessment to identify the incidence and severity of risk practices, and get an initial idea of what the community knows, does and understands about WASH.
		Step 2- Consult men, women and children on their hygiene needs and the contents of hygiene kits i.e. sanitary towels, razors, potties etc
Planning		**Step 3** – Select the highest / most widespread risk practices for intervention (with objectives and indicators). Identify hardware / resource requirements.
		Step 4 – Define the target groups (may be whole community with special focus on those caring for young children. Identify stakeholders - those that can influence the target groups i.e. elders, teachers, traditional birth attendants.
		Step 5 – Define the strategy for intervention, and communication channels and initial messages for all groups. Determine advocacy and training needs.
		Step 6 – Set up outreach system and recruit & train fieldworkers
Implementation		**Step 7** – Begin implementation and continue assessing situation.
	On-going assessment	**Step 8** – Gather quantitative and qualitative data (through participatory techniques) and establish baselines. Further investigate motivational factors for safe hygiene practices and refine key messages accordingly.
	Monitoring	**Step 9** – Establish whether hygiene kits, sanitation facilities are being used and whether people are satisfied with them. Monitor hand washing practices and household water quality standards.
		Step 10 – Increase interactive approaches and identify and implement training for longer-term community groups. Refine implementation & communication plans in relation to monitoring outcomes. Continue monitoring & training.

*** Adapted from Guidance Manual on Water Supply and Sanitation: LSHTM/WEDC 1998**

Example Hygiene Promotion Activities

Conduct rapid assessment of water, sanitation and hygiene

Co-ordinate with other WASH agencies and stakeholders

Identify WASH key informants

Identify/ Recruit Field Hygiene Promoters

Organise and carry out training for field hygiene promoters

Plan communication strategy

Consult with male and female refugees on immediate needs for water, sanitation and hygiene items

Identify culturally appropriate excreta disposal facilities through consultation with affected population

Continue to assess water, sanitation and hygiene

Identify and train latrine attendants

Train community mobilisers

Conduct more detailed baseline data assessment and modify plan

Order and distribute 160 community hygiene packs for maintaining latrines etc.

Order and distribute 1,600 household hygiene packs every month for six months (soap, disinfectant, laundry soap, etc, for one family for one month).

Plan radio broadcasts with key stakeholders within six weeks

Plan hygiene promotion with children, including hand washing demonstrations in and out of schools

Set up temporary defecation areas.

Liaise with engineers/technicians on construction of 200 gender-segregated latrine and bathing facilities.

Liaise with engineers on construction of 80 community washing facilities (laundry).

Consult with female refugees to identify suitable sites for sanitation facilities.

Provide potties for children under-five.

Provide bedpans to housebound men and women

Organise the selection of pump caretakers and committee members

Train 6 water point attendants in camp

Train pump caretakers

Initiate monitoring system

Organise regular meetings with Field Hygiene Promoters to provide support and ongoing training and to identify problems in the camp

Train children’s hygiene promoters

Developing Messages[49]

To communicate effectively you need to design messages that are (1) on strategy, (2) relevant, (3) attention getting, (4) memorable and (5) motivational.

It might help to bear the following points in mind:

- Stress one major idea; e.g. importance of hand washing with soap
- Write down the theme lines/statements and the key words that express the ideas or information to be conveyed by the message; e.g. hand washing can reduce diarrhoea and coughs and colds, keep you and your family healthy, make your hands smell nice
- Offer benefits and practical solutions that meet the needs of the target group and emphasize these; e.g. less time spent caring for sick children, feel less worried about family, spend less money going to clinic, hands smell fresh and clean
- Keep messages clear, simple, lean and tight. Tell the whole story and when you have finished, stop; e.g. Keep them healthy and smelling sweet! Make sure they wash their hands with soap.
- Ensure that the message is comprehensible

Normally a great deal of formative research is required in order to develop a strong message based on in depth knowledge of the targeted population. However, in an emergency time will be at a premium – hence the emphasis on continuing dialogue with the affected population. Where used, messages should be reviewed regularly as the situation evolves and the understanding of the issues deepens. Using the same messages, in the same way for the duration of an intervention will be of limited value (see box).

> In Angola the WASH outreach workers had been promoting **the same 5 messages** for years. Communities became so bored with this that the women would rush away from the water point or hide when they saw the teams approaching.

The Key Message Points refer to the fact that all messages no matter how they are delivered or by who should consistently contain the same core information. Emphasising consistency of the ideas conveyed – whether that is to wash hands with soap or soap or ash or to not use a particular water source – may be a more useful strategy to employ in the early days of an emergency rather than attempting to define the perfect message with limited information.

Remember that the threat of illness or disease may not always be the strongest motivator for a change in behaviour (although in an acute emergency the threat of common endemic diseases may have a greater role to play as a motivating factor, than in more settled situations).

Follow the seven C's of effective communication (Williams, 1992) when developing messages and designing your communication strategy:

1. Command attention.
2. Cater to the heart and head.
3. Clarify the message.
4. Communicate a benefit.
5. Create trust.
6. Convey a consistent message.
7. Call for action

E.G. 'Your hands are only truly clean when washed with soap' or; 'Your house is not a home without a kitchen and a toilet'

Remember to pre-test your messages as part of the development process and don't forget to monitor their effectiveness.

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Effective meetings

Meetings are essential to communicating in disasters.
But they frequently produce limited outcomes.
Creating a format and process that produces results is key.

The role of the chair is to facilitate the meeting in such a way that the collective wisdom of the attendees is tapped into, while keeping discussions in line with the meeting's objectives.

The participants' role is to prepare for, and engage constructively in meetings, so that results can be accomplished.

PLANNING & PREPARATION

WHY	*What is the purpose and expected outcomes of the meeting?* ▪ Give or share information, feedback, reports ▪ Generate ideas ▪ Find solutions / solve problems / make decisions ▪ Develop trust, relationships, teams *Who needs to agree these objectives?* *What do participants want from the meeting?* *Is the meeting part of an on-going process?*
WHAT	*What topics need to be on the agenda?* ▪ Use the agenda to explain how different topics will be handled, and for how long. List what people need to bring. *Is the agenda circulated beforehand? Bring spare copies!*
WHO	*Who should attend? Are the right people available?* *Is there a protocol for invitations?*
WHERE	*Which is the best location and venue to suit everyone?* *Does it have the space, equipment, ventilation, catering needed?* *What is the best layout for the style of meeting – formal or informal?*
WHEN	*When is the best time for this meeting? Is there a clear start and finish time which is culturally acceptable to all? Is there sufficient time to achieve the objectives? What breaks will be needed? Is it free from interruptions?*
HOW	**What is the best way to start, engage all cultures, encourage contributions, and clarify purpose and expectations? e.g.** ▪ Introductions, ground rules, ice-breakers *What translations and interpretation is needed?* **How will you record, clarify and circulate decisions and actions? e.g. on a flipchart or whiteboard; in minutes?**

When you run a meeting you are making demands on people's time and attention – use it wisely.

Running effective meetings

1. Ensure relevant information is available and/or circulated beforehand.
- ensures critical decisions can be made, and people can come prepared.

2. Clarify, and get agreement on, the purpose, agenda and timing.
- helps set a purposeful tone to the meeting, and helps keep to the agenda.

3. Start and finish on time
- avoids time wasting and helps ensure people take the meeting seriously.

4. Agree groundrules – do's and don'ts for the meeting.
- encourages respectful behaviours.

5. Take time to build trust and involve everyone, i.e.good introductions; encourage listening; use smaller discussion groups.
- encourages open and honest discussion and debate.

6. Keep to the agenda
- avoids time wasting and keeps focus on the purpose.

7. Record agreed actions
- encourages commitment to action and purposeful meetings.

8. Ask at the end of each meeting how the next meeting could be improved.
- enables better, and better meetings.

All In Diary CD Resources:
© RedR (2005) Walker B., Better Ways to Manage Meetings,

Web links for further information
http://www.genderdiversity.cgiar.org/resource/MulticulturalMeetingsFinal2.ppt

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Multi-language meetings

The success and quality of your meetings rely on everyone being able to contribute their views and information.

Conducting meetings either entirely in English or in local languages, will exclude key players and reduce effectiveness.

OPTIONS FOR INTERPRETATION

Whispering interpreting – useful when only one or two people require interpretation, but can be distracting.

Liaison interpreting - the interpreter translates a few sentences at a time.

Effective in short sessions but can become tedious and time-consuming.

Consecutive Interpreting - interpreter listens to a longer exchange of information, takes notes, then translates a summary.

Difficult to keep people's attention, but useful for summarising key points.

Simultaneous Interpreting - requires a radio microphone for the interpreter and headsets for the listeners.

Useful in large conferences or formal meetings but requires technology and high level of skill.

COMBINING TRANSLATION & INTERPRETATION

Selective interpreting

- prepare translated key points and agendas on flipchart, handouts or PowerPoint;
- incorporate small group discussions in different languages to encourage sharing of views and ideas; and
- include interpretation of the summaries and action points in the main group.

This can maximise engagement and minimise disruption.

WHEN INVITED TO A MEETING:

1 Ask what language(s) it will be conducted in

2 Notify organiser if you:

- would like an interpreter
- can act as an interpreter
- know a good interpreter

3 Ask for the information you need to participate fully in the meeting e.g. agenda, start and finish times, any special needs.

4 If translated materials would be beneficial either:

- request translated versions
- offer to translate, or
- suggest local translator

WHEN ORGANISING A MEETING:

1 Check if interpretation is required

2 Brief interpreters and participants

3 Schedule regular breaks

4 Use translated visuals aids and small group discussions in local languages

5 Translate and disseminate key materials

6 Regularly review effectiveness of meetings

Tips for using interpreters

- choose someone who is impartial, with no vested interest in the topic

- if possible choose someone who is representative of the group (gender, ethnic background etc)

- where possible use someone who is trained in interpretation

- ask others who they might recommend

- ensure they are given regular breaks (at least every hour)

- take time to prepare them by giving them an agenda, and explaining jargon, key issues etc.

All In Diary CD Resources:

Web links for further information

http://www.kwintessential.co.uk/contact.html

Developing Partnerships

Effective partnership relies on equitable participation, decision making and taking and accepting responsibility.

Partnerships contribute to achieving shared goals
and are key to the transition from relief to development.

Value of partnership in an emergency

Providing services – increases capacity to support those affected.

Exchange of ideas, knowledge and expertise – critical to the design of effective emergency response programmes.

Advocacy and influencing decision makers – helps tackle political or social barriers to disaster recovery.

Solidarity and professional support – particularly important for local NGOs in the face of trauma and insecurity.

Access to and sharing of information – assists both international and local organisations in participating appropriately to an emergency.

Building the capacity of civil society - is an integral aim of disaster response interventions and the basis for longer term sustainability.

Pointers to identifying & negotiating partnerships

- What type of partnerships would **strengthen** your aims & capacity?
- What have you **learned** from current or previous partnerships?
- What **information** do you have about a potential partner? (strategy, length of establishment, reputation, capacity and governance)
- How **compatible** are you? (i.e. values, capacity, stakeholders)
- Is there **organisational commitment** on both sides?
- What can you **offer** and what are you **looking for** in a partner?
- What are your **mutual expectations and understanding** of what the partnership will involve? (e.g. term, purpose, roles, responsibilities, exit strategy, levels of accountability, participation, information sharing and control)
- What form of **Partnership Agreement** is needed? (including governance and conflict resolution strategies)

Be aware of the **cultural sensitivities and bias** of both partners in assessing, negotiating and formalising a partnership

Potential pitfalls of INGO : local NGO partnerships

- INGO role as donor and dependence on external funding
- Mis-match in organisational capacity and culture
- Unequal accountability demands and access to resources
- Staff turnover and absence of organisational commitment
- Contrasting values and stakeholder expectations

Effective Partnerships:

should not be used just to satisfy donor demands

require genuine commitment by both organisations

require on-going negotiation and compromise

should be built on shared values, mutual trust, honesty and respect

require clear and mutual understanding of purpose, roles and expectations

are key to a developmental approach

In view of the above points, where possible partnerships benefit from a long term commitment.

All In Diary CD Resources:
© INTRAC NGO Policy Briefing Paper No.4 (2001) NGOs and partnership
Partnerships – considerations in drafting agreements

Web links for further information
http://www.intrac.org/resources_database.php?char=P

Stakeholder Analysis[50]

This is a summary of a DfID technical note on stakeholder analysis. The DFID website has a lot of good material on this subject. www.dfid.gov.uk

Definitions

A **stakeholder** is any person, group or institution that has an interest in an activity, project or programme. This definition includes the intended beneficiaries and intermediaries, winners and losers, and those involved or excluded from decision-making processes.

Stakeholders can be divided into two very broad groups:

- primary stakeholders: those who are ultimately affected, i.e. who are intended to benefit from or may be adversely affected by the intervention;

- secondary stakeholders: those with some intermediary role. In an emergency-response project these might include some of: donors, politicians, business people, local government, other humanitarian agencies, coordination agencies.

Key stakeholders are those who can significantly influence the project, or are most important if the project objectives are to be met. Both primary and secondary stakeholders may be key stakeholders.

Stakeholder participation is a process whereby stakeholders – those with rights (and therefore responsibilities) and/or interests - play an active role in decision-making and in the consequent activities which affect them.

Participation of **primary stakeholders** is essential in projects which are expected to have a direct positive impact on defined groups of people. The degree of participation appropriate at different stages of a humanitarian crisis needs careful thought.

Stakeholder analysis aims to:

- identify and define the characteristics of key stakeholders;

- assess the manner in which they might affect or be affected by the programme/project outcome;

- understand the relations between stakeholders, including an assessment of the real or potential conflicts of interest and expectation between stakeholders;

- assess the capacity of different stakeholders to participate.

2 HOW TO DO A STAKEHOLDER ANALYSIS

There are several steps to doing a stakeholder analysis:

- draw up a ‘stakeholder table’;
- do an assessment of each stakeholder's importance to project success and their relative power/influence;
- identify stakeholders who may need specific strategies to be reached by the project or to be encouraged to support the project;
- identify risks and assumptions which will affect project design and success.

Stakeholder Tables

To draw up a stakeholder table:

- identify and list all potential stakeholders

- identify their interests (overt and hidden), in relation to the problems being addressed by a project and its objectives. Note that each stakeholder may have several interests.
- briefly assess the likely impact of the project on each of these interests (positive, negative, or unknown).
- indicate the relative priority which the project should give to each stakeholder in meeting their interests (for instance: 5 = high priority; 1 = low priority).

Stakeholder table

	Interests	**Potential project Impact (positive or negative)**	**Relative priorities of interest**
Secondary Stakeholders			
Primary Stakeholders			

3 ASSESSING THE 'INFLUENCE AND IMPORTANCE' OF STAKEHOLDERS

Key stakeholders are those which can significantly influence, or are important to the success of the project. **Influence** refers to how powerful a stakeholder is. **Importance** refers to those stakeholders whose problems, needs and interests are the priority of the intervention - if these 'important'; stakeholders are not assisted effectively then the project cannot be deemed a 'success'.

By **combining influence and importance**, stakeholders can be classified into different groups, which will help identify assumptions and the risks which need to be managed through the project design. Stakeholder analysis can contribute to the process of deciding how the key stakeholders are to be included in the project. Note that **'key' refers to high importance, high influence, or both.**

Matrix for classification of stakeholders according to their relative influence on the project and the importance of the project to them

(5) High Importance	A	B
Low Importance (1)	D	C

(1) Low Influence — High Influence (5)

Key stakeholders with high influence and importance to project success are likely to provide the basis of the project 'coalition of support', and are potential partners in planning and implementation. Conversely, key stakeholders with high influence, but with low importance to project success may be 'managed' by being consulted or informed.

4 USING THE FINDINGS OF A STAKEHOLDER ANALYSIS

The analysis should contribute to project design. More specifically, the findings should be included in:

- **Project Logframe:**

This will highlight in the Assumptions column any key stakeholders and their potential influence/importance on achievement of the indicators. The overall project design, as conveyed in the logframe, should reflect the interests and impacts identified by the stakeholder analysis.

- **Project strategy:**

Primary stakeholders who are often, by definition, excluded from participation, may require special strategies: for example, scattered communities may require outreach health services, community-based organisations may require active support for recovery after a disaster. If there are key stakeholders (often secondary) who may be indirectly affected by the project in a negative way, a strategy may be required to anticipate and prevent this: for instance, a doctor providing health care to fee-paying patients may not like to lose patients to a free clinic set up for people affected by a disaster; if this is not handled well, this doctor may use her political influence to damage the project.

- **Participation**

Participatory humanitarian response can produce better results, but working in a participatory way can cost more in time and money. To be sure that these scarce resources are used wisely, stakeholder analysis results can help in deciding what degree of participation and with which stakeholders is the most appropriate.

SUMMARY:

Stakeholder analyses can be used to:

- Identify key stakeholders
- Identify areas of conflicting interests
- Draw out key risks and assumptions

Example Community Contract/Agreement[51]

AGREEMENT BETWEEN: (name of NGO) AND ----------_____TOWN, _____ DISTRICT REGARDING THE PROVISION OF A HAND DUG WELL AND THE REPAIR OF KARDIA HANDPUMPS.

(NGO/Agency….) intends to work in partnership with the above community in order to facilitate the provision of a well at the health centre and the repair of five Kardia handpumps. However, (Agency…) can only facilitate the provision of the new well and the repair of existing pumps and will NOT be responsible for providing manual labour, locally available materials, payment for community members or for long term maintenance of wells and hand pumps. (Agency …'s) involvement in this project will depend on the commitment of the community and both parties will be bound by the terms of the agreement.

UNDER THE TERMS OF THE AGREEMENT THE COMMUNITY WILL HAVE THE FOLLOWING OBLIGATIONS:
Before (agency…) can commence any work all ownership and rights of way issues must have been settled.

LABOUR:
The community will provide the necessary labour for the digging of the wells including the extraction and removal of soil and any other assistance that may be required. Seven labourers per day will be required.

MATERIALS:
The community will provide the necessary locally available materials i.e. sand, gravel, sticks and clean water for the construction work.
The community will be responsible for project materials and will secure them as necessary. The materials must only be used for the purpose intended.

ACCOMMODATION AND FOOD
The community will provide accommodation and at least one meal per day for the technicians working on the well and will also provide food for community labourers.

SAFETY
The community must make every effort to observe the safety regulations laid down by (Agency…) with regard to the digging of the well. First aid kits will be provided at every well site for minor injuries but if other medicines and medicaments are required these must be provided by the community.

MAINTENANCE:
On completion of the work the community will immediately become responsible for the long-term maintenance of the wells and pumps. In order to minimise damage to the facilities and to minimise the risk of disease all community members will be responsible for day-to-day care and maintenance. The community will be required to finance the payment of spare parts where these become necessary.

The community is advised to set up a WASH or community development committee where one does not exist by electing representatives - 50% women and 50% men - which will include a chair person, secretary and treasurer and to develop a constitution relating to the management of the water system/sanitation facilities.

The community will identify two suitable people (one man and one woman) to be trained in basic maintenance of the hand pumps and the well.

UNDER THE TERMS OF THE AGREEMENT (Agency…) WILL HAVE THE FOLLOWING OBLIGATIONS:

INFORMATION:
(Agency name..) will provide the community with ongoing information about the project and any delays and will seek to involve the community as far as possible in making decisions about the project.

LABOUR:
(Agency…) will be responsible for the execution of construction works and supervision of this work.

(Agency…) will provide training in basic maintenance of the hand pump for two caretakers chosen by the community. In addition (Agency…) will work with members of the community to ensure that people are aware of how they can best prevent contamination of water supplies.

MATERIALS:
(Agency…) will be responsible for providing all materials that are not available locally as specified in the community obligations above.
(Agency…) will notify the community that they are ready to start construction work at least two days in advance.

TRAINING:
(Agency…) will provide training in operation and maintenance of the facilities, managing water supplies and hygiene promotion.

In case of a deterioration in the security situation or during the period of heaviest rains, (Agency…) reserves the right to cease all work. This work will be resumed as soon as conditions allow.

Both Parties reserve the right to sever relations if either side does not comply with the terms of the agreement or if materials supplied by either party are misappropriated.

COMPLAINTS
All project related complaints will be investigated by (Agency…) in a confidential, fair, impartial and timely manner, involving local people where appropriate. The person making the complaint will be kept informed of the progress and outcome of the complaint. The constructive support of all involved is requested in seeking solutions to any identified problems.

RESOLUTION OF CONFLICT
Community leaders and community representatives are expected to take a lead in the constructive resolution of complaints and/or conflict related to the provision of WASH facilities and services.

SIGNATORIES OF THE AGREEMENT (in the presence of community members)

Paramount Chief / Regent Chief:
Town Chief:
Elders:
Women's Leader:
(Agency…) Representative:
Ministry of Water:

DATE:

RESOURCES MANAGEMENT

Recruitment and Managing Others

Recruiting and selecting staff
Human Resources Issues
Group development and team working

Logistics and Financial Management

Managing finance

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Recruiting and selecting staff

Getting the right person in the right place at the right time is crucial. Mistakes can be expensive and damaging to the reputation and activities of individuals and the organisation.

'*Our policies and practices aim to attract and select a diverse workforce with the skills and capabilities to fulfil our requirements*'.

Principle 5 the People In Aid Code of Good Practice.

RECRUITMENT

Take legal advice

Consult a local lawyer or access http://natlex.ilo.org before starting to recruit to ensure procedures and contracts are compliant with all applicable laws; or ask HR managers, or other organisations with experience in the area.

Define the requirement

Clarify what needs to be done. Consider the options of redistributing tasks, training up current staff, short term contracts versus longer term; specialist versus generalist; local versus international.

Job description

Prepare an outline of broad responsibilities involved in the job, and expected outcomes from short-term contracts.

Person specification

What skills, experience, qualifications and attributes are essential to do the job? Avoid setting criteria which will discriminate against different backgrounds, religions, gender etc.

Consider how you will assess these.

Advertising

Avoid discriminating against some applicants by the choice of wording and where you place adverts.
Give clear instructions and timing
Consider best options to encourage right people to apply while discouraging too many inappropriate applications, e.g. previous applicants, emails, notices, newspapers, local radio, word of mouth.
Head hunting – approaching someone you know has advantages, but can lead to the problem of unhealthy competition between agencies.
Setting up HR forums for agencies can pool resources more effectively.

Applications

A standard application form will help short-listing.

CVs are simpler and faster BUT:

- information is not standardised
- cultural differences can lead to misinterpretation

SELECTION

Short-listing

Assess applications on the basis of the person specification – watch for bias and discrimination.

Interviews

Remember to create a good impression of your organisation as well as assessing the best candidate for the job.
Welcome the candidate and put them at ease as they will tell you more if relaxed.
Ask questions to find out about the candidate – their experience, skills, knowledge and attitude. Plan to ask all candidates similar questions to ensure fairness and consistency.
Avoid potentially discriminatory questions e.g. asking only female candidates who looks after their children.
Supply information about the organisation and the job.
Part, having agreed what steps are to be followed next.
Use open questions (tell me about.. how do you…why did you, talk me through)
Be aware of the 'halo' effect, i.e. you like the look of the candidate, and find reasons why they are suitable. Having 2 interviewers present for all interviews can cross-check impressions, and provide witness to interview discussions.

Tests, checks and references

Ask candidates to:

- show you evidence of qualifications, examples of previous work
- do a presentation, a case study, or tests.

References from previous employers can be a useful check but do ask for the candidate's permission.

Making a job offer

Prepare and send the necessary documentation (in the appropriate language) in accordance with local laws.

Induction

Planned induction ensures new staff members settle in and are productive quickly. Do ensure all members of the team are informed of the new team members

Cross cultural interviews

Interviewing when participants belong to different cultures can bring additional challenges.

Here are some possible considerations to neutralise the impact of cultural differences:

ESTABLISHING RAPPORT
Take time to explain clearly the purpose of the interview and agree mutual goals – creating a cooperative climate.

FEELINGS & MOTIVES
Ask 'projective questions' if candidate is not used to talking about feeling and motives.
e.g. ask them to describe a best friend or colleague and their reasons they admire them.

DEALING WITH STRESS
Ask candidates to describe their worst experience and how they behaved, to gain insight into how they deal with difficult situations.

STEREOTYPES & PREJUDICE
Be aware of your own prejudices about accent, appearance, etc.

ASSESSING BEHAVIOUR
Have a standard format to record questions and responses for all interviewees

Ask yourself at the end of the interview if certain behaviours could be a handicap to the job or only tap into personal prejudices.

Adapted from Cross-Cultural Interview Techniques

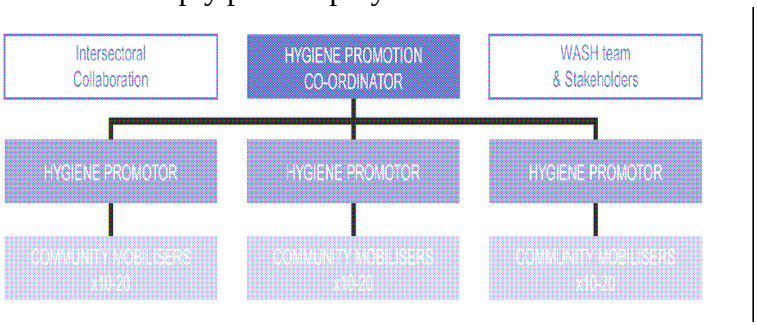
All In Diary CD Resources:
© SHL Group PLC (2001) Guidelines for Best Practice in Selection Interviewing; Swords S., ECB Project, (2006) Humanitarian Competencies Study,

Web links for further information
http://www.managing.peopleinaid.org/recruitment/overview.aspx;http://www.aidworkers.net/?q=advice/humanresources/recruitment; ; http://www.amideast.org/publications/AQ/W90CrossCult.htm

Human Resources Issues

Hygiene Promoters are primarily responsible for hygiene promotion outputs of an operational agency's WASH response. They manage the day-to-day hygiene promotion activities, with each Hygiene Promoter working with a group of Community Mobilisers in a specific location or sector of the disaster-affected population.

Hygiene Promotion Community Mobilisers carry out the day-to-day hygiene promotion activities of an operational agency's WASH response at community level. They work by establishing a relationship with community members that allows them to be the interface between the disaster-affected community and the WASH response. They may be volunteers or paid staff, depending on the circumstances. The title 'Job Description' used here does not imply paid employment.



The job descriptions correspond to the staffing structure shown above. This reflects the way in which implementing agencies commonly manage hygiene promotion activities, though different circumstances may require a different staffing structure and organisation of activities, and job titles may vary. For instance, on small programmes and where resources are limited, there may just be two tiers in the structure, with the Hygiene Promotion Coordinator directly managing a team of Community Mobilisers.

Community Mobilisers

Community Mobilisers should be recruited from among the affected community if possible. However, it may be necessary, for speed or other reasons, to recruit Mobilisers initially from outside the affected community. For example, Red Cross/Red Crescent volunteers may work as Community Mobilisers with a refugee population. Suitable candidates include people with experience in community health, education or development. Again, care should be taken not to take staff and volunteers away from other essential activities. This particularly concerns community health workers and teachers. Reasonable efforts should be made to have a gender balance and representative mix of people from different social and ethnic groups in diverse populations.

Normally Community Mobilisers will be identified or elected by the affected community themselves according to certain criteria such as the ability to communicate effectively and sympathetically with people or the ability to hold the trust of the community. Community Mobiliser positions may also be advertised by word of mouth or by posting information at public places such as health-care facilities, distribution points etc. Again, many applications should be expected and a system should be in place to short list promising applicants and inform unsuccessful ones. If possible, short interviews should be carried out by the Hygiene Promotion Coordinator and at least one Hygiene Promoter. If the recruitment of Community Mobilisers is rushed at the start if a response then it is likely that some will be found to be unsuited to the task. In this case the individuals concerned should be replaced.

Management

Hygiene Promoters should be managed according to the normal policies and procedure of the implementing organisation. There is likely to be a lot of training during the first days and weeks of the emergency programme and thereafter, a programme of regular team meetings for planning and reporting on activities and issues arising. Job descriptions should be reviewed early in the work period to ensure they are fully understood and that they provide adequate guidance for staff.

Most Hygiene Promoters will have a geographic area of responsibility, managing a team of Community Mobilisers who work in a specific area and some may have particular sectoral responsibilities, such as liaising with schools or working with local media.

As for Hygiene Promoters, it is important that Community Mobilisers fully understand and are comfortable with their job (or task) descriptions and the reward/incentive system that will be used, to avoid disappointment and loss of motivation later on.

Community Mobilisers will be assigned to specific sections of the affected community. The most practical arrangement is for them to work in the area in which they live. If this is not possible then it may be necessary to provide transport to and from the area of work.

Community Mobilisers will require intensive training at the start of the programme. Thereafter, day-to-day supervision and on-the-job training should be provided by the Hygiene Promoters. This will commonly involve a daily meeting at community level and then the Hygiene Promoters may accompany Mobilisers in turn as they do their work.

From time to time it is useful to bring all the Hygiene Promoters and Community Mobilisers together for modular training (for instance, a half-day session on diarrhoea management or adult learning), review of activities and experience, or planning. These meetings are important for developing and maintaining team cohesion and a common understanding of the programme.

All staff and volunteers must be provided with a contract (or a less formal written agreement) that lays out the expectation and obligations of the implementing agency and the person concerned. Systems must be put in place to manage stress, health and safety and personal security, and provision of insurance for injury and loss must be clearly discussed and agreed.

Compensation

Hygiene Promoters are normally employed as full-time professional staff and in most cases will be given a contract of paid employment appropriate to their responsibilities and in accordance with national legislation.

In some cases Community Mobilisers may be employed according to national legislation, as daily workers or with a more long-term contract appropriate to the nature of the tasks involved and the duration of the programme. In many other cases they will have volunteer status, without a formal contract, though national legislation regarding volunteers should be respected.

The term ‘volunteer’ implies that a salary or fee is not paid for the work done but volunteers may be rewarded, compensated and encouraged for their work in many other ways, including the following:

- payment of per diems or daily allowances to cover costs incurred during their work such as travel;
- provision of a meal on working days;
- provision of materials and equipment that can be used outside the programme (e.g. a bicycle or wet-weather clothing);
- training courses with refreshments and certificates, particularly if training courses fit into a recognised national or organisational system of qualifications;
- the opportunity to learn and progress within an organisation, potentially to secure paid employment in a more formal role;

- the respect and goodwill of the community they are working in, the knowledge that they are fulfilling religious or social obligations, or other benefits related to social, cultural and belief systems.

Whatever arrangement is chosen (paid or volunteer status), it must be discussed clearly among implementing organisations and across clusters to avoid creating tensions between organisations and disrupting established systems

Advantages and disadvantages of working with paid Community Mobilisers

Advantages
In situations where intensive hygiene promotion activities are required (to deal rapidly with a hygiene-related epidemic, for example) paid staff may work full time, and can be compensated accordingly
It may be easier to plan and manage the work of paid staff because by receiving regular payment they have a contractual obligation, a strong incentive to perform and are able to focus on their work if their material concerns are lessened by receiving a wage.
Payment provides status and is a sign of respect for the work done. This is an additional form of motivation and can increase the ability of Community Mobilisers to work effectively.
Many potential Community Mobilisers can only afford to work, even part time, if they are paid for their time.
In disaster-affected communities, payments made to Community Mobilisers are a valuable contribution to livelihoods and the local economy.
Administering money payments is usually simpler and less time-consuming than providing in-kind incentives.
Disadvantages
Where Community Moblisers from the affected community are paid a wage they may be seen as working for the implementing agency, rather than the community and this could weaken the links with the community
Communities may be less inclined to participate in collective activities voluntarily if they know that Community Mobilisers receive payment for their time.
When one or more agencies pay Community Mobilisers for their work this may create problems for established systems that carry out similar kinds of work on a volunteer basis (Red Cross/Red Crescent volunteer systems, Ministry of Health Community Health Worker systems etc.).
When attractive payments are made to Community Mobilisers in resource-poor settings, particularly where public services are disrupted, employees may be pulled away from their normal roles in essential service provision
Paying regular wages to a large number of Community Mobilisers can be expensive and may divert funds from other essential activities.
It is likely to be more difficult to achieve sustainability after the emergency phase if it costs a lot to employ workers essential to the ongoing programme.

December 2007

Group development & Team working[52]

Model of Group Development

New Groups		Time		Effective Groups
Phase	**1**	**2**	**3**	**4**
Relationships Behaviour	**DEPENDENCY** ***(Forming)*** group look to leader for support	**CONFLICT** ***(Storming)*** about leadership, power and authority	**COHESION** ***(Norming)*** testing of common goals emerges	**INTERDEPENDENCE** ***(Performing)*** a real team; relationships working well
Task Behaviour	**ORIENTATION** what are we here to do? what are our goals?	**ORGANISATION** of rules, procedures, structures, roles etc.	**DATA-FLOW** information and ideas begin to be received and shared	**PROBLEM-SOLVING** effective team, high performance of appropriate tasks

References: Blake R.R. & J.S. Mouton: The Managerial Grid. Houston: Gulf Publishing Co., 1964 ; Tuckman B.W. Developmental Sequence in Small Groups. Psychological Bulletin, 1965

Team Development

For teams to be high performing takes time; time for people to get to know each other and assess each other's strengths and weaknesses. Teams don't just happen, they develop. All analysts agree that teams go through a number of stages, though there is some disagreement about how many stages and what to call them. All models, however, agree that:

1. There is a developmental process with a number of stages
2. The developmental process is not necessarily linear.
3. The time spent at each of the stages may vary between groups.
4. Having passed through one stage, a group may subsequently regress to it.
5. A group may never reach the final stage, ie: become fully developed.

Below is a description of Tuckman's model which incorporates and builds upon many of the other models.

STAGE 1 : FORMING - *The Undeveloped Team*
Initially, team members will feel quite eager and have high expectations. There will also be some feelings of anxiety: *Where do I fit? What is expected of me?* As the team are getting to know one another their behaviour is likely to be polite, impersonal, guarded and watchful. They will be testing each other out as individual personalities, as professionals and as people holding views concerning how the group should be run in future.

Difficulties which occur during this stage are:

- unclear objectives
- low involvement in planning

Notes and observations

- feelings not dealt with
- weaknesses 'covered up'
- bureaucratic and poor working procedures
- the 'boss' makes the decisions
- poor listening
- workplace is for work only

To help the team move through this stage the **Cluster Coordinator needs to:**
- reassure members the reasons why they were asked to be on the team
- confirm individual responsibilities that come with membership
- acquaint team members with each other

STAGE 2: STORMING – *The Developing Team*

Once the group members have gained confidence in their abilities, a certain amount of infighting is likely. People experience a discrepancy between hopes and reality and can feel dissatisfied with their dependence on authority. The leadership of the group may come into question because of their skills, values or style. Differing approaches to work and personality differences also emerge.

If the tensions between some members are not resolved, then conflict and confrontation could become normal behaviour in the group. Individuals who feel demotivated may leave the group, others opt out of the relationship side of the group, while others feel stuck.

This stage is characterised by:
- competition for power and/ or attention
- increased desire for structure and clarification
- frustration around goals, tasks and action plans: who is responsible for what?
- what are the rules?
- what are the criteria for evaluation?
- feeling incompetent and confused
- some team members are silent, while others attempt to dominate.

To help the team progress the **Cluster Coordinator needs to:**
- clarify roles and responsibilities and targets
- explain procedures, systems and limits
- facilitate the resolution of conflict through open discussion

STAGE 3: NORMING – *The Developed Team*

The storming stage may be quickly overcome or the group may be stuck there for some time. A great deal depends on the style and personality of the group leader and on the pressures facing the group to produce results. The sooner the group attempt to fulfil certain task goals, the sooner it will break out of the infighting stage.

As the group organises itself to achieve particular goals, appropriate systems and procedures are established, work issues are confronted and the group establishes the skills level and competence of each of its members, by giving feedback to each other. Norms of behaviour and professional practice begin to be established and barriers between people begin to dissipate as a result of exchanging views, ideas and experiences on professional problems. Changes however can lead to regression into Stage 2 again.

This stage is characterised by *sharing and doing*. which leads to:
- cohesion - resolving polarities and animosities
- active acknowledgement of all members' contributions
- sense of common purpose
- willingness to change preconceived ideas
- actively asking questions

- cliques dissolve
- increased levels of trust
- sharing feeling and ideas; sharing of information - personal and task
- sharing responsibility and control
- soliciting and giving feedback to each other
- developing self-esteem and confidence
- creativity is high
- using team language
- may resist change of any sort

During this stage the Cluster Coordinator needs to become a coach and facilitator.

STAGE 4 : PERFORMING - *The Mature Team*

A great deal will depend on the skills of the leader to assist the group members to identify with each other enough to move on to stage four. Once they have broken out of the storming/norming cycle, members are inspired by a vision of their goals, are committed whole-heartedly to the achievement of their objectives and thrive in an open culture where responsibility and authority are delegated to them. It is noticeable that members are managing themselves creatively, either independently or in groups. A skilled leader realises that **shaping a meaningful identity** for the group is the most likely way to carry it into stage four.

If work difficulties or interpersonal tensions arise, or if there are changes in team members, the group may slip back into the storming/norming cycle. This stage is characterised by *resourcefulness, openness, flexibility, effectiveness and, sharing.*

The Performing Team:

- has clear values
- feels excited about participating in team activities
- seeks outside comment and scrutiny
- encourages informal communications
- experiments with and allows leadership to change with the needs of the task
- has high level of team member flexibility working collaboratively and interdependently with whole- and sub-groups
- sees individual development a priority
- shows high confidence in accomplishing tasks and positive about task successes
- builds relationships with other teams

During this stage the Cluster Coordinator needs to avoid slipping back into the storming/norming cycle or declining into the **Dorming** stage.

In the Dorming stage, team structure becomes governed by routine and systems - everything having to go through 'proper' channels and the teal spirit becomes ossified into a comfortable and cosy togetherness. It is so satisfied with past achievements that it is content to leave the unconquered peaks to the young thrusting teams coming into being all around them.

Tuckman later added a fifth stage, **Adjourning**, i.e. the break-up of the group, hopefully when the task is completed successfully, its purpose fulfilled; everyone can move on to new things, feeling good about what's been achieved. Recognition of and sensitivity to people's vulnerabilities in this stage is important.

Additional recommended resources:
http://www.businessballs.com/tuckmanformingstormingnormingperforming.htm

Managing finance

Financial management is critical to effective project planning, allocation of resources, monitoring of effectiveness, and accounting and reporting to stakeholders.

RECORD

An accurate record of incoming and **outgoing financial transactions** is essential.
Record everything that you do and ensure there is an audit trail.

Ensure another person could follow the accounts by being:

- **Organised:** follow procedures are ensure documents are properly filed.
- **Consistent:** do not change the way you do things from month to month.
- **Up to date:** fill in all proper accounting records as transactions happen.

Accounting records also provide valuable information about management effectiveness, resource use and performance in achieving objectives.

PLAN

A budget is a financial plan showing the resources needed to achieve programme objectives within a given period - setting out all expected costs of activities and all income.

A budget should:

- be sufficiently detailed and as accurate as possible
- have the approval of your managers, donors, colleagues and beneficiaries
- clearly separate the income expected from each donor
- include all the resources your programme needs
- provide useful monitoring information for you to run your programme

MONITOR

F**inancial reports** allow managers to assess project or programme progress and should be provided for both funders and beneficiaries at regular intervals.

- Check actual income and expenditure against the budget
- Check progress towards achieving the programme's objectives
- Identify areas of over-spend and under-spend to monitor organisational efficiency and progress towards the programme's objectives
- Will it be possible to achieve your objectives in time, within the budget?

If no:

- Report concerns promptly to your manager/head office and donors
- Review the budget and/or project plans with relevant stakeholders.
- Seek additional funding, budget re-allocations or programme extension

CONTROL

A **system of controls** is needed (for moving funds, carrying and storing cash, signing cheques, authorising payments) to reduce risk of errors, misuse or theft of resources.

For checklists and templates for these and other aspects of financial management, refer to www.fme-online.org for free downloads.

Adapted from Lewis T., Practical Financial Management for NGOs, © MANGO 2005 and Financial Management for Emergencies, © 2005 John Cammack, Timothy Foster and Simon Hale

Good practice in financial management can help NGOs and managers to:

- *manage available resources*
- *be more accountable to donors and other stakeholders*
- *gain the respect and confidence of funding agencies, and partners*
- *compete for increasingly scarce resources*
- *prepare for long-term sustainability and the gradual increase of self-generated funds*

Adapted from How to Build a Good Small NGO, Network Learning

All In Diary CD Resources
:
© BOND (2005) project budgeting and accounting; © MANGO (2005) Financial Management Health Check. Available in Spanish, French, Arabic, Sinhala & Tamil versions;
©Bristol Myers-Squibb Foundation , Secure the Future NGO Financial Management Pocket Guide

Web links for further information

http://www.aidworkers.net
http://www.mango.org.uk/guide/resources.aspx
http://www.fme-online.org/systems/resources.aspx

PowerPoint

(for reference)

WASH Hygiene Promotion

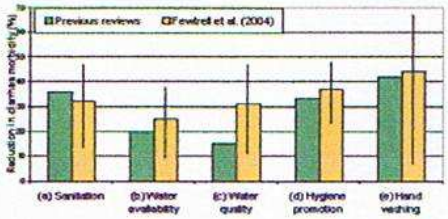
Training for Hygiene Promotion

Part 3: Additional Training for HP Coordinators

PowerPoint

Best practice materials produced through the Global WASH Cluster Hygiene Promotion project (Water, Sanitation and Hygiene), 2009 c/o UNICEF

Water, Sanitation & Hygiene Interventions to reduce diarrhoea in less developed countries; a systematic review and meta analysis
Fewtrell L et al. (2005)
The Lancet Infectious Diseases - Vol. 5, Issue 1, January 2005, Pages 42-52



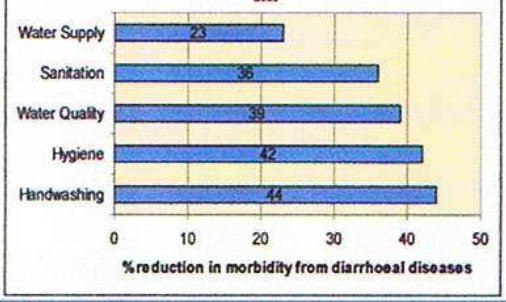
Previous reviews:
a – d
e

Evidence Base for Hygiene Promotion

Bridging Development & Emergency

WASH interventions critical for child survival

Source: Meta-analysis by Fewtrell & Colford, 2004; Handwashing data by Curtis & Cairncross, 2003, Updated sanitation data by Cairncross, 2008



Data leads to some controversy, partly due to the difficulty of splitting impacts of interventions. For example:
* Hand-washing is not possible without a water supply, so 'hand-washing' is in fact 'water supply and hand-washing'
** Water quality at household will also have involved some hygiene promotion when setting up the household water treatment processes

The importance of context

- Fast onset - slow onset
- Conflict – war, civil war
- Natural disasters – flooding, landslides, drought
- Complex Emergencies
- Local or Global epidemics: HIV/AIDS, TB, H1N1
- Different geographical areas and hydro-geological conditions – mountains, tropical, arid, low-lying, island etc
- Different cultures and social groups
- Urban - rural (stable but abnormal e.g. slum areas)
- Refugees or IDP's: large camps or dispersed communities or sharing with family or friends
- Post conflict
- Structural deterioration or political crisis
- Different phases: relief, rehabilitation, reconstruction, preparedness

What is appropriate in one context may not be appropriate in the next

Adapted from WASH Cluster Water training W1 Linkages

Oxfam: DRC

IDP/Refugee Camps

Oxfam: Sierra Leone

Oxfam: Sierra Leone

The Rights Based Approach

Needs Based Approach	Rights Based Approach
Deserving	Claim and entitlement
No one has definite obligations	Clear obligations
Receiving - beneficiaries	Active participation - partners
Some are left out – we do what we can	Equal rights for all –equitable provision
Charitable and voluntary	Mandatory, legal obligation, accountability
Addresses symptoms	Addresses causes
Partial goals acceptable (e.g. might see 60 % coverage as an acceptable target).	Only total goals acceptable (would instead say 40% still not covered, which is unacceptable).
Context specific, based on circumstances	Universal
Negotiable	Non negotiable
More about survival and development	More about discrimination and exploitation

A Rights Based Approach includes the following elements:

- Use and application rights
- Accountability
- Empowerment
- Participation
- Non-discrimination and attention to vulnerable groups

Oxfam: Bangladesh

Flooding

Oxfam: Cambodia

Oxfam: Bangladesh

Sustainability

Drought

Sub-surface dam, Kenya

Pond, Tanzania

Engage the whole community in decisions & ensure know processes for management, finance and O&M

Colombia

- Key decisions - made or approved by whole community
- Women involved in decision making - as well as men
- Regular audit / checking process for the finances
- Engage the village elders - help with conflict resolution
- Discuss mechanisms for the poorest community members to access water

WASH Cluster Training W10 / ACF sustainability research 2007

If supporting water committee model for management

- Use existing committees and structures– where formal recognition of these
- Involve local authorities and / or organisations
- Involve in all stages of the project process
- Good mix of women and men
- Both women & men in leadership positions
- Provide on-going back-up support

WASH Cluster Training W10 / ACF sustainability research 2007

Training community members in O&M

Don't just train one person on O&M – train 5, if two leave, one passes away, two will still remain

Train both women and men in O&M

Employment opportunities for women as well as men

WASH Cluster Training W10 / ACF sustainability research 2007

If supporting water committee model for management

Ensure that the members know:

- Their roles & responsibilities
- How to manage finances
- Importance of keeping wider community informed - particularly on finances
- Where to go if there are problems – for external facilitation or help
- How to operate and maintain the facilities & to purchase spares

WASH Cluster Training W10 / ACF sustainability research 2007

Easy to replace spares

Ensure spares are readily available at reasonable distance

& communities know their cost and where to get them

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Ownership & level of service

Prioritise simpler technologies & appropriate to capacities of communities

Displaced community in Colombia further developed their water system on their own to include private connections – the communities sense of ownership & hence willingness to maintain was clear

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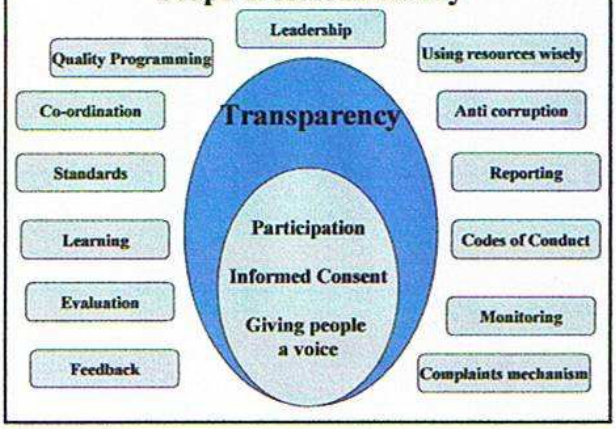
Managing Accountability

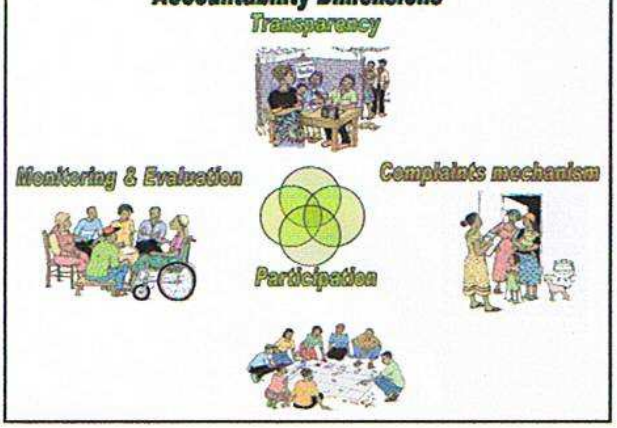
Scope of Accountability



Accountability Initiatives

- World Vision in Sri Lanka – humanitarian accountability teams
- Tear Fund in North Kenya – beneficiary accountability officer & beneficiary reference groups – also notice boards to provide community feedback and improve transparency
- Christian Aid, WFP, UNDP, WV – Public complaints handling systems
- ECBP – The Good Enough Guide
- WASH Cluster checklist and template community leaflet

Accountability Dimensions



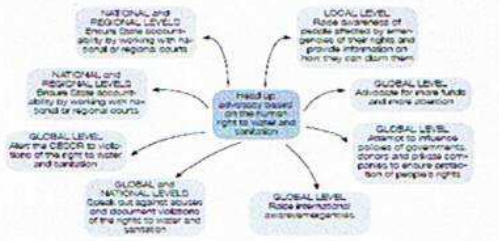
Advocacy

Accountability Definitions

"Accountability is the process through which an organization makes a commitment to and balances the needs of stakeholders in its decision-making and activities, and delivers against this commitment…

Accountability is based on four dimensions: transparency, participation, learning and evaluation, and feedback mechanisms that allow the organization to give account to, take account of, and be held to account by stakeholders." (Adapted from One World Trust 2005)

Example Advocacy Initiatives



Taken from: THE HUMAN RIGHT TO WATER AND SANITATION IN EMERGENCY SITUATIONS: THE LEGAL FRAMEWORK AND A GUIDE TO ADVOCACY
Prepared by ACF (France) on behalf of the WASH Cluster February 2009

Human Rights

The UN Charter (1945)

The Universal Declaration of Human Rights (1948)

The International Covenant on Economic, Social & Cultural Rights (1976)

The International Covenant on Civil and Political Rights (1976)

The IBR
(International Bill of Rights)
Ratified 1976

Taken from Sphere Project Module 2

Designing and Managing an Assessment

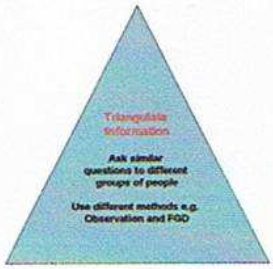
Additional Human Rights Treaties

- ***Convention on the Prevention and Punishment of the Crime of Genocide*** (1948)
- ***International Convention on the Elimination of all Forms of Racial Discrimination*** (1965)
- ***Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*** (1984)
- ***Convention on the Elimination of all Forms of Discrimination Against Women*** (1979)
- ***Convention on the Rights of the Child*** (1989)

Taken from Sphere Project Module 2

Information gathering

- Quantitative and qualitative
- Consider mix of team – female, male, different ethnic groups
- To whom are you asking questions?
- Are you getting a balanced view?
- Can people speak freely?
- Are you jeopardising the safety of your informants by asking questions?



Direct Services and 'Responsibilising'

Responsibilising
working towards fulfilling legal obligations

Denunciation
- Pressuring authorities through public disclosure
- Suitable when abuse is deliberate
- Mobilises public opinion

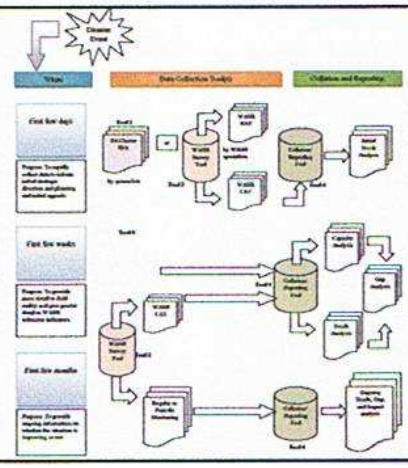
Persuading
- Convincing through dialogue to fulfill obligations
- Useful when there is a willingness to stop abuse

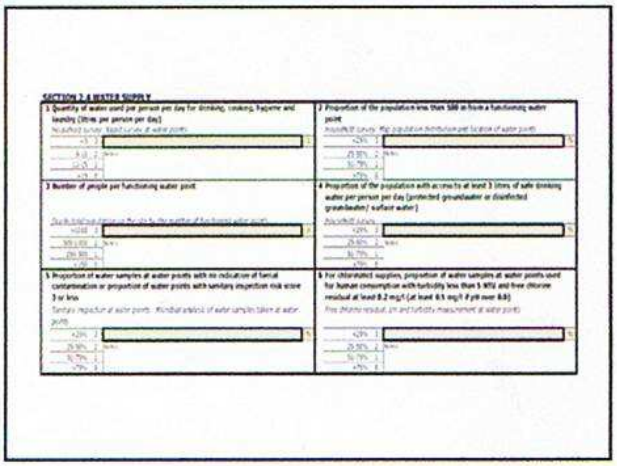
Substitution services
- Providing goods or services to victims
- Suitable during emergencies or when insufficient resources
- Less dialogue with perpetrators
- Short duration

Support to structures
- Empowering national or local structures
- Suitable when institutions are sustainable
- Favours dialogue

Direct services
working to provide assistance

Taken from Sphere Project Module 2





Benchmark for CMR and U5MR (worldwide)

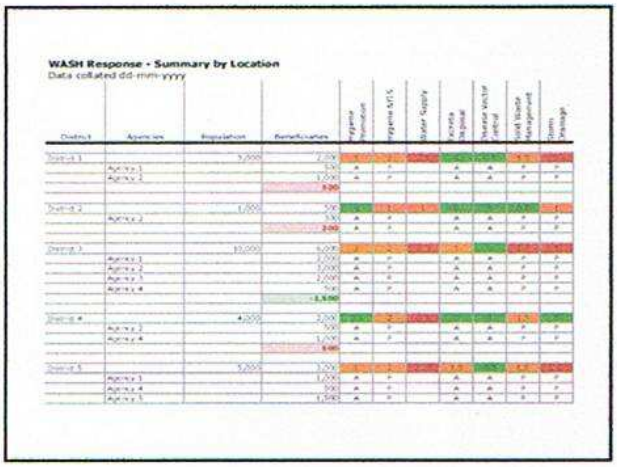
Benchmark for CMR (world):

- Baseline 0.5
- Serious 1.0-2.0
- Crisis >2.0

Benchmark for U5MR (world):

- Baseline 0.8-1.2
- Serious >2.0-4.0

For a specific area, when baseline is unknown agencies should aim to maintain the CMR at below 1/10.000/ day.



Mortality Rates in Emergencies

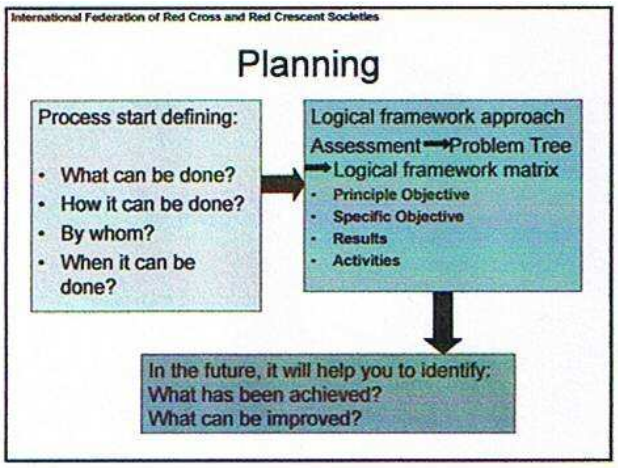
Baseline Reference Mortality Data by Region

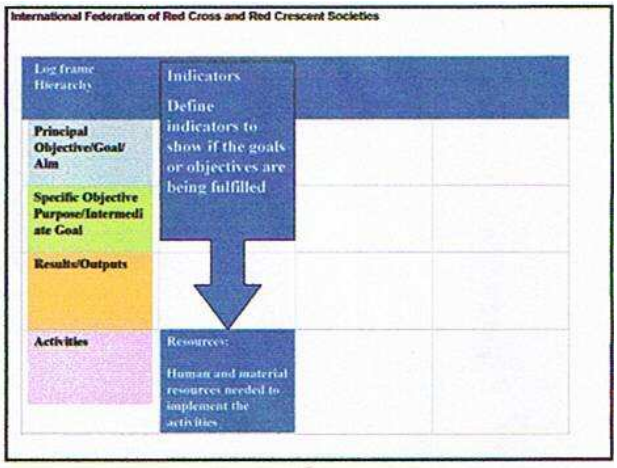
Region	CDR/CMR deaths/10,000/day	CDR/CMR emergency threshold	U5DR/MR deaths/10,000 U5/day	U5DR/MR emergency threshold
Sub- Saharan Africa	0.44	0.9	1.14	2.3
South Asia	0.25	0.5	0.59	1.2
Middle East and North Africa	0.16	0.3	0.36	0.7
East Asia and Pacific	0.19	0.4	0.24	0.5
Latin America and Caribbean	0.16	0.3	0.19	0.4

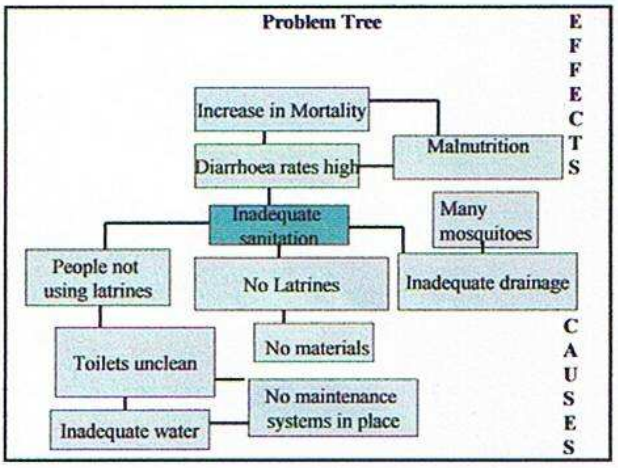
Source: UNICEF State of the World's Children 2003

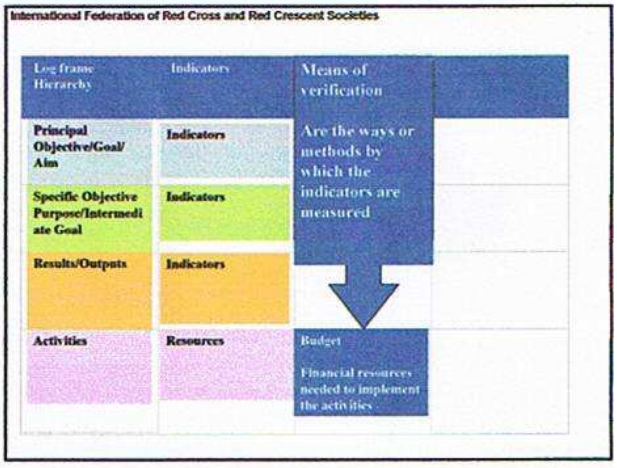
Data Analysis and Reporting

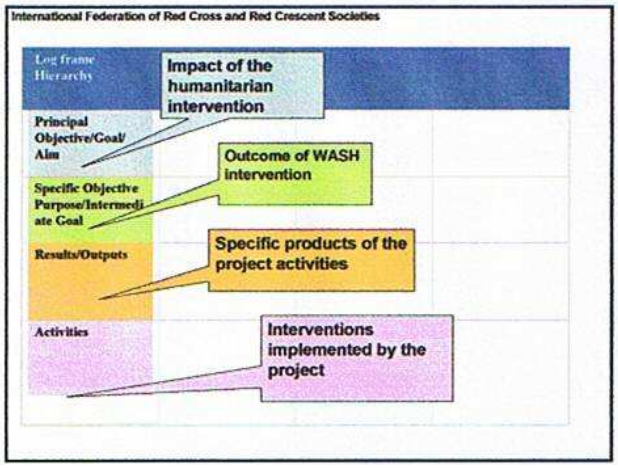
The Logical Framework

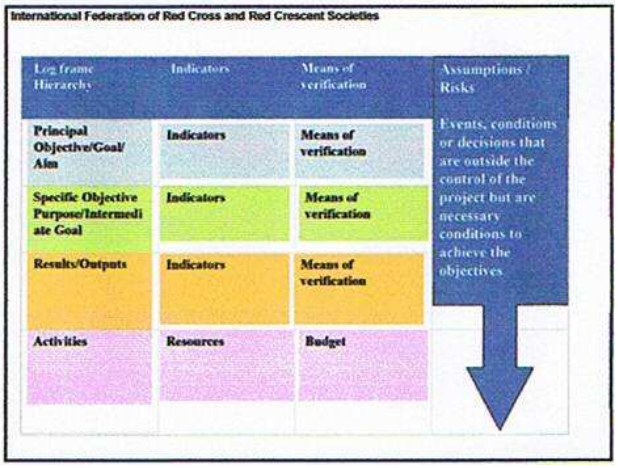

International Federation of Red Cross and Red Crescent Societies
Planning
Process start defining:
What can be done?
How it can be done?
By whom?
When it can be done?
Logical framework approach
Assessment → Problem Tree
→ Logical framework matrix
Principle Objective
Specific Objective
Results
Activities
In the future, it will help you to identify:
What has been achieved?
What can be improved?


International Federation of Red Cross and Red Crescent Societies
Log frame Hierarchy
Indicators
Define indicators to show if the goals or objectives are being fulfilled
Principal Objective/Goal/ Aim
Specific Objective Purpose/Intermedi ate Goal
Results/Outputs
Activities
Resources
Human and material resources needed to implement the activities

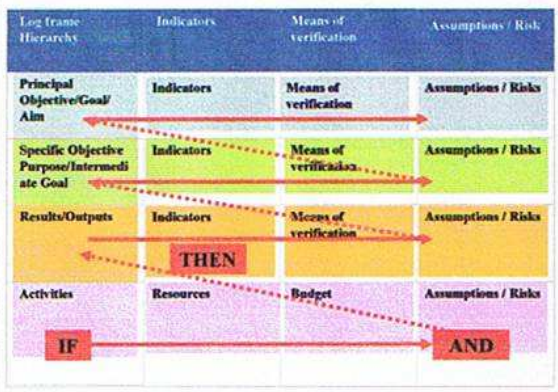

Problem Tree
EFFECTS
Increase in Mortality
Malnutrition
Diarrhoea rates high
Inadequate sanitation
Many mosquitoes
People not using latrines
No Latrines
Inadequate drainage
CAUSES
No materials
Toilets unclean
No maintenance systems in place
Inadequate water


International Federation of Red Cross and Red Crescent Societies
Log frame Hierarchy
Indicators
Means of verification
Are the ways or methods by which the indicators are measured
Principal Objective/Goal/ Aim
Indicators
Specific Objective Purpose/Intermedi ate Goal
Indicators
Results/Outputs
Indicators
Activities
Resources
Budget
Financial resources needed to implement the activities


International Federation of Red Cross and Red Crescent Societies
Log frame Hierarchy
Impact of the humanitarian intervention
Principal Objective/Goal/ Aim
Outcome of WASH intervention
Specific Objective Purpose/Intermedi ate Goal
Specific products of the project activities
Results/Outputs
Interventions implemented by the project
Activities


International Federation of Red Cross and Red Crescent Societies
Log frame Hierarchy
Indicators
Means of verification
Assumptions / Risks
Events, conditions or decisions that are outside the control of the project but are necessary conditions to achieve the objectives
Principal Objective/Goal/ Aim
Indicators
Means of verification
Specific Objective Purpose/Intermedi ate Goal
Indicators
Means of verification
Results/Outputs
Indicators
Means of verification
Activities
Resources
Budget

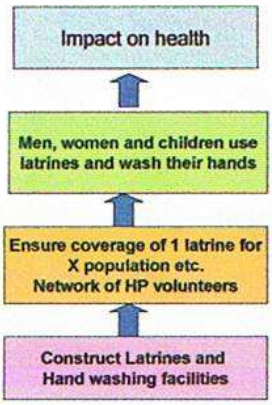
International Federation of Red Cross and Red Crescent Societies



WASH MONITORING TOOL					
SECTION 3 INTERVENTIONS REQUIRED					
		Current target	Outputs since last reporting	Total outputs to date	Required to meet target
HYGIENE NFIS					
Number of packs or specific quantity of soap to distribute to target households	(#)				
Number of approved packs of sanitary materials and underwear to distribute to target households	(#)				
Number and type of LLINs to distribute to target households	(#)				
Number and capacity of narrow necked water containers to distribute to target households	(#)				
Number of tarpaulins to distribute to target households	(#)				
Number of pallets to distribute to households with under fives	(#)				
Number of nappies to distribute to target households	(#)				
Number of packs of specific quantity of point-of use water treatment chemicals to distribute to target households	(#)				
WATER SUPPLY					
Quantity of potable water to be made available per day	(m3/d)				
Quantity of water to transport to the site per day	(m3/d)				

Extract from the CAT monitoring tool

International Federation of Red Cross and Red Crescent Societies



Impact and Evaluation

Monitoring for Managers

Evaluation & Monitoring

Monitoring	Evaluation
• Check Up	• Autopsy
• Are we doing the thing right?	• Are we doing the right thing?
• Internal	• Internal or External
• Formative (during programme)	• Formative or Summative (during or at end)
• Ongoing process	• Time bound

Both geared to learning from what you are doing and how you are doing it!
Both should ask: are we making a difference?

Coordination Responsibilities

Cluster Leads

Technical clusters	
Nutrition	UNICEF
Water/Sanitation	UNICEF
Health	WHO
Shelter *(conflict, IDPs)*	UNHCR
Shelter *(natural disasters)*	IFRC 'Convener'
Cross-cutting clusters	
Camp Coordination & Mgmt *(conflict, IDPs)*	UNHCR
Camp Co-ord & Mgmt *(natural disasters)*	IOM
Protection *(conflict, IDPs and affected)*	UNHCR
Protection *(natural disasters)*	UNHCR/OHCHR/UNICEF
Early Recovery	UNDP
Common service clusters	
Logistics	WFP
Telecommunications	OCHA/UNICEF/WFP

N.B. *Four 'sectors' also agreed: Food, Education, Agriculture and Refugees*

Intervention Clusters

- **Agriculture**
- **Camp Coordination & Camp Mgmt**
- **Early Recovery**
- **Education**
- **Emergency Shelter**
- **Emergency Telecommunications**
- **Health**
- **Logistics**
- **Nutrition**
- **Protection**
- **Water, Sanitation & Hygiene**

What is expected of WASH Cluster participants?

That they will:

- Endorse the overall aim and objectives of the WASH Cluster.
- Be proactive in exchanging information, highlighting needs and gaps, reporting progress and learning, mobilising resources (financial, human, material), engaging with affected communities, building local capacity.
- Share responsibility for WASH Cluster activities including assessing needs, developing plans, developing policies and guidelines through working groups and implementing activities in line with agreed objectives and priorities.
- Respect and adhere to agreed principles, policies, priorities and standards.

OCHA and Clusters

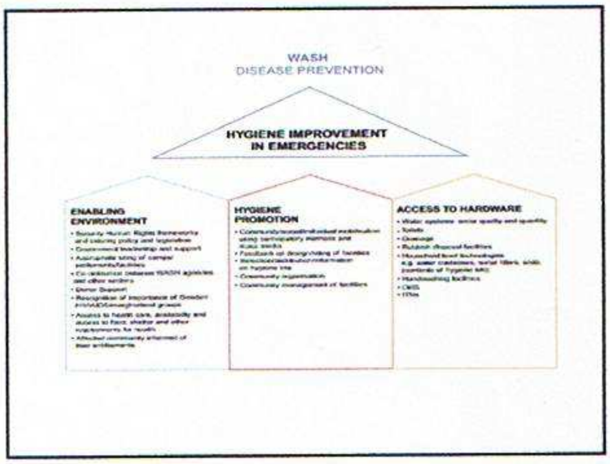
Core competencies:

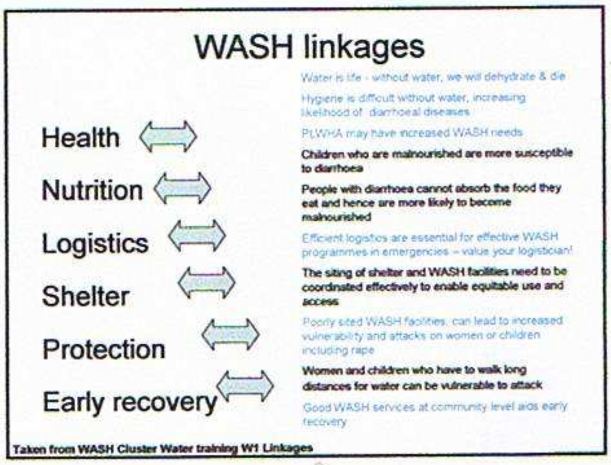
1. Coordination
2. Information management
3. Advocacy and resource mobilisation
4. Policy development

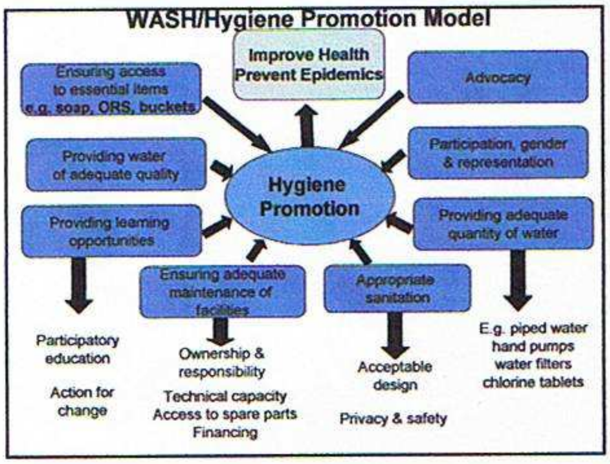
Help establish necessary architecture to make it work!

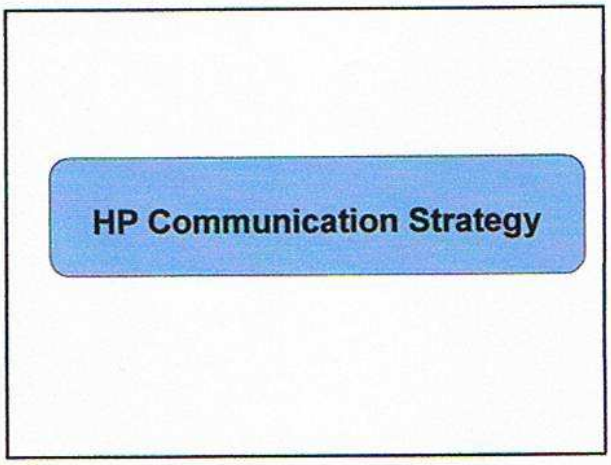
Taken from WASH Cluster Co-ordination Training

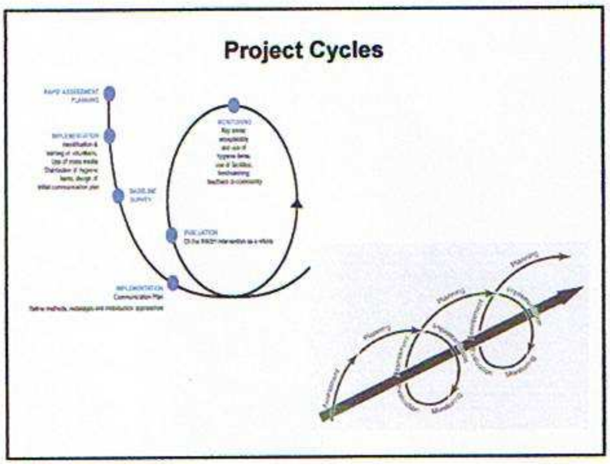
Overview of the HP Intervention

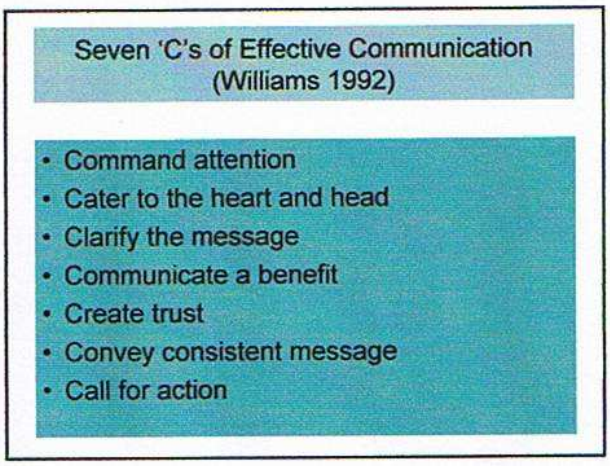

WASH
DISEASE PREVENTION
HYGIENE IMPROVEMENT
IN EMERGENCIES
ENABLING
ENVIRONMENT
HYGIENE
PROMOTION
ACCESS TO HARDWARE


WASH linkages
Health
Nutrition
Logistics
Shelter
Protection
Early recovery
Water is life - without water, we will dehydrate & die
Hygiene is difficult without water, increasing likelihood of diarrhoeal diseases
PLWHA may have increased WASH needs
Children who are malnourished are more susceptible to diarrhoea
People with diarrhoea cannot absorb the food they eat and hence are more likely to become malnourished
Efficient logistics are essential for effective WASH programmes in emergencies – value your logistician!
The siting of shelter and WASH facilities need to be coordinated effectively to enable equitable use and access
Poorly sited WASH facilities can lead to increased vulnerability and attacks on women or children including rape
Women and children who have to walk long distances for water can be vulnerable to attack
Good WASH services at community level aids early recovery
Taken from WASH Cluster Water training W1 Linkages


WASH/Hygiene Promotion Model
Improve Health
Prevent Epidemics
Ensuring access
to essential items
e.g. soap, ORS, buckets
Advocacy
Providing water
of adequate quality
Participation, gender
& representation
Hygiene
Promotion
Providing learning
opportunities
Providing adequate
quantity of water
Ensuring adequate
maintenance of
facilities
Appropriate
sanitation
Participatory
education
Action for
change
Ownership &
responsibility
Technical capacity
Access to spare parts
Financing
Acceptable
design
Privacy & safety
E.g. piped water
hand pumps
water filters
chlorine tablets


HP Communication Strategy


Project Cycles


Seven 'C's of Effective Communication
(Williams 1992)
• Command attention
• Cater to the heart and head
• Clarify the message
• Communicate a benefit
• Create trust
• Convey consistent message
• Call for action

Managing Meetings

5 Levels of Partnership

Co-existence	"You stay in your area and I'll stay in mine."
Co-operation	"I'll give you a hand when I have time."
Co-ordination	"We need to work together to avoid overlap and confusion."
Collaboration	"We will work together to achieve a mutually beneficial outcome"
Co-ownership	"We are both responsible for the success or failure of this work"

Dealing with impasse

- Mix up small groups = new dynamic
- Use small groups, then meet reps.
- Summarise agreement and disagreements
- Ask for suggestions
- Take a break
- Meet separately with primary disputants
- Bring disputing parties together
- Remind all of humanitarian consequences

Taken from WASH Cluster Co-ordinator Training

Developing Partnerships

Briefing Paper: Introduction to Hygiene Promotion

WASH | Hygiene Promotion

HYGIENE PROMOTION IN EMERGENCIES

A BRIEFING PAPER

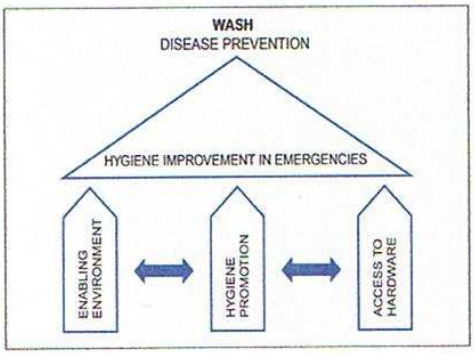
This briefing paper is aimed at all those involved in facilitating hygiene improvement in an acute emergency context, especially WASH co-ordinators and programme managers. It aims to provide an overview of the focus and content of Hygiene Promotion interventions and why they must be integrated with hardware provision. More information on how to do Hygiene Promotion can be found in the resource documents listed in the appendix.

Water and Sanitation related diseases cause significant deaths and sickness in emergencies. Even without the disruption of an emergency, diarrhoea kills over 30,000 children per week worldwide. During protracted war and conflict in particular, simple diarrhoeal diseases can often kill more people than the fighting itself.

Hygiene Promotion is pivotal to a successful WASH intervention. Effective Hygiene Promotion is based on dialogue and interaction with affected communities; working in partnership with them forms the basis of accountable programming[1].

What is Hygiene Promotion?

Hygiene Promotion is the **planned, systematic attempt to enable people to take action** to prevent or mitigate water, sanitation, and hygiene related diseases and provides a practical way to facilitate community participation and accountability in emergencies.

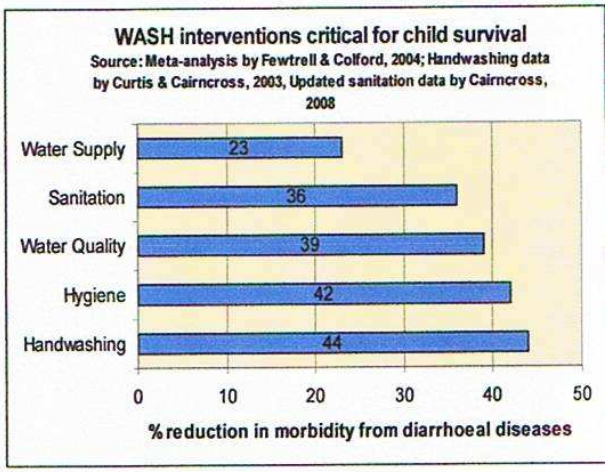


Hygiene Promotion also involves ensuring that **optimal use** is made **of the water, sanitation and hygiene enabling facilities that are provided**. Previous experience has shown **that facilities are frequently not used in an effective and sustainable manner** unless Hygiene Promotion is carried out. Access to hardware combined with an enabling environment AND Hygiene Promotion make for hygiene improvement as shown in the model of the Hygiene Improvement Framework for Emergencies (see below left). The overall aim of hygiene improvement is to prevent or mitigate WASH related diseases. Examples of each box in the HIF are given in the appendix.

The priority focus of Hygiene Promotion in an emergency is the prevention of diarrhoea through:

- **Safe disposal of excreta**
- **Effective handwashing.**
- **Reducing the contamination of household drinking water[2]**

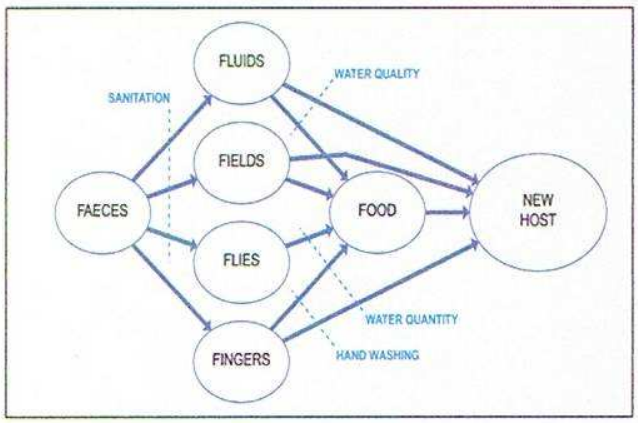
The diagram below shows the relative importance of different WASH interventions and the need for Hygiene Promotion.



[1] See Sphere Standards

[2] Example indicators for these objectives can be found in the List of Indicators

Best practice materials produced through the WASH Cluster HP project 2007, amended 2008 c/- UNICEF



The 'F' diagram (left) illustrates the transmission routes of most diarrhoeal diseases and how the transmission routes can be interrupted. Although the main focus of Hygiene Promotion should be the prevention or reduction of diarrhoea, the methods employed may also be used to address other public health issues such as malaria or other water and sanitation related diseases.

Depending on the context, it may be more appropriate to focus on an environmental clean up, where the key priorities are already well managed.

Components of Hygiene Promotion

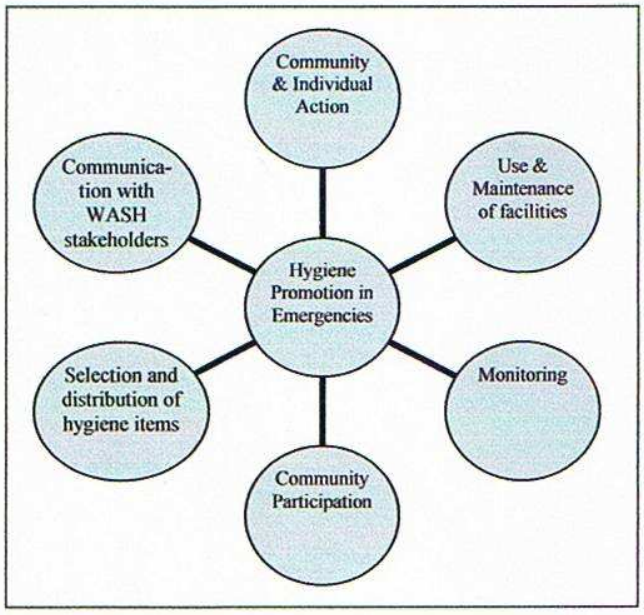
The diagram below represents the different components of Hygiene Promotion in an emergency situation and examples of the specific activities related to each component are then provided.

Community Participation e.g.:

- Consult with affected men, women, and children on design of facilities, hygiene kits, and outreach system
- Identify and respond to vulnerability e.g. the elderly or those with disabilities
- Support and collaborate with existing community organisations, organisers, and communicators

Use and Maintenance of facilities e.g.:

- Feedback to engineers on design and acceptability of facilities
- Establish a voluntary system of cleaning and maintenance
- Encourage a sense of ownership and responsibility
- Lay the foundations for longer term maintenance by identification, organisation and training of water and sanitation committees



Selection and distribution of hygiene items e.g.:

- Decide on content and acceptability of items for hygiene kits
- Ensure the optimal use of hygiene items (including insecticide-treated bed nets where used)

Community and Individual Action e.g.:

- Apply principles of Behaviour Change Communication and Social Mobilisation
- Train outreach system of hygiene promoters to conduct home visits
- Organise community dramas and group activities with adults and children
- Use available mass media e.g. radio to provide information on hygiene

Communication with WASH stakeholders e.g.:

- Collaborate with and/or orientate government workers
- Train women's groups/co-operatives and national NGOs

Monitoring:

Collect, analyse and use data on:

- Appropriate use of hygiene items
- Optimal use of facilities
- Community satisfaction with facilities

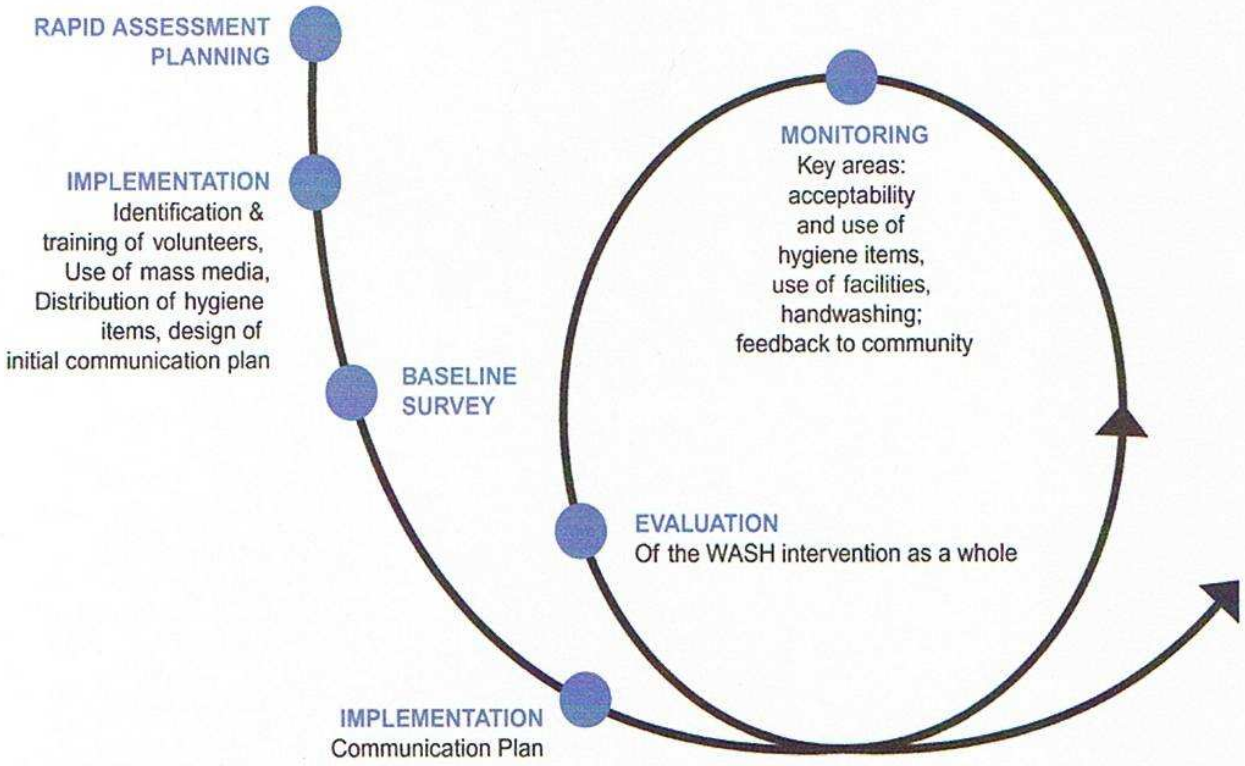
Action & Information

Whatever the focus of Hygiene Promotion, the emphasis must be on **enabling and mobilising** women, men, and children to take **ACTION** to mitigate health risks (by adhering to safe hygiene practices) rather than simply raising awareness about the causes of ill health.

Contrary to popular belief, changes in practices or behaviour do not always take a long time to occur and even short term changes can be important where the risks to public health are high. If change is enabled it can happen very quickly e.g. if handwashing facilities are provided to make it easier to wash hands. If people feel themselves to be at risk then they are also more likely to change their behaviour quickly (Rosenstock, Strecher and Becker, 1994)

How do you do Hygiene Promotion in an emergency?

A simplified model of the Project Cycle



In any emergency intervention, be it chronic or acute, the hygiene promotion aspect of the programme should follow the project cycle and include assessment, planning, implementation and monitoring as shown in the diagram above.

However, in a situation where the public health risks are acute, the stages or steps in the project cycle may be condensed or may take place in parallel with each other.

Hygiene Promotion in different phases and contexts of an emergency

Emergency contexts are very varied and the specific approach to Hygiene Promotion will depend on the existing situation and what is feasible in terms of population customs, culture, and resources. The key difference between Hygiene Promotion interventions in different phases of the emergency or different contexts will usually relate to the intensity and scale of the intervention, which is dependent on the level of public health risk. In general, the early stages of the emergency will be characterised by the need to at least provide information to the affected population but as soon as possible a more interactive approach should be used. At all times the emphasis should be on mobilising people to take action.

Team Integration

Water and Sanitation personnel, be they engineers, technicians or hygiene promoters, need to work together to achieve an impact on public health and every intervention needs to address both 'hardware' and 'software' requirements. Joint work planning, field visits, and training as well as shared monitoring and reporting mechanisms will help with this.

Hygiene Promotion steps

Step	Collaboration required	Key issues/activities	WASH resources (ensure use of government resources also)
Step 1 Assessment Conduct rapid assessment to identify risk practices and get an initial idea of what the community knows, does, and understands about water, sanitation, and hygiene.	Government WASH team	Which specific practices allow diarrhoeal microbes/other diseases to be transmitted? Which practices are the most harmful?	*See Information Management Guidelines (WASH Cluster 2008)*
Step 2 Consult women, men, and children on contents of hygiene kit	Logisticians	What specific hygiene needs do men, women, and children have e.g. sanitary towels, razors, potties?	*See WASH-related Non Food Items Briefing Paper*
Step 3 Planning Select practice(s) and hardware for intervention (define objectives and indicators)	All WASH team	Which risk practices are most widespread? Which will have the biggest impact on public health? Which risk practices are alterable? What can be done **to enable** change of risky practice?	*See List of Indicators*
Step 4 Define target audiences (this may be all the affected community with priority focus on those who care for young children) and stakeholders		Who employs these practices? Who influences the people who employ these practices? E.g. teachers, community leaders, Traditional Birth Attendants etc.	*See Annotated Bibliography*
Step 5 Define initial mode of intervention Determine initial key messages and channels of communication		What mass media methods are available? E.g. 60% of people have radios but they are often used only by men What methods do the target audiences trust? E.g. traditional healer, discussions at women's group meetings	*See Annotated Bibliography*

Determine advocacy and training needs for stakeholders		Where/how can men and women be accessed? E.g. distribution queue, water point	
Step 6 Recruit/identify and start to train fieldworkers and outreach system	Government System/national NGOs	What capacity (systems, skills, and approaches) already exists in government/national NGOs?	*See Training Modules for Fieldworkers and Mobilisers(2008)* *See WASH HP Visual Aids Library (planned 2008)*
Step 7 Implementation Begin implementation and continue assessing situation	Logisticians Government Engineers	Distribute hygiene kits Emphasis initially on providing information and use of mass media e.g. radio spots, campaigns, and home visits by volunteers Organise group meetings/interviews and discussions with key informants and stakeholders to initiate a more interactive approach.	*See Annotated Bibliography* *See WASH HP Visual Aids Library (planned 2008)*
Step 8 Ongoing assessment Develop baseline Understand motivational factors/ refine key messages	Engineers	Obtain quantitative data where feasible. Carry out systematic collection of qualitative data using participatory methods (co-ordinate with others and be careful not to overwhelm communities with over questioning) What motivates those who currently use safe practices? What are the advantages of the safe practices?	*See Information Management Guidelines (WASH Cluster 2008)*
Step 9 Monitor	Engineers	Are hygiene kits being used/are people satisfied with them? Are toilets being used/are people satisfied with them? Do men and women feel safe when accessing facilities? Are people washing their hands? Is drinking water in the home free from contamination?	*See List of Indicators* *See Sphere (summary in WASH HP Orientation Workshop Supplementary Materials or www.sphereproject.org)*
Step 10 Implementation Refine communication plan Rapidly adapt intervention according to outcome of monitoring Continue training Continue monitoring	WASH team	Emphasis more on interactive methods e.g. group discussions using mapping, three pile sorting etc. Identify and train (with engineers) longer term structures e.g. committees	

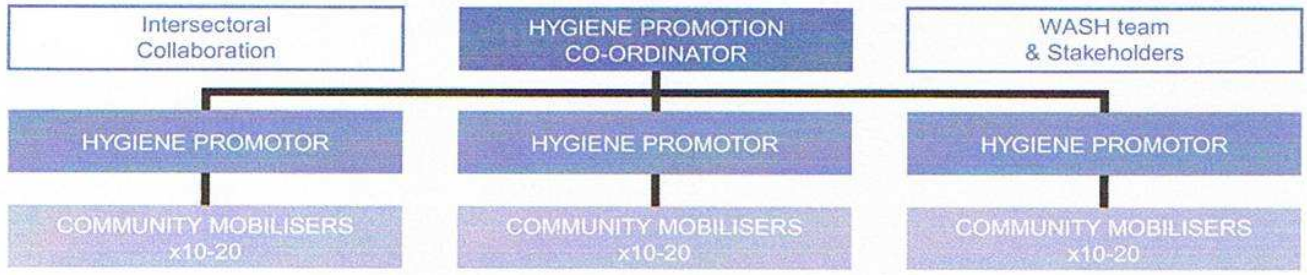
*** Adapted from Guidance Manual on Water Supply and Sanitation: LSHTM/WEDC 1998**

Hygiene Promotion approaches and methods

The most commonly used approach to access the population in emergencies is that of identifying and training community outreach workers (volunteers/mobilisers/animators). If the health risks are very acute e.g. high risk of a cholera outbreak, it may be unrealistic to ask people to work for long hours for little remuneration. Payment in kind e.g. bicycle, tee shirts, hygiene items etc. may be an option but some agencies e.g. the government may not have the resources to provide financial or other incentives and unilateral decisions by incoming agencies may undermine efforts to ensure future sustainability. The issue is complex and needs to be addressed through the co-ordination mechanism. (See summary of advantages and disadvantages of paying volunteers in 'Generic job descriptions' paper.)

A cascade system, where outreach workers (at least 1:500 per population or **more if intensive work is required** or if populations are spread out)[3], are supervised by trained hygiene promoters who are supported by skilled professionals, is the most common model used, but others are possible. A network of peer educators might also be established e.g. teenagers or young mothers. Hygiene clubs could also be established in each affected area. A key aspect of the initial Hygiene Promotion assessment is to identify existing local capacity and skills.

Cascade Outreach System



It is recommended that both the **available mass media (e.g. radio or leaflets) AND other more interactive methods** are employed (see orientation workshop). Even in an acute emergency some initial discussions with individuals and community groups can take place and as the emergency evolves more widespread use of methods that foster discussion should be encouraged.

Participatory methods that focus on interaction with the affected community are often the most successful in achieving changes in practice. However, there is a **trade off between 'reach' and effectiveness** and the more participatory approaches are often time consuming and labour intensive whereas the dissemination of messages via the mass media will reach more people, more quickly, but may be less effective in achieving the desired outcomes.

Among the most useful participatory methods are 'community mapping' exercises, focus group discussions, exercises using visual aids to stimulate discussion and mobilisation activities such as three pile sorting, chain of contamination, and pocket chart voting. An assessment of the existing resources available for hygiene promotion is important as this will help to ensure that culturally appropriate methods and tools are employed.

It is important to note that health benefits are not always the main motivating factor for changes in behaviour. The need for privacy and safety, convenience, social status, and esteem may sometimes be stronger driving forces than health arguments.

[3] The ratio of 1:500 people is suggested as the minimum level of intervention by Sphere

Appendix 1: Supporting materials

Introduction to Hygiene Promotion: Tools and Approaches

- **A rapid staff orientation package** focusing on how to engage women, men, and children in WASH interventions, with materials for individual or group inductions and an outline for the content of a half-day workshop for managers, health promoters, and engineers. These materials aim to create awareness and commitment to WASH interventions. This includes an outline, handouts, facilitator's resources and a powerpoint.

- **Menu of indicators** for monitoring hygiene promotion, for use by field practitioners and promoted by WASH coordinators.

- **Annotated Bibliography** A list of hygiene promotion tools and resources, (books, manuals, training modules, audio visual materials) as reference materials for WASH coordinators and others.

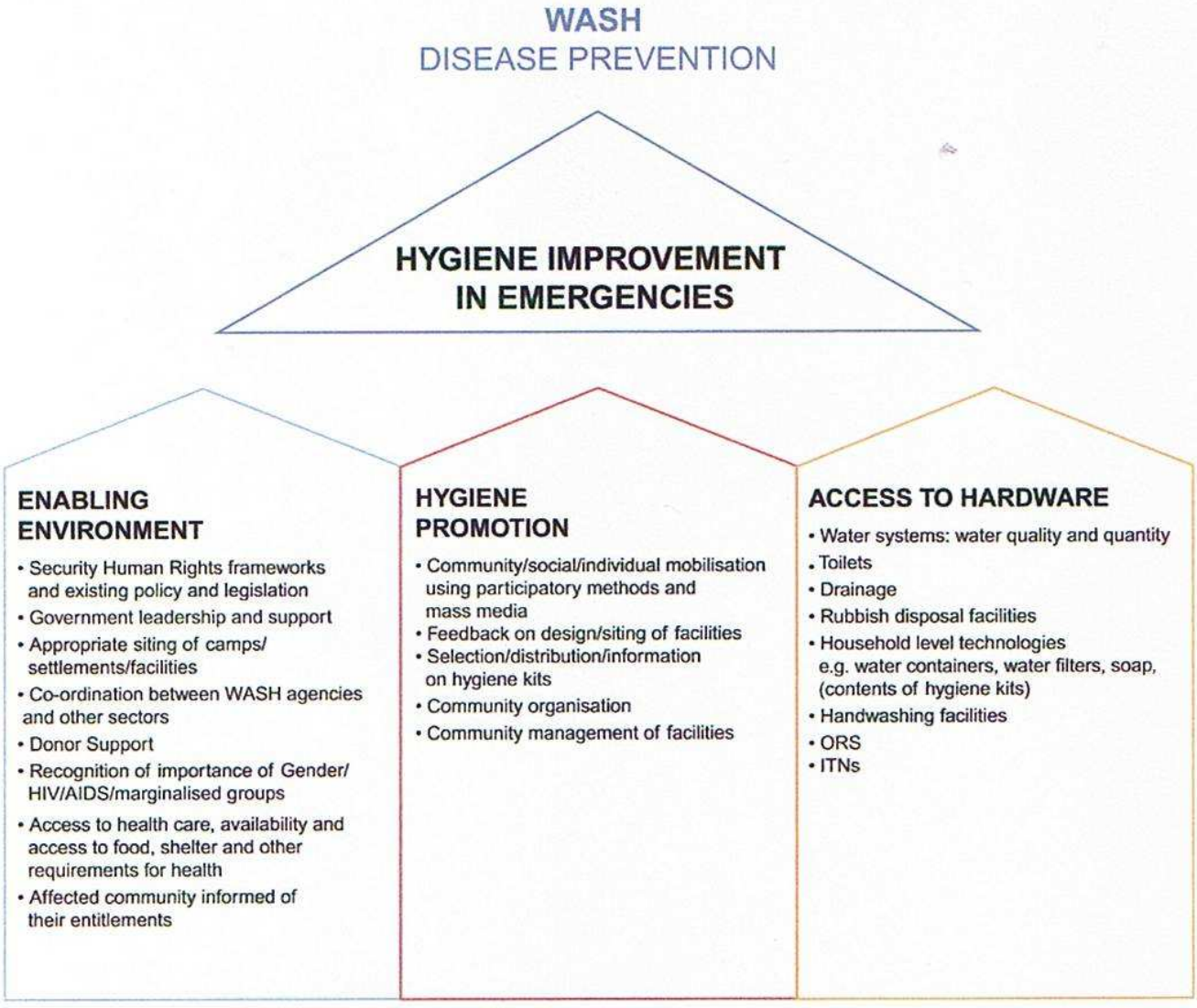
- **List of Essential Hygiene Promotion Equipment for Communication** to inform WASH coordinators and guide field implementing agencies.

- **Hygiene related Non-Food Items Briefing Paper** A briefing paper that aims to ensure that the distribution of hygiene related non-food items (NFIs) achieves maximum impact.

- **Generic job descriptions and overview** for field hygiene promoters and community level mobilisers that aim to inform and guide WASH coordinators and implementing agencies to encourage consistency and minimum standards.

Appendix 2: Example Hygiene Improvement Framework for emergencies

Below is an example of how the Hygiene Improvement Framework might look in an emergency context. As with any model it is not perfect and is open to interpretation. However, it provides a useful overall framework that can help to set the hygiene promotion work within the context of the integrated WASH intervention.



*NB In some agencies, different sectors will take primary responsibility for the provision of Oral Rehydration Sachets (ORS) and Insecticide-treated Nets (ITNs).

December 2008 (amended graph)