



## *Hygiene Promotion*

### Training for Community Mobilisers



Introduction to Hygiene Promotion

**Training for Community Mobilizers**

Training for Hygiene Promoters and HP Coordinators

- Part 1 Essential To Know

- Part 2 Useful To Know

- Part 3 Additional Training for HP Coordinators

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.

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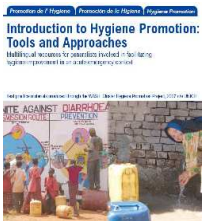
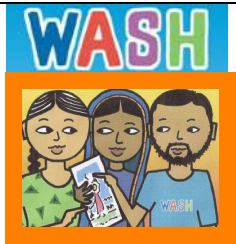
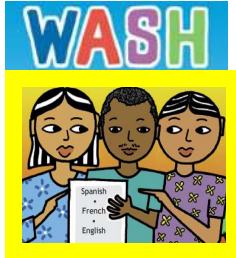
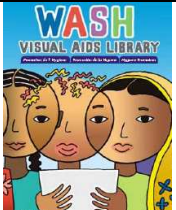
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# WASH Cluster Hygiene Promotion Resources

<b>HP Training and Resources CD</b>	
<p><b>1. Introduction to HP Tools and Approaches</b></p> <ul style="list-style-type: none"> <li>Briefing paper on the essentials of Hygiene Promotion,</li> <li>Indicators for Hygiene Promotion</li> <li>Advice on Hygiene Promotion-related Non Food Items selection and delivery</li> <li>Example Job Descriptions for Hygiene Promotion Coordinators, Hygiene Promoters and Community Mobilisers</li> <li>Equipment lists for Hygiene Promotion Communication</li> <li>Annotated Bibliography of resources for Hygiene Promotion</li> <li>Terminology and definitions</li> </ul> <p>A 4-hour training package aimed at providing a general overview of hygiene promotion</p> <ul style="list-style-type: none"> <li>Session plans</li> <li>Handouts</li> <li>Facilitators resources</li> <li>PowerPoint</li> </ul> <p><b>English, French &amp; Spanish</b></p>	
<p><b>2. Training for Community Mobilisers</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>English, French &amp; Spanish</b></p>	
<p><b>3. Training for Hygiene Promoters</b></p> <p><b>Part 1: Essential To Know Training for Hygiene Promoters</b></p> <ul style="list-style-type: none"> <li>Session Plans</li> <li>Handouts</li> <li>PowerPoint</li> </ul> <p><b>Part 2: Useful To Know Training for Hygiene Promoters</b></p> <ul style="list-style-type: none"> <li>Session Plans</li> <li>Handouts</li> <li>PowerPoint</li> </ul> <p><b>Part 3: Additional Training for Hygiene Promotion Coordinators</b></p> <ul style="list-style-type: none"> <li>Session Plans</li> <li>Handouts</li> <li>PowerPoint</li> </ul> <p><b>English, French &amp; Spanish</b></p>	
<b>Visual Aids Library DVD</b>	
<p>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.</p> <p><b>English, French &amp; Spanish</b></p>	



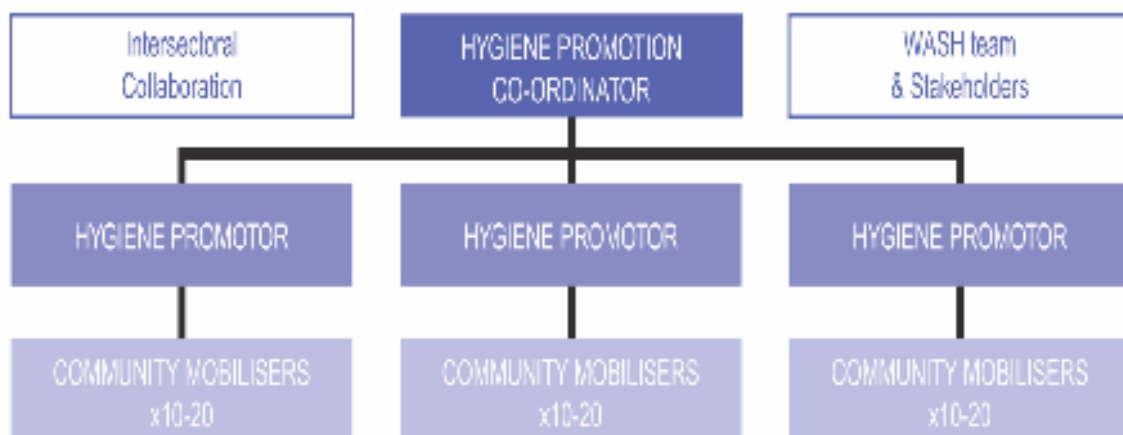
# Table of Contents

<b>WASH CLUSTER HYGIENE PROMOTION RESOURCES.....</b>	<b>3</b>
<b>INTRODUCTION .....</b>	<b>2</b>
<b>TRAINING COURSE OBJECTIVES .....</b>	<b>3</b>
<b>TRAINERS NOTES.....</b>	<b>3</b>
<i>PRINCIPLES OF TRAINING AND FACILITATION</i>	5
<b>COURSE OVERVIEW.....</b>	<b>8</b>
<i>Example Training Timetable for Community Mobilisers</i>	9
<b>SESSION PLANS .....</b>	<b>10</b>
<b>DAY 1 .....</b>	<b>10</b>
SESSION 1 WELCOME AND INTRODUCTIONS	10
SESSION 2: TASK DESCRIPTION	13
SESSION 3: TAKE 2 CHILDREN	15
SESSION 4: THREE PILE SORTING EXERCISE	17
SESSION 5: CHAIN OF CONTAMINATION (HOW DIARRHOEA IS SPREAD)	19
SESSION 6: MAPPING HYGIENE PROBLEMS	21
SESSION 7: DIARRHOEA AND ORAL REHYDRATION THERAPY	23
SESSION 8: SAFE WATER CHAIN/HAND WASHING	26
<b>DAY 2 .....</b>	<b>28</b>
SESSION 1: REVIEW/EVALUATION: HYGIENE QUIZ	28
SESSION 2: INTRODUCTION TO OBSERVATION AND COMMUNICATION SKILLS	30
SESSION 3: ADULT LEARNING AND COMMUNICATION SKILLS	33
SESSION 4: COMMUNITY/GROUP MEETINGS	36
SESSION 5: HOUSE TO HOUSE VISITING	38
SESSION 6, 7 & 8: FIELDWORK USING EXPLORATORY WALK/GROUP DISCUSSION AND FEEDBACK	40
<b>DAY 3 .....</b>	<b>43</b>
SESSION 1 REVIEW OF PREVIOUS DAY	43
SESSION 2: USING DRAMA AND ROLE PLAY	45
SESSION 3: USING PARTICIPATORY METHODS (PRACTICE SESSION)	48
SESSION 4: MONITORING	50
SESSION 5: CARRYING OUT A HYGIENE PROMOTION CAMPAIGN	52
SESSION 6: REVIEW & EVALUATION	54
<b>ADDITIONAL TRAINING IDEAS .....</b>	<b>56</b>
<i>WORKING WITH CHILDREN</i>	56
<b>APPENDICES.....</b>	<b>60</b>
APPENDIX 1: JOB DESCRIPTION	60
APPENDIX 2: HOW TO DO A HOME VISIT	62
APPENDIX 3: HYGIENE QUIZ WITH ANSWERS	64

## Introduction

Water and Sanitation related diseases cause significant deaths and sickness in emergencies. Even without the disruption of an emergency, diarrhoea is the second biggest killer of children under five after acute respiratory tract infections. In order to have an impact on health, it is critical that interventions address not only the provision of the hardware such as water pumps and toilets but also ensure that these facilities are used effectively. Hygiene promotion aims to ensure that facilities are used and that men, women and children take action to mitigate water and sanitation related disease. In working closely with communities, hygiene promotion at its best can also help promote participation and accountability.

Training courses have been developed by the WASH Cluster Hygiene Promotion project to target those **co-ordinating or managing hygiene promotion, hygiene promoters and community mobilisers** as detailed in the organisational structure below.



This training course comprises the key aims and objectives and session plans for training **Community Mobilisers** and is based on the task/job description for this role. An example of this can be found in the **Appendix**. The training is aimed primarily at those community members who may have very limited literacy skills and relies on the use of pictures and demonstrations. Additional written material can be found in the training course for hygiene promoters, if required. The training sessions can also be used for mobilising and training other community members.

## Training Course Objectives

To enable community mobilisers to carry out effective hygiene promotion activities with the disaster affected communities in order to:-

- Ensure that people make the best use of the water and sanitation facilities provided by WASH agencies.
- Ensure that action is taken to prevent diarrhoea and other water and sanitation related diseases

## Trainers Notes

### Structure & Length of Course

The training provided lasts three days but this does not have to be carried out in one block on consecutive days. It may be necessary to start mobilisers working straight away on a campaign or they may not be used to long training sessions or even have the time to attend all day training.

The training can be adapted as necessary to suit the demands of the situation and can be carried out for one day a week for three weeks or for half a day over a longer period of time.

Ideally, even in an acute emergency regular support meetings will be held with the mobilisers and the training could form the basis of these early meetings. For those mobilisers who are not used to training it may be necessary to have longer breaks and to include lots of energisers to keep them active. (Ideas for energisers can be found in the Training for Hygiene Promoters manual)

Training Sessions	Hygiene in current context	Skills of CM	CM 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	Learning about the job and practice using the skills	Reviewing course and session objectives. Monitoring work and evaluating learning

The order and content of the sessions may also need to be changed depending on the demands of the situation. For example there may be an outbreak of cholera and people may need to be informed very quickly that they cannot use certain water sources and that they must treat their water with a particular agent. Training in response to this could use one exercise as the basis for exploring hygiene issue such as Take 2 Children and one exercise on how to communicate with people. The training then needs to focus on the quickest way to

communicate with as many people as possible using the session on carrying out a campaign and then cover the specific tasks that are expected of the mobilisers such as teaching people how to use the water treatment agent.

The first part of the training focuses on participants learning about the water, sanitation and hygiene related health risks in the situation they will be working in. The second part then moves onto learning about the hygiene promotion skills and methods they might use to work with people and the last part tries to ensure that they understand the specifics of their role and that they practice applying the methods and skills that they have learnt previously. Review sessions to evaluate if learning objectives have been met are also included. The sessions are colour coded and in adapting the training you should aim to select specific sessions covering all four areas.

Regular follow up, supervision and training should also be provided once the introductory training has been completed. This should be based on the evaluation of the introductory course and observations of the mobilisers' work in the field. It could include discussion of issues or problems faced in their work as well as more in depth training. Other ideas can be found in the Training for Hygiene Promoters. Follow up training should also make use of on the job mentoring and coaching as well as formal training sessions.

### **Number of Participants**

The ideal number of participants is about 15 and the facilitator should not work with more than 20 participants as this will increase the amount of time needed for discussion and facilitating large groups can be very difficult for inexperienced facilitators. With larger groups there is also often a greater tendency to lecture rather than to facilitate discussion.

### **Course Content and Resources**

The training is suitable for people who have limited literacy skills and it relies heavily on the use of visual aids. Many of the visual aids and picture sets can be found in the WASH Visual Aids Library.

Where written resources are provided these are suggested as an aide memoire for the trainer. Pictorial handouts can be provided to the participants and where possible a set of visual materials could be compiled for the mobilisers to use on their home visits. Some written material can also be read out during the sessions but care must be taken to keep this to a minimum. Some background material for the trainer is included in the resources section for the sessions and also in the appendices.

Where the literacy and educational level of the mobilisers is quite high an alternative course could adapt material from the Training for Hygiene Promoters.

### **Course Facilitators/Trainers**

The course is designed to be carried out by field hygiene promoters who have completed **Module 1: Essential to Know** (see **Training for Hygiene Promoters**). Ideally these facilitators will already have some experience in working with



communities and in training small groups. However, in an emergency it may not always be possible to recruit hygiene promoters with a lot of experience and they will need support to develop their facilitation skills. Support could be provided by observing some of their training sessions and providing feedback, asking them to rate their own progress and meeting with them regularly to ensure that they can share examples of good practice. Even with experienced facilitators it may be useful if they work together on each training course. They can then support each other and provide feedback. Some guidance is given below on how to facilitate training.

## ***Principles of training and facilitation<sup>1</sup>***

This section provides an overview of the important principles that Hygiene Promoters should consider when carrying out training courses for community mobilisers. Increased familiarisation with the training process will lead to many of the points listed below becoming second nature.

### **1. The importance of review**

- ☑ The first session for each day's training aims to review the knowledge and ideas of the participants/mobilisers based on the previous day's training.
- ☑ The review process helps the mobilisers to recall the knowledge and skills developed in this area and to continue to build upon this.
- ☑ Review is a useful tool for the facilitator to gauge the effectiveness of previous day's training and to adjust subsequent training accordingly.

### **2. The importance of understanding the topic and activities**

- ☑ Adults need to know why a topic or session is important. They will come to the training session with some knowledge of the topic; it is important to find out what they know already and to build on this.
- ☑ Providing too much information or complicated information about a topic may reduce the participant's understanding and mean that confused messages are conveyed to the community. Keep to simple key messages and build up the understanding of the mobilisers gradually (not expecting them to become hygiene experts after one training)
- ☑ Use a variety of techniques to repeatedly check the understanding of the participants (Question and answers, quizzes, drama & role play etc).

### **3. The importance of introducing topic activities & developing skills to teach the activity**

- ☑ A key aspect of training is to train by example; teaching by demonstrating each activity, not just explaining how to do it, and involving the participants in the process. Facilitator's should be modelling the desired training and communication skills that they want the mobilisers to use subsequently.
- ☑ To deepen participant's knowledge and skills subsequent refresher trainings could review activities and then encourage the mobilisers to practice leading the activity. This will enable the activity methods to be reinforced, identify areas of misunderstanding, and provide the mobilisers with practice leading the activity.

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<sup>1</sup> Adapted from: Tearfund (2006) Child Health Club Trainers Guide.

- ☑ When conducting repeat training or refresher training, invite a mobiliser to demonstrate the activity first. If additions or adjustments need to be made, encourage group feedback before providing advice yourself.

**4. The importance of using a variety of activities**

- ☑ Everyone has a way in which they best learn; in a group there will be a mixture of people with different learning styles. By undertaking a variety of participatory methods during a teaching session, this will facilitate and stimulate learning for the whole group.
- ☑ Each activity should involve trainee participation and involvement as much as possible. Presentations that require minimal involvement from the participants should be kept short (maximum 10 minutes).

**5. The importance of having fun**

- ☑ Facilitating a fun training session can increase motivation of the group to learn and also share that learning.
- ☑ A lot can be learnt by having fun! Fun can help with memory creation and retention of information. Laughing also strengthens the immune system, people who laugh a lot tend to stay healthier and deal with stress more effectively!

**6. The importance of maximising participation**

- ☑ Adults learn best in an atmosphere of active involvement and participation, when they can learn at their own pace. This suggests that the process of learning often matters as much if not more than the topic being studied.

**7. The importance of organising the teaching environment**

- ☑ Face the participants whilst leading the session. Do not have your back to them.
- ☑ Limit the size of the groups and the number of mobilisers or community members taking part in each activity
- ☑ If the mobilisers have limited literacy skills, try to avoid writing on the board or flip chart - if necessary use pictures or symbols (you may also need to explain pictures as participants may not be visually literate)

**8. The importance of understanding your local context**

- ☑ Mobilisers and facilitators may be used to more traditional methods of teaching and you may need to explain why these methods are less effective and why you are using more interactive methods
- ☑ Greater learning will be achieved if the topics can be linked with examples of the local context so that the mobilisers can apply their knowledge to their everyday experiences in the community.
- ☑ Only the most relevant aspects & topics should be taught. For example, there is no point talking about water taps if there are none available in the community/settlement.

**9. The importance of taking action**

- ☑ The mobilisers need to be encouraged to practice their new knowledge and skills in their own homes and with their own families so that they set an example to others
- ☑ The mobilisers will need support in conducting home visits and group meetings after the training

**10. The importance of monitoring**

- ☑ Mobilisers need to be involved in monitoring their work so that they can better understand their own communities
- ☑ Monitoring is a useful tool for mobilisers to see the impact of their work on the health & environmental status of the community.
- ☑ Regular meetings should be held with the mobilisers so that they can share this information and support each other

**11. The importance of recording & reporting**

- ☑ The accurate recording & reporting of work carried out with and by the mobilisers is necessary to facilitate monitoring and evaluation of the project
- ☑ Some mobilisers may not have had a formal education and they may find forms (even pictorial ones) difficult to complete. They may need extra support and could be coupled with someone who has more confidence in filling in the forms or who has more advanced literacy skills

#### **12. The importance of revisiting topics at a later date**

- ☑ It is useful to revisit topics in order to refresh the mobilisers' memories on important topics and to help create links between the topics e.g. hand washing is important to mention in other topics, like diarrhoea and dehydration and the safe use of latrines.

## Course Overview

Available sessions and timing			
Hygiene in current context	Skills of CM	CM Job specifics	Review & Evaluation
Learning about the current context, background information and hygiene risks	Learning about the skills, methods and approaches used in HP	Learning about the job and practice using the skills	Reviewing course and session objectives. Monitoring and evaluating learning
Take 2 Children  <b>60 minutes</b>	Introduction to observation and communication skills  <b>60 minutes</b>	Task/ Job description  <b>60 minutes</b>	Review of Day 1: Hygiene Quiz  <b>45 minutes</b>
Three Pile Sorting  <b>45 minutes</b>	Adult learning and communication skills  <b>60 minutes</b>	Community group meetings  <b>60 minutes</b>	Review of Day 2  <b>60 minutes</b>
The Chain of Contamination  <b>60 minutes</b>	Exploratory walk and focus group discussion  <b>3 hours approx.</b>	House to house visiting  <b>60 minutes</b>	Evaluation  <b>60 minutes</b>
Mapping hygiene problems  <b>60 minutes</b>	Drama, role play and street theatre  <b>90 minutes</b>	Monitoring & hygiene kit follow up  <b>45 minutes</b>	
Diarrhoea and ORT  <b>60 minutes</b>		Using participatory methods  <b>90 minutes</b>	
Safe water chain and hand washing  <b>60 minutes</b>		Carrying out a campaign  <b>60 minutes</b>	

*Example Training Timetable for Community Mobilisers*

Session	Day 1	Day 2	Day 3
1	Welcome and Introductions 45 minutes	Review: Hygiene Quiz 45 minutes	Review of previous day 60 minutes
2	Task/Job Description 60 minutes	Introduction to Observation and Communication Skills 60 minutes	Drama/role play/street theatre 90 minutes
3	Take Two Children exercise 60 minutes	Communication Skills and Adult Learning 60 minutes	
<b>Break</b>			
4	Three Pile Sorting exercise 45 minutes	Community/Group Meetings 60 minutes	Practice using Participatory Methods 90 minutes
5	The Chain of Contamination exercise 60 minutes	House to House Visiting 60 minutes	
<b>Lunch</b>			
6	Mapping hygiene problems 60 minutes	Exploratory Walk/ Focus Group Discussion fieldwork and feedback 3 hours approx	Monitoring and Hygiene Kit follow up 45 minutes
7	Diarrhoea and ORT 60 minutes		Carrying out a Campaign 60 minutes
8	Safe Water Chain/Hand washing 60 minutes		Evaluation and Presentation of certificates

## Session plans

### Day 1

#### Session 1 Welcome and Introductions

##### Aims:

**This session is designed to:**

Ensure that participants get to know each other and understand the purpose of the course

##### Outcomes:

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

- Explain the rationale for the course
- Name the other participants



45 minutes

##### Methods:

Brainstorming  
Discussion  
Question and Answer

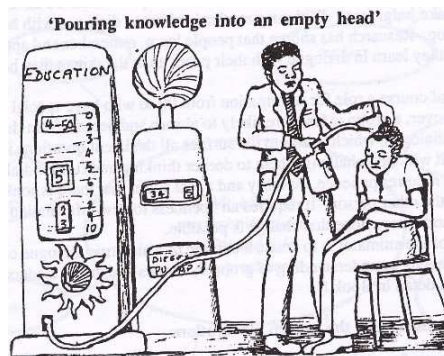
##### Resources

'Hand washing ball'

##### Session Plan:

Introduce yourself and explain a little bit about the interactive teaching methods that you will use in the course. Show the picture below (or something similar) of a person being 'filled up with education and knowledge' and explain that this is often the way that training sessions are carried out but that this way often doesn't work very well.

In this course participants will learn by discussing the current situation with each other guided by the facilitator. In order to discuss freely it is important that everyone gets to know each other and that participants do not feel nervous or scared to give their point of view on a subject.



Source: Training For transformation

### 10 minutes

Show participants the 'Hand Washing Ball' and briefly explain that one key way to prevent diarrhoea is to wash hands at key times (you will come back to this later). Therefore the hand washing ball will be used to remind participants of this and as an aid to support their training (explain that we can all feel nervous talking in front of a group of people and that holding something like a ball can help people to feel less self conscious).

Explain that you will throw the ball to one participant and they must then introduce themselves with the name they like to be called. They should then throw the ball to another participant who will introduce themselves and so on until everyone has had a turn. The ball throwing can then be speeded up with the person throwing shouting out the name of the person they are throwing to.

### 10 minutes

Ask participants to discuss in pairs why they have come on the training and what they expect to know and do once the training is finished (five minutes only). Ask the group to feedback their suggestions in plenary and use this as a basis to clarify the aims and objectives of the course.

### 10 minutes

Read out the key objectives of the whole course (you may need to explain the objectives in a bit more detail by giving examples from the specific context):

**To enable community mobilisers to carry out effective hygiene promotion with the disaster affected communities in order to:-**

- Ensure that people make the best use of the water and sanitation facilities provided by WASH agencies.
- Ensure that action is taken to prevent diarrhoea and other water and sanitation diseases

Emphasise the importance of the work of the mobilisers in promoting the health of the affected community.

Explain that in the same way that knowledge cannot be poured into the mobilisers' heads, knowledge cannot be poured into the heads of community members. The mobilisers will need to develop and use much skill in trying to involve the

community in preventing diarrhoea and ensuring the best use of the water and sanitation facilities. Once again discussion is a key way to ensure better learning and to motivate people more effectively.

Ask the mobilisers what skills are needed to promote discussion? The answers should include:

**LISTENING**

**EMPATHY (putting yourself in someone else's shoes)**

**ASKING QUESTIONS**

They will also need to know some practical ways of how to prevent water and sanitation related diseases. Ask the participants what ways they know already.

The answers should include:

- Drinking Clean Water
- Using water for washing
- Hand washing
- Disposing of excreta safely

Finish the session by using the hand washing ball to ensure that everyone knows everyone else.

**15 minutes**

**Facilitator's Notes/Key Learning Points:**

- Participants should be observing the facilitation style of their training and applying this in their future work with community members
- Facilitation is a skill that needs practice and the training is only a first step to developing this skill



## Session 2: Task Description

### Aims:

**This session is designed to:**

Ensure that community mobilisers understand their role in promoting hygiene promotion during emergencies.

### Outcomes:

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

- List and explain the purpose and key tasks & responsibilities of the Community Mobiliser as outlined in the Job Description.
- List the terms and conditions of being a mobiliser
- Describe how to network with other community mobilisers to share experiences and for support



**60 minutes**

### Methods:

- Discussion
- Brainstorming
- Question and answers

### Resources:

Job/task description for the Hygiene Promotion Community Mobilisers (see appendix)

Picture Set: Role of the Mobiliser (see Visual Aids Library)

### Session Plan:

Introduction to session with aims and outcomes.

In plenary ask participants to call out the purpose of the Community Mobilisers and what their job should entail.

Refer to their task description (agency defined but based on example provided in the appendix)

**10 minutes**

Divide the participants into small groups and provide each group with a set of pictures of their job tasks and ask them to discuss these (what they feel most comfortable doing, what they might find difficulty doing and what they feel they should not do. For example, sometimes community members believe that the mobilisers are being paid and will expect them to clean their latrines etc.)

Discuss the findings in plenary explaining that the purpose of the training is to ensure that they feel more confident doing their job and they will be given ongoing

support even after the training. They should also try to support each other and share examples of things that work and things that haven't worked.

**30 minutes**

Discuss issues relating to the terms and conditions<sup>2</sup> of being a Community Mobiliser e.g.

- Numbers of hours worked (e.g. 1-2 hours per day but this needs to be stipulated by the volunteers themselves if they are not being paid)
- Remuneration e.g. (incentives may not always be possible and they may need to be encouraged to work for the benefit of their community)
- Training and support provided
- Tools to do the job (visual aids, water treatment agents or ORS)
- Reporting and providing information (e.g. usually verbal- meeting regularly with supervisor)

Go round the room and ask each participant to think of one key task or one condition of being a mobiliser

**20 minutes**

#### **Facilitator's Notes/Key Learning Points:**

- The purpose of the Community Mobiliser is to promote safe WASH practices, including the appropriate use & maintenance of WASH facilities and service. In addition to ensure appropriate community involvement in the design and delivery of essential WASH services and facilities.
- The key tasks and responsibilities of community mobilisers include information management, programme implementation and resource management.
- Issues to consider regarding the terms and conditions of mobilisers include who they report to, hours worked, reporting responsibilities and remuneration.

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<sup>2</sup> Many community level mobilisers will not have a formal contract or job description and will be expected to work on an informal but structured basis.

## Session 3: Take 2 Children

### Aims:

**This session is designed to:**

Ensure that participants know the key factors that can influence a child's health and how to prevent illness

### Outcomes:

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

- Explain the factors that influence a child's health
- List at least 4 hygiene practices that can help to prevent diarrhoea



60 minutes

### Methods:

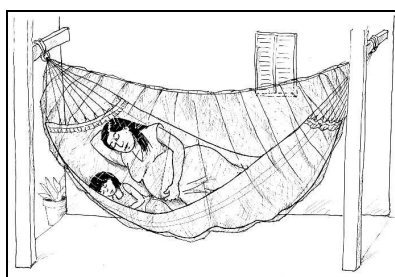
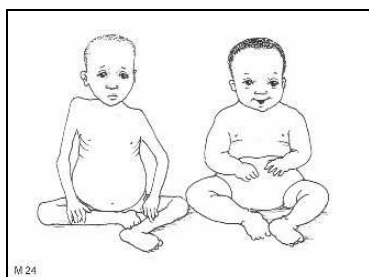
- Participatory exercise
- Discussion in small groups and plenary

### Resources

A picture of a sick baby and a picture of a healthy baby (one set for each group)

Sets of pictures representing unhealthy and healthy practices (one set for each group)

A picture of a healthy child and a picture of a sick child (see Visual Aids Library)



### Session Plan:

Briefly introduce the objectives of the session and explain that you will spend the next few sessions exploring hygiene issues that the affected communities and they themselves face.

Ask if any of the participants have children and ask them what keeps them healthy.  
**5 minutes**

Present the two pictures of the sick baby and the healthy baby and ask the participants to explain what they see to ensure that everyone understands the pictures.

Divide participants into small groups and give each group a set of the resource pictures. In their smaller groups they should then discuss what they see in the sets of pictures to similarly ensure that everyone can 'read' and understand the pictures in the same way.

Explain that they need to decide which practices cause the baby to become sick and which cause the baby or child to be healthy and place the smaller cards next to the appropriate picture of the baby/child. Allow all the groups time to finish the exercise.

**30 minutes**

Place two large pictures of the sick and healthy children on the board/wall and ask the group what they see.

Ask each smaller group to volunteer one reason why the child is sick and one reason why the child is healthy and invite them to stick the appropriate card on the board/wall

Explain that babies and children are particularly vulnerable to sickness and so every effort must be made to try and protect their health.

**15 minutes**

Ask the group to divide into pairs and briefly discuss what they are doing to keep their own children healthy and if there is more they could do, especially now, in the difficult situation they are in.

Ask the group how they might encourage others to protect their children's health. Possible answers could include using these resources to organise small group sessions with their neighbours.

If they answer, 'tell them to....wash their hands....take children to the clinic....etc. discuss why this is similar to the picture they saw in the previous session. It is like feeding people with information and it may not work - they will need to be quite creative in the way they mobilise people (they will learn more about this later).

Ask the group to think of one thing they will do differently when they go home later.

**10 minutes**

#### Facilitator's Notes/Key Learning Points:

- Children under five are very vulnerable to sickness
- The key ways to prevent sickness in this context are (hand washing, safe excreta disposal, drinking clean water, measles immunisation, breast feeding, using a mosquito net)<sup>3</sup>
- Interactive methods that encourage discussion are often the best way to learn

<sup>3</sup> Adapt as necessary according to the context

## Session 4: Three Pile Sorting Exercise

### Aims:

This session is designed to:

Ensure that participants know how to identify good and bad hygiene practices using the three pile sorting exercise.

### Outcomes:

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

- List at least 8 positive hygiene practices and at least 5 negative hygiene practices.
- Describe how they would use the three pile sorting exercise with a community group



45 minutes

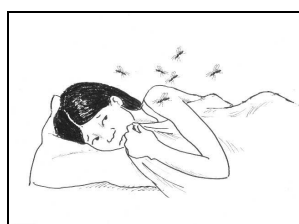
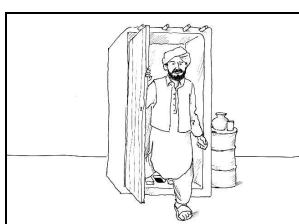
### Methods:

Brainstorming  
Discussion  
Demonstration  
Group work

### Resources:

Instructions for 3 pile sorting exercise

Picture sets to accompany this (one for each group)



### Session Plan:

Introduction to the session with aims and outcomes.

Ask participants to name some of the hygiene practices that can cause sickness. Ask them what practices can prevent sickness.

Divide participants into small groups of 3-4 people. Explain how to carry out the three pile sorting exercise and provide each group with a set of pictures. If participants are not accustomed to looking at pictures, ensure that they describe what they see in each picture and discuss this with other members of the group. (Remember that visual literacy can be learned quite rapidly )

30 minutes

Feedback to the larger group

Discuss on how realistic the adoption of the 'good practices' is and how the 'bad practices' can be improved.

Ask them to think of one practice that they themselves could change as a result of what they have learned.

Ask the participants how they might use the tool with small community groups

#### **Recap**

Ask the group to list as many positive hygiene practices and negative hygiene practices as possible

**15 minutes**

#### **Facilitator's Notes/Key Learning Points:**

- The three pile sorting exercise uses pictures to help facilitators to start discussion on the common hygiene practices. In particular it helps to identify practices which have a good or bad impact on health. This exercise will help Community Mobilisers to plan their hygiene promotion activities by targeting the harmful practices.
- Some of the pictures may be ambiguous and understood differently by the participants and will go in the third pile - these are often the best type of pictures because they encourage a lot of debate and discussion
- It is important to record the outcome of this exercise and the facilitator will also learn much from listening to the group discussions about the understanding of hygiene amongst the participants

## Session 5: Chain of Contamination (How diarrhoea is spread)

### Aims:

This session is designed to:

Ensure that participants understand the different ways through which diarrhoea is spread.

### Outcomes:

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

- Describe how diarrhoea can be spread and how to break the chain of contamination



60 minutes

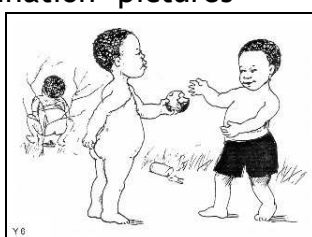
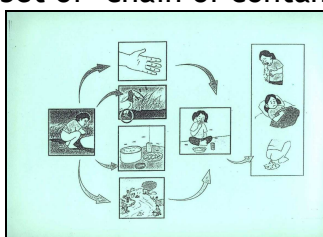
### Methods:

- Brainstorming
- Presentation
- Group work

### Resources:

'F Diagram' using pictures

Set of 'chain of contamination' pictures



### Session Plan:

Introduction to the session with aims and outcomes

5 minutes

Ask participants to brainstorm on the ways that diarrhoea can spread.

5 minutes

Show the 'F' Diagram and walk the participants through the different ways that faeces can spread from one person to another. Use pictures and demonstration as much as possible. The 'f' diagram could be cut up and reassembled to help illustrate each different route of transmission.

20 minutes

Provide each group with a set of cards illustrating the chain of contamination of diarrhoea (or other disease depending on the focus of the WASH intervention). In small groups ask the participants to place the pictures in order to tell the story of how diarrhoea is spread.

**20 minutes**

Ask each group to feedback and clarify any misunderstandings. Refer back to the 'F' diagram when clarifying the transmission route and indicate where the transmission route can be blocked

**10 minutes**

#### **Facilitator's Notes/Key Learning Points:**

- Diarrhoea is generally caused by eating food or drinking water that is contaminated with human faeces.
- Babies and infants may suffer from diarrhoea after being fed by someone with dirty hands or having put dirty objects into their mouths.
- The 'F Diagram' handout shows the ways that diarrhoea germs mainly reach people including via fingers, flies (insects), fields and fluids, food or directly into the mouth.<sup>4</sup>
- The barriers to stop the transmission of diarrhoea germs include hand washing with soap, the safe disposal of faeces and drinking clean water

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<sup>4</sup> Wood, S., Sawyer, R., and Simpson-Herbert, M (1988). PHAST Step-by-Step Guide. A Participatory Approach for the Control of Diarrhoeal Diseases. WHO.



## Session 6: Mapping Hygiene Problems

### Aims:

This session is designed to:

Ensure that participants are able to identify hygiene related problems in the community/camp/settlement

### Outcomes:

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

- Describe the hygiene risks present in their own communities/environment
- List the actions they can take to reduce health and hygiene risks
- Explain what they can do to influence/mobilise people to take action to address those hygiene risks



90 minutes

### Methods:

Mapping exercise  
Discussion

### Resources:

Open area of ground or large sheets of flip chart paper  
Long stick  
Stones, leaves, beans etc. as symbols on map

### Session Plan:

Introduce the aims and objectives of the session

Briefly discuss what PLA techniques are: they are ways to encourage discussion through creating a scaled down picture or diagram of the situation - in this way problems are identified amongst the group of people taking part and it becomes easier to think about and discuss how to address those problems. Mapping is one such technique.

10 minutes

Begin by identifying the resources that might be used for the map (e.g. stones, leaves etc. encourage participants to think of things that can be used as you go

along)

Explain that the idea behind doing the map is to try to identify hygiene issues in the camp/settlement. The facilitator should begin the process with a central landmark but should try to 'hand over the stick' to the participants as much as possible. They may need encouragement at first.

Once the key landmarks have been identified ask the participants to try to identify where there are specific water, sanitation and hygiene issues. Try to ensure that they explore the causes of these issues by asking probing questions.

Ask them what can be done about these issues with the resources available and how the WASH agencies might be able to help. The facilitator can highlight specific issues if no one mentions them but should try to get the group to explore them and should avoid providing solutions at this stage.

Listen carefully to what people say and allow free discussion and debate.

Once the map has been completed copy this onto a large sheet of flip chart paper and explain that you will come back to this in subsequent meetings/training sessions to see how much progress has been made. Ask the participants to look at the map on the flip chart paper and talk you through some of the issues that have been discussed.

**60 minutes**

Ask the participants if they feel able to use this exercise to mobilise others. In pairs ask them to imagine they are explaining how to conduct the exercise to a community group. They will be given more time to practice using this method in another session.

**10 minutes**

#### **Facilitator's Notes/Key Learning Points:**

- Mapping is one way to stimulate discussion about hygiene issues
- This session is used both to get the mobilisers thinking about their own situation and also about how they might use this method with community groups as a means to mobilise others.
- The training of the mobilisers must be grounded in reality and they must also make sure that they refer to the actual situation that people are dealing with when working in the community

## Session 7: Diarrhoea and Oral Rehydration Therapy

### Aims:

**This session is designed to:**

Ensure that participants know how to manage diarrhoea, including how to prepare and use oral rehydration solution made from oral rehydration sachets and salt and sugar (where appropriate)

### Outcomes:

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

- Describe the definition of diarrhoea and its causes.
- Describe how to identify the danger signs of dehydration in children.
- Correctly demonstrate how to prepare and administer oral rehydration solution made from oral rehydration sachets and sugar and salt.
- Describe other ways of managing diarrhoea.
- Describe ways of preventing diarrhoea.



60 minutes

### Methods:

Q & A  
Brainstorming  
Demonstration

### Resources:

Picture of dehydrated baby

Wilted plant

F diagram

Items for making up oral rehydration solution: e.g. sachets, clean water, measuring utensils, bowl.

Items for making up oral rehydration solution using sugar & salt: e.g. sugar, salt, clean water, bowl.

**Session Plan:**

Introduction to the session with aims and objectives.

Ask participants to provide a definition of diarrhoea and to list its causes (see notes below). Discuss with them what their experience of diarrhoea has been and how they have dealt with it.

**10 minutes**

Ask participants to define dehydration and to list the signs of dehydration in children/babies and why this is dangerous (see notes below)

Use a picture of a dehydrated child to explain this (the picture of the sick baby or child from the previous exercise may be suitable). It is also useful to use a wilted plant to demonstrate that water is necessary for life and how fluid is lost through episodes of diarrhoea. Where cholera is a risk explain that this type of diarrhoea can cause very rapid dehydration even in adults.

**10 minutes**

Explain why oral rehydration solution is so useful in the management of diarrhoea but ensure that participants know that it does not provide a sudden 'cure'.

Demonstrate how to prepare oral rehydration solution (from ORS sachets) and how to make up salt and sugar solution (only if this is appropriate in the specific situation). Let the participants also have a go at demonstrating the procedure.

Discuss how to administer ORS and how diarrhoea should be managed (see notes below)

**40 minutes**

**Facilitators Notes/Key Learning Points<sup>5</sup>:**

- Diarrhoea is defined as the passage of three or more watery stools in 24 hours. Dysentery is the passage of blood or mucus in the stools.
- Diarrhoea and dysentery are spread through the faecal oral route, and diarrhoea can be prevented.
- Severe diarrhoea can cause dehydration, the lack of water, which can be especially serious in children, the elderly and those who are malnourished. Any child with watery diarrhoea is in danger of dehydration.
- The signs of dehydration are thirst, little or no urine which may be dark yellow, sudden weight loss, dry mouth, sunken tearless eyes, sagging of the 'soft spot' on a child's head and loss of elasticity or stretchiness of the skin.
- An adult needs to drink 3 or more litres of water per day and a child at least 1 litre per day, (this can vary according to climate, exercise, sickness etc.)
- To prevent or treat diarrhoea: give lots of liquids to drink, keep giving food and keep breastfeeding babies.
- Seek medical help where a small child has diarrhoea for more than a day, if there is blood or mucus in the diarrhoea or if there are signs of dehydration.
- It is important to understand that ORT will not necessarily stop the diarrhoea straight away but will replace the lost fluid.

<sup>5</sup> Werner, D., Thuman C., Maxwell, J. (2006) Updated. Where There is No Doctor. A Village Health Care Handbook. Hesperian.

- For a child administer the solution in small amounts (a teaspoon at a time) every 5 minutes, and continue even if they are vomiting.
- Demonstrate how to correctly make up ORS sachets and a home made oral rehydration solution using clean boiled water, salt and sugar (ensure that you promote the locally accepted quantities and measuring materials for home made solution e.g. the use of a clean soda bottle). The actual amount of salt and sugar may vary according to country, and it is important to refer to your national country guidelines (see Handout in HP Training 1))
- It is also important to give other fluids and to continue feeding - including breast milk for babies.
- Diarrhoea can be prevented by the use of latrine or burying stools, hand washing with soap after using latrine & before eating, by reducing flies, by drinking safe water, keeping the compound clean from animals and faeces, eating well cooked and clean food and breastfeeding babies and small children.
- Participants should be made aware of specific diarrhoeal diseases such as cholera and how to manage this.
- Songs about making oral rehydration fluid using oral rehydration salts are useful ways to help people remember the quantities.
- If making home made solution, it is vital that you do not exceed the recommended amount of salt as this can have serious consequences.

## Session 8: Safe Water Chain/Hand washing

### Aims:

This session is designed to:

Deepen participants' understanding of the chain of contamination and the role they have to play in promoting the safe water chain (from collection at source to storage in the home).

### Outcomes:

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

- List the key ways that hygiene can be promoted in their own context
- Explain how drinking water may become contaminated
- Explain the importance of hand washing
- List the key times for hand washing



60 minutes

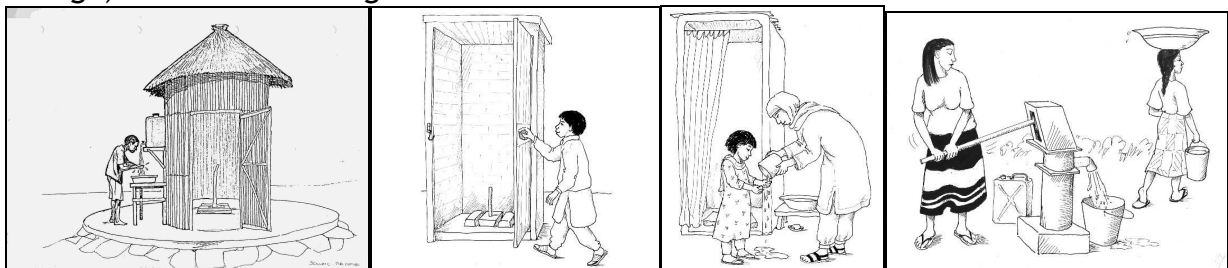
### Methods:

Presentation  
Group Work  
Discussion

### Resources:

F diagram

Pictures of latrines, drinking water collection (at source, water containers, water storage) and hand washing facilities.



### Session Plan:

Introduction to session and aims and outcomes.

In plenary brainstorm the ways in which water can become contaminated (ask participants to think about their own situation unless they all have piped water at home!)

In pairs ask participants to think about how they keep drinking water clean in their own home and discuss in plenary.

**10 minutes**

Divide participants into small groups and ask them to consider what people can do in the present situation:

- to prevent contamination of water:
  - at the source
  - during transportation
  - at home
- to improve latrine use.
- to encourage hand washing.

Ask each group to feedback on one important method of contamination and suggestions for addressing this until the most important methods have been covered (emphasise the key issues in reducing diarrhoea transmission are safe water, latrine use and hand washing).

**30 minutes**

On the ground/flip chart paper draw a big happy face, big sad face and big OK face. Ask the group to imagine that they are just about to eat and they need to judge how clean their hands are. Remember that even when hands look clean, they may be harbouring germs. Ask them to think what they have been doing since they last washed their hands with soap and to think how this might have contaminated their hands. In pairs ask the participants to talk through how their hands might have become contaminated. They should then decide if they should stand on the happy, sad or OK face according to how clean their hands are.

**10 minutes**

**Review key learning points**

Show pictures/demonstration of how contamination takes place, possible hand washing facilities and hand washing technique, latrine use and drinking water safe water chain.

**10 minutes**

**Facilitators Notes/Key Learning Points:**

- When discussing safe water, the focus should be on drinking water rather than water for all purposes - people may collect/store water from a variety of sources for different purposes
- Hand washing with soap or an abrasive substance (e.g. ash or sand) is required rather than just water.
- Participants should consider how they can encourage people to prevent water contamination e.g. taking care not to contaminate water with hands, hand washing containers by the latrine, using narrow necked drinking water storage containers,. Group discussions with households may help to motivate community members.
- Emphasise that drinking safe water, latrine use and hand washing are the key factors in preventing diarrhoea.

## DAY 2

### Session 1: Review/Evaluation: Hygiene Quiz

**Aims:**

**This session is designed to:**

Provide an overview of day 1 and an assessment of participants' knowledge level and understanding

**Outcomes:**

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

- List some of the key learning points from the previous day



45 minutes

**Methods:**

Quiz  
Discussion

**Resources:**

Quiz questions (and answers)  
 Hygiene Pictures  
 Copy of map compiled on the previous day  
 Plastic cups/tins/jars and tokens  
 Picture evaluation form or four faces on flip chart paper

**Session Plan:**

Explain the purpose of the session and the importance of reviewing information and learning. The more that the participants practise new skills and review the knowledge they have gained, the easier it will become when working with other community members.

Divide participants into three groups and explain that you will ask each group a question in turn. If they cannot answer then you will ask the next group. You can keep scores by using tally marks on the board or flip chart paper or by using tokens/stones in a plastic cup, tin or jar for each group.

Most of the questions will cover the material that has already been discussed but new material can also be introduced.

Make sure that you try to clarify any misunderstandings or wrong answers. Where there seems to be a lot of confusion you may need to organise a separate session to go over the material again.



Draw up four large faces on flip chart paper (happy, sad, confused and neutral).



Ask each group to go through the different sessions of the previous day and discuss what they learnt and how they felt about the session. Briefly recap on the sessions by making reference to any of the flip charts used e.g. map of settlement etc.

Ask them to try and agree on one of the four faces for each session and explain why they have chosen that particular face. Ask one person to be a spokesperson to provide feedback once they have finished rating the sessions.

**Facilitator's Notes/Key Learning Points:**

- Constant review and practice using material is important and mobilisers and facilitators will need to be aware that people often do not remember all of what was discussed when they are running training sessions or when they are working in the community

## Session 2: Introduction to Observation and Communication Skills

### Aims:

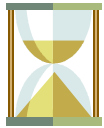
#### This session is designed to:

Familiarise participants with some of the key principles of observation and communication

### Outcomes:

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

- Describe some of the factors that are necessary for effective communication
- Apply the principles of effective communication to their work as volunteers
- Describe the key observations that are necessary when promoting hygiene



60 minutes

### Methods:

Discussion  
Brainstorming

### Resources:

Picture sets of hygiene issues  
Flip chart paper and pens

### Session Plan:

Ask for one person with a watch to come to the front of the room (this person should be able to read). Place your hand over their watch and ask them what words are written on the front of the watch. Ask them what the numbers on the watch look like e.g. are they written 1, 2, 3 etc. or I, II, III, etc. More often than not people will not be able to answer these questions. Explain to the group that although people look at their watch every day and several times a day, they don't always observe everything. Observation is a skill that has to be learned and volunteers must consciously look for hygiene related issues.

#### 5 minutes

Ask the group to shout out the things that they might be looking for in the camp/settlement when they are assessing hygiene. Possible answers might include:

- Unclean latrines
- People leaving the toilet without washing their hands (men, women and children)
- People not able to use the water and sanitation facilities because e.g. they are too dirty, they have a disability, the latrine is kept locked etc.
- No soap available in the house
- Water containers without covers
- Children with dirty fingernails or unclean hands
- People not washing hands before eating
- Water not draining away efficiently
- Long grass growing on the path to the latrine (indicating no use)

(Use only examples that are pertinent to the current situation and where possible stick a picture up on the board to illustrate the point or draw a symbol)

**10 minutes**

Divide the participants into small groups of three and ask one person to pretend to be a community member, one person to be a community mobiliser and the other person to observe the interaction between them.

Ask the mobiliser to imagine they have just observed one of the above behaviours (you may need to go through them again) and they must now discuss this with the community member. Allow five to eight minutes for this interaction.

**20 minutes**

In the plenary group ask for feedback:

How easy was it for the mobiliser to discuss these issues?

How did the community member feel?

How could you communicate better?

What important things must you remember when communicating?

Possible answers might include:

- putting yourself in the other person's shoes,
- listening to what they have to say,
- not being critical or treating people like children,
- being sensitive to the difficulties of the situation,
- not thinking that you know it all,
- being supportive and friendly etc.

**15 minutes**

Recap

Ask the group:

What will you try to observe in the community in relation to water and sanitation?

What are some of the things you need to remember when talking to community members about hygiene?

**10 minutes**

**Facilitator's Notes/Key Learning Points:**

- Many people in the affected population may be grieving and may not want to engage with the activities proposed. Mobilisers must show sensitivity and empathy when communicating with the population. They may not be able to discuss hygiene issues straight away with everyone but people deal with grief in different ways. Some will be keen to focus on practicalities such as managing water and sanitation issues. Others will need more time to engage fully. Mobilisers themselves may be affected by the emergency and may draw some comfort from working and from each other.
- Listening is a key communication skill and volunteers must always be thinking how they can 'listen' better
- Observation is also a skill that must be learnt and volunteers need to know what to observe and how they can use this information in a sensitive and constructive way to promote hygiene
- Providing too much information or information that is ambiguous may confuse people
- Developing good communication skills cannot be learned in one 45 minute session and this issue should be addressed in subsequent meetings and trainings

## Session 3: Adult Learning and Communication Skills

### Aims:

This session is designed to:

Develop mobilisers communication and hygiene promotion skills

### Outcomes:

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

- Describe how adults learn best
- Support each other when carrying out hygiene promotion activities
- List some of the factors that can motivate behaviour change



60 minutes

### Methods:

- Pair work
- Discussion

### Resources:

Adult Learning (from Training for Hygiene Promoters)

### Session Plan:

Briefly introduce the aim of the session. Explain that adults learn in a different way from children and that if they want to train others they cannot use the style of training that is often used in schools. Refer back to the picture of feeding people with information.

**5 minutes**

Ask the participants in pairs to think about the current training and if they feel they have learnt from it. Ask them to discuss the style of training rather than the content of the training. Ask them to think about the things that have helped them learn and things that have stopped them from learning.

Ask for feedback on the positive and negative aspects on learning and discuss. Possible answers might include:

- Lots of discussion
- Opportunity to clarify information
- Repeating and consolidating information
- Using pictures or symbols
- Examining the actual situation and problems affecting them
- Having practical information that they can use

If participants are finding this discussion difficult, you might want to probe using the above e.g. did pictures help - how did they help?

**10 minutes**

Explain to the group that learning new ideas and having more information is one thing but what about using that information and changing practices or behaviour? What is the best way to do this? What might motivate people to change their behaviour? Ask them to again discuss in pairs and imagine a situation relevant to themselves e.g. using latrines, hand washing.

Possible answers might include:

- Wish to live in an attractive and clean atmosphere
- Save money by spending less on medicine
- Feel respect from people
- Comfort
- Pleasant aroma
- Emotional experience (fear of getting sick, aversion to smell or infection etc.)
- In women: desire to be beautiful and be liked by men
- In men: desire to be strong and be liked by women
- Desire to have healthy, nice looking children who live to adulthood
- Harmony in the family
- Prosperity
- Dignity and self-respect

Ask for feedback and give examples of any incentives they do not mention. Explain that people will have different perspectives and different reasons that might motivate them. Ask how the participants might use this knowledge.

**15 minutes**

Ask the group what might prevent people from changing behaviour or doing things differently and what could be done about it.

Explain that motivating people to do things differently can often be difficult. They will need to think about motivating individuals, households and the community and can use different hygiene promotion methods for these different levels e.g. house to house visits, activities with children, community meetings. Sometimes they may find a particularly difficult individual or group to work with and it may help to talk this through with their colleagues and supervisor (you!).

**10 minutes**

Introduce them to the concept of 'hot seating'. In a group one person either takes on the role of a community member or simply goes through the problem they are facing whilst sitting in the 'hot seat' in front of the rest of the group. The rest of the group must try to offer suggestions about how to manage this and allow the person in the 'hot seat' to think of reasons why this might or might not work. The discussion is with the person on the 'hot seat' and should not be allowed to wander in other directions.

Ask one participant to volunteer to be in the hot seat. They can think up their own dilemma or you can give them a situation to enact: for example, imagine that you come across the situation where a women's husband intimidates her and refuses to allow the family to use the water filter they have been given as it might be useful to sell at some point.

Explain that you they will be able to use this technique in future team/mobiliser meetings when they are faced with a difficult problem.

**10 minutes**

Ask the group to think of one thing they will do differently as a result of this last session and request feedback.

**10 minutes**

**Facilitator's Notes/Key Learning Points:**

- Filling people up with information is not a useful way to ensure that they learn and act on what they have learnt
- Adults learn in a different way from children and will feel patronised if they are treated as children
- People will be motivated to change their behaviour by many things other than the fear of disease so using this as a rationale for change is not always effective.

## Session 4: Community/Group Meetings

### Aims:

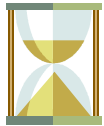
This session is designed to:

Ensure that the participants feel confident to hold community meetings

### Outcomes:

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

- Explain the importance of using meetings for hygiene promotion
- Demonstrate how to effectively facilitate a community/group meeting



60 minutes

### Methods:

- Brainstorming
- Group work
- Discussion
- Demonstration

### Session Plan:

Introduction to the aims and outcomes of the session.

Ask who has attended or organised meetings and what the positive and negative aspects of a meeting are.

Is there a place that people meet normally that could be used as a forum for hygiene promotion? For example: someone's shelter/house, the market, at a water point etc.

N.B. It is very important to get the participants to suggest meeting places that are relevant to their specific situation.

**10 minutes**

Ask the group how they would go about organising a group meeting e.g. a discussion with local authorities or a meeting with a group of community women.

Below are some of the things they may need to think about:

- mobilising the target group to come to the meeting
- positioning of themselves in relation to the group they are addressing



- introducing themselves and the objectives of the meeting
- addressing the group clearly and showing the pictures where possible
- the use of songs / role plays to liven up the presentation
- distribution of leaflets to provide additional information

**10 Minutes**

Divide the participants into 3 groups and ask each group to imagine that they are carrying out a group meeting to promote hygiene and to devise a role play. Give the groups time to prepare and then present their role-play. Two of the mobilisers will lead the meeting and the others will be community members. The rest of the participants and trainers will also form part of the community and they can intervene and add to the discussion if they want to.

After each role-play, ask the participants to give their opinions and suggestions for possible improvements in the approach used.

**40 minutes**

**Facilitator's Notes/Key Learning Points:**

- Community meetings can provide:
  - the opportunity for people to share information about hygiene promotion and problem share. Meetings can be with the entire community or a small number of representatives e.g. health workers, community leaders.
  - an effective way of gathering a lot of people together in a short time.
  - a targeted meeting can bring people together who may not necessarily have the confidence to speak at a large meeting e.g. women or vulnerable groups.
  - a way to motivate people to become involved in hygiene promotion.
- The pitfalls of community meetings can be:
  - meetings can be too long and move away from the subject.
  - it is important that all participants are involved.
  - Follow clear steps for holding meetings including establishing the clear purpose of the meeting, review of the previous meeting, choose the presentation style, decide the steps in the meeting and the reporting after the meeting, decide on the venue and notify participants.

## Session 5: House to House Visiting

### Aims:

This session is designed to:

Ensure that participants feel confident to carry out house to house visits

### Outcomes:

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

- Describe what is expected of them when doing house to house visits
- Describe how to introduce themselves when carrying out a home visit
- Describe how they will manage potential problems



60 minutes

### Methods:

Role Play

Discussion

### Resources:

(Make the picture sets for previous exercises available)

How to do home visits

### Session Plan:

Briefly introduce the aims and objectives for the session

Explain the way that the home visiting might work in that particular situation e.g. how many houses will be covered, if the mobilisers will visit in pairs, if there needs to be separate discussion with men and women in the household etc. The mobilisers themselves might have some useful suggestions for this also.

Ask the group who they would want to talk to about hygiene in the household and why. What time would it be most appropriate to carry out house to house visits? For example is market day a good day to visit? When are people busy? etc.

**15 minutes**

Divide participants into small groups and ask them to devise a short role play (five minutes only) of a home visit to discuss about the hygiene issues that they have already observed. Ask the groups to think about the tools they might use on the visit to stimulate discussion.

Ask each group in turn to present their role play and ask for feedback from the other groups. The facilitator should also provide some clear feedback on the style of the interaction and the content of the information - correcting any misleading information.

Ask the groups how they can adapt their approach to suit the particular house being visited: e.g. by suggesting good and bad things that may be present in the community rather than pointing out the negative aspects of the house being visited. The use of pictures and the exercises already carried out by the group might also be useful in stimulating discussion e.g. three pile sorting or take 2 children etc.

Ask how they can they deal with negative attitudes encountered? Encourage the participants to think of possible negative responses to the house visit by the mobiliser and suggest ways to counter these. The facilitator could play the role of the difficult householder who refuses to listen, thinks he knows everything or says he hasn't got time to discuss hygiene as this is an emergency situation.

**40 minutes**

Read out information sheet on how to do a home visit.

**5 minutes**

#### **Facilitator's Notes/Key Learning Points:**

- Be clear about how the outreach system will work before you start - how many hours per day the mobilisers will be expected to work and how many houses they will cover, whether they will work in pairs etc. (modifications can be made later following work practice or further discussion with mobilisers or community members)
- Community mobilisers need to know how to introduce themselves and the rationale for the visit when carrying out their work.
- They should not be telling people what to do - rather they should be engaging people in discussion on how to address the problems that are evident. However, they can also provide information in a sensitive way e.g. on hand washing, the use of hygiene kits etc.
- One home visit per household is not enough to expect significant change and mobilisers will need to return to find out if progress is being made or what constraints people are facing
- Home visiting is not the only way to mobilise the population and other activities such as group meetings, drama or puppet shows can also be a part of the community mobilisers work

## Session 6, 7 & 8: Fieldwork using Exploratory Walk/Group Discussion and Feedback

### Aims:

This session is designed to:

Develop skills of observation and facilitation

### Outcomes:

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

- Explain how to do an exploratory walk
- Explain how to run a focus group discussion



3 hours approx

### Methods:

Fieldwork  
Discussion

### Resources:

How to do an Exploratory Walk (from HP training)

How to run a Focus Group Discussion (from HP training)

### Session Plan:

Briefly explain the purpose of the fieldwork and divide the group into smaller groups of three or four. (If possible each group should have a facilitator to accompany them). Each group should have a team leader and spokesperson who is a participant.

Explain that they will spend 20 minutes doing an exploratory walk around the area to identify issues and then 30 to 40 minutes carrying out a focus group discussion.

#### Classroom

Ask them what an exploratory walk is and provide a brief explanation using the information sheet. Their brief is to try to find out as much as possible about the water, sanitation and hygiene situation. Stress the need to discuss with community members they meet on the way and to observe what is going on.

20 minutes

Ask if anyone knows what a focus group discussion is and what is the difference between a FGD and a group discussion/interview or the community meeting that they learned about earlier? Explain briefly how to conduct a focus group using the information sheet. Ask participants to think of possible questions and how to phrase them. Explain the difference between an open and closed question and what a probing question is.

Ask for volunteers to role play a focus group discussion examining hand washing. Ask for two people to be facilitators and to introduce the session.

Clarify the process based on your observations of the role play.

**40 minutes**

### **Fieldwork**

If time allows begin the fieldwork with a brief exploratory walk asking for a team leader to lead each group. Then organise the focus groups and ensure that participants know when they are expected to return back to the training venue.

The facilitators should try to visit each group working on the FGD and should record any positive and negative observations about their technique using the FGD Information Sheet.

**90 minutes approx**

### **Classroom**

On return ask each group to sit and briefly discuss how the activities went and what they did well and what the problems were.

Clarify any difficulties they might have had with *the process*. Highlight the observations you made when visiting the groups.

Ask for feedback on *the content* of the discussions and observations. Ask the group how they can use this information.

Explain that participants must try to develop their skills of observation and facilitation and that they will be given more opportunities to practice these skills in their work and in subsequent training.

**30 minutes**

### **Facilitator's Notes/Key Learning Points:**

- Running a focus group discussion rather than just a question and answer session is very difficult and it may take time to develop the skills of both the training facilitators and the mobilisers. However, practice is the only way to develop the skills and learners have to start somewhere. Use this session as the beginning of a process of skill development.
- Begin preparations for the fieldwork before the training starts if possible. You may need to obtain permission from community leaders and will need to organise a venue and participants for the FGD
- Much time will be spent in organising the groups so the time given may well overrun
- Try to pick up on the learning from the previous days especially with regard to

communication skills and observation

- The mobilisers will need to try to analyse the information gained from these activities with the help of the facilitator or supervisor and decide how they can use it

## Day 3

### *Session 1 Review of Previous Day*

#### Aims:

**This session is designed to:**

Review the sessions of the previous day and consolidate learning

#### Outcomes:

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

- Explain how to communicate effectively with community members
- Describe two or more methods of hygiene promotion
- List 3 key ways to prevent diarrhoea in the context that they are living in



**60 minutes**

#### Methods:

Pair and group work  
Discussion

#### Resources/Handouts:

Flip chart paper and pens

#### Session Plan:

Welcome the participants to the third day of training and ask them to explain the aim of this session!

Ask participants to sit in pairs and try to remember what they did yesterday. Ask them to draw out three key ideas that they have learnt from the day before.

**10 minutes**

Ask each pair to join with another pair and to share and clarify these learning points. Each larger group should then have six learning points that they can explain in plenary to the whole group. Provide each group with a piece of flip chart paper and ask them to record a large symbol/picture on the flip chart paper for each learning point. Give them examples of what a symbol might be e.g. smiley face or a square with a circle in it but explain they can use whatever they like or even stick symbols onto the flip chart paper as they did with the mapping exercise (usually there will be one person in the group who feels confident enough to draw a symbol but you may need to support some groups more than others)

**20 minutes**

Ask each group of four to then explain what their symbols stand for. Encourage the

other groups to ask questions if things are not clear.

**20 minutes**

Ask the group if they have used any of these learning points yet in their own homes or if they intend to.

Highlight any key learning points that have not been covered - and draw a symbol for those too. You might like to record the best/funniest/most interesting symbols and refer back to them during the training.

**10 minutes**

**Key Learning Points:**

- Adults easily forget things and their recall of the details of the training will be lost unless they consolidate the learning through discussion and use.
- Using symbols/pictures can help people to remember things more easily



## Session 2: Using drama and role play

*Adapted from Hygiene Promotion, A Practical Manual for Relief and Development, Ferron, S. Morgan, J. and O'Reilly, M. (2007) Practical Action*

### Aims:

**This session is designed to:**

Help participants to use dramas and role plays to promote hygiene in an entertaining way

### Outcomes:

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

- Describe how drama and role play can be used to help to promote hygiene



90 minutes

### Methods:

Group work  
Discussion

### Resources:

Background information on role plays, drama and street theatre (from Hygiene Promotion Training course)

### Session Plan:

Introduction to session aims and outcomes.

Ask if participants have ever acted or taken part in a play. Discuss what makes a good show.

Some possible answers might be:

- Humour (jokes, men dressed as women, stereotype characters)
- Drama (hero/villain style, ghosts, death)
- Action (lots of movement, not much sitting/lying down)
- Interesting dialogue/story (clear slow speech, one actor speaking at a time, no long speech by one actor)
- Involving the audience (pantomime style etc.)
- Local reference (relevant comments to the audience)
- Getting the message across.
- Talk through the 'Do's and Don'ts for Street-Theatre Drama' (see notes below)

and resources).

Explain that in order to cross check if people have learned what was intended, it is important to ask questions in the interval or at the end of the performance. The play can also be made more interactive by asking questions as part of the performance.

**15 minutes**

Warm-up. (It may be awkward doing warm-ups but the drama will be much better if you have a warm up first.) Try standing in a circle and making animal noises (e.g. dog, cat, chicken and cow).

Then try acting out stereotype characters (e.g. angry wife, drunk, husband, beggar, mayor).

**10 minutes**

Decide with the participants the message or idea to be promoted in the community. Then allocate titles to for the dramas to groups e.g.

- Stop Cholera!
- How diarrhoea came into the World.
- A day in the life of a water point or latrine.

Explain that the plays should be 5 to 10 minutes long only

**30 minutes**

Ask each group to present their drama and invite feedback from the other groups

**20 minutes**

(If participants are especially motivated by this method the timetable can be adapted to provide more time for preparation. The play could then be performed at water points or distribution points).

#### Facilitator's Notes/Key Learning Points:

- See background material on role play, drama and street theatre
- Some of the following do's and don'ts might be highlighted by the participants:

##### Do's

Men dressed as women.

Comic village stereotypes, e.g. drunkards, 'lads', obsequious servants, simpletons, beggars, traditional healers, dishonest merchants, religious leaders.

Exaggerated characterization.

Villain/hero conflicts ('goodies' and 'baddies').

Macabre incidents, e.g. ghosts returning, death, white sheets.

Dance and song.

Asking the audience questions (Where is she?) and getting them to reply (She's behind you!).

A few simple messages.

Frequent repetition of the messages.

Messages made clear through actions rather than words.

Audience participation (asking members of the audience to come into the performance area and join in with certain tasks).

Spontaneous and lively with a minimum of characters and props.

**Don'ts**

Long gaps between scenes.

Fast speech.

More than one person speaking at one time.

Scenes involving sitting or lying down.

Long speeches or dialogues without action.

Lecturing one actor by another.

One actor playing different roles that may be confused, e.g. dishonest pharmacist and doctor.

Complicated plots and detailed scripts.

- Some participants may be very self conscious about acting in public but usually there are a few people in any group who enjoy doing this. Don't let your own inhibitions prevent you from exploring the contribution that this method can make to exciting hygiene promotion!
- When preparing plays for public performance:
  - Organize people to help seat the crowd in readiness for the performance. Play music while the crowd gathers and is seated.
  - Announce the start and ask for applause. Wait for crowd laughter to die down before continuing speech. Don't rush the performance.
  - Ask questions of the crowd at the end of the show and repeat correct answers. Ask for applause for each correct response. At the end, thank the crowd and ask them to disperse.

## Session 3: Using Participatory Methods (Practice session)

### Aims:

**This session is designed to:**

Give Community Mobilisers an opportunity to practice using participatory methods.

### Outcomes:

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

- Describe why participatory methods are appropriate for hygiene promotion and useful for demonstrating disease transmission.
- Be familiar with and able to facilitate participatory methods such as the use of pocket charts, Take 2 Children, 3 pile sorting, chain of contamination & and blocking the routes.



**90 minutes**

### Methods:

Q & A

Group Work

Brainstorming

### Resources:

Sets of pictures for 3 pile sorting and Take 2 Children.

Pocket chart and pictures.

Pictures for chain of contamination story or 'F' Diagram pictures

### Session Plan:

Briefly introduce the session aims and outcomes.

Ask participants to explain what participatory methods are and why they might be useful when working with communities.

Ask for two people to volunteer to explain how to run a three pile sorting exercise and to imagine that the other participants are community members.

Ask for another pair of volunteers to introduce the other participatory exercises covered in the training so far: Take 2 Children and Chain of Transmission.

Divide participants into small groups and ask participants to take it in turns facilitating the different exercises.

**30 minutes**

Explain to the group how to use the pocket chart and carry out the activity with the

whole group using only 2-3 hygiene practices. The most important part of the exercise is to stimulate discussion using the results of the voting.

**30 minutes**

Ask for pairs of volunteers to practice either introducing the activity or facilitating the discussion for 5 minutes.

**20 minutes**

Ask participants if they would feel confident in carrying out these activities and suggest that they practice in pairs on their friends and family and then with the wider community. Ask each participant for one thing that they have learned from this session.

**10 minutes**

#### Facilitators Notes/Key Learning Points:

- The philosophy behind the use of participatory methods is that people learn better in an interactive way, by sharing experiences and when an issue is relevant to them. Also that participatory methods can help people to develop a creative approach to problem solving
- Participatory methods are very useful for learning about the transmission and prevention of diarrhoea. They are particularly useful for communities where literacy is low but can be used to good effect in any adult group as well as with children.
- It is important to use a broad range of methods for promoting hygiene promotion to maintain community members' interest.
- Issues to consider when conducting a participatory exercise include<sup>6</sup>:
  - Selection of appropriate participatory tools and knowing the resources to use.
  - Ensure that people know what the aim of the exercise is.
  - Participants should take as much control as possible without allowing a few to dominate.
  - probe deeper if the outcome is unclear
  - Record on paper the outcome of the exercises including what happened and when.

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<sup>6</sup> Ferron, S., Morgan J., O'Reilly, M (2007) Hygiene Promotion. A Manual for Relief & Development. IT Publications, London on behalf of CARE International (updated).

## Session 4: Monitoring

### Aims:

**This session is designed to:**

Ensure that community mobilisers are able to monitor their work - especially the distribution and use of hygiene kits.

### Outcomes:

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

- Explain why monitoring is important
- Explain the importance of the hygiene kits during an emergency
- Describe how they will monitor their use



45 minutes

### Methods:

- Brainstorming
- Discussion
- Group work

### Resources:

A hygiene kit monitoring checklist (context specific)<sup>7</sup>  
General Monitoring checklist (context specific)

### Session Plan:

Introduction to aims and outcomes.

Ask participants what monitoring is and explain it is the process of finding out if you are achieving what you set out to achieve.

Ask participants what they think of the hygiene items that they have received (in the general distribution). Are they using all of the items in the way that was intended? Take people through each item and ask them to explain more fully about its potential benefits. Ask them if they know of any complaints about the items etc. Explain that this discussion represents a kind of monitoring.

**20 minutes**

Ask the group to explain why monitoring is important. Possible answers include:

- To make sure the work is successful
- To make sure people are using the hygiene items

<sup>7</sup> Depending on the literacy level of the mobilisers, this may need to use pictures and tally marks or it may be necessary to compile the mobilisers oral reports each week.

- To make sure people are using the latrines and other facilities appropriately
- To make sure that people are practising hand washing
- To make sure that people are satisfied with the emergency response
- To find out if changes need to be made
- To be able to explain in detail how funding has been spent
- Etc.

**10 minutes**

Provide handout of the Hygiene Kit monitoring form and explain how this will be used: who will fill it in (if mobilisers are literate), how often the data will be collected and how it will be collated to give an overview of the whole situation).

Ask the group how they can use the data from this process. Possible answers might include:

- To provide other hygiene items that people feel are important or stop distributing some items
- To intensify efforts to ensure people know how to use items correctly
- To provide reports to funding agencies

If time allows provide an example of the other monitoring forms that the mobilisers will be expected to use and go through the same process as above.

**15 minutes**

A trial use of the monitoring form(s) should be carried out once the mobilisers have started work.

### **Key Learning Points:**

- Monitoring is an important aspect of the role of the Community Mobiliser
- The hygiene kit has an important role to play in preventing disease outbreaks in emergencies. It can help people to carry out everyday domestic activities such as cooking and collecting water.
- Monitoring of whether people find the kit is relevant and appropriate for community members provides useful information on whether future distributions of similar items are needed.
- It is important to encourage people to make the best use of the hygiene kits.
- Methods to undertake the monitoring can include focus group discussion.

## Session 5: Carrying out a Hygiene Promotion Campaign

### Aims:

This session is designed to:

Explain how to carry out a hygiene campaign in the current emergency

### Outcomes:

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

- Describe the key elements of a hygiene promotion campaign.
- Describe the communication methods which can be used.



60 minutes

### Methods:

Q & A  
Brainstorm  
Group Work  
Presentation

### Session Plan:

Introduction to session aims and outcomes.

Ask the participants if they have experience of any campaigns - give examples of what these might be - e.g. encouraging people to buy treated bed nets, give up smoking, wash hands, take their children for immunisation etc. Ask them to explain what methods were used and what makes a campaign different from everyday health promotion or health education.

15 minutes

Explain that a campaign is a short and intensive effort to address the problem and in an emergency is often used when there is an outbreak of disease or when the public health risks are high.

A campaign should normally not last longer than two weeks as it will lose its novelty



quite quickly. Campaigns often rely heavily on delivering messages/information to as many people as possible using a variety of methods but predominantly the mass media e.g. radio, television, loudspeakers. These methods may be effective in providing information but are not always effective in changing people's behaviours or practices and that is why interactive methods should also be used as much as possible. Interactive methods are more time consuming and it is often difficult to reach as many people in the same space of time but such methods can often be more effective in getting people to change.

**10 minutes**

Ask participants if a campaign is appropriate in the current situation and if so what the focus of the campaign should be and what methods could be used to communicate with the population - bearing in mind the aim to reach as many people as possible.

Divide participants into two groups and give them the specific campaign that has been identified previously to work on along with the key messages that have been identified. Ask them to:

- Think about how they will reach as many people as possible and what they will do as mobilisers
- Explain how they will show if the campaign has been effective or not

**20 minutes**

One group should explain their approach and comments should be invited from the other group - along with suggestions from the facilitator.

Guided by the facilitator the whole group should decide how they will implement the campaign plan.

**15 minutes**

Further meetings will be necessary to take this forward.

#### **Facilitators Notes/Key Learning Points:**

- Before running this session the need for a campaign should have been identified and discussed and initial plans compiled. The aim of this session is to ensure that the mobilisers - who will be key implementers of the campaign, know why they are doing this and what they need to do.
- The main steps in implementing a hygiene promotion campaign include selecting key hygiene promotion messages, selecting appropriate communication methods, preparing communication materials, promoting the messages.
- It is possible to plan and implement an information campaign focussed on a specific health topic over a short time span targeted at a large number of people or specific groups of people.
- Methods for the campaign include announcements with loudspeakers, posters (including cloth or on walls), street theatre (drama, puppets), slides, films & videos, games, community radio broadcasts, household visits (face-to-face communication), large and small group discussions, child to child activities. It is important to know how to select the most effective methods or mixture of methodologies.
- It is important not to have too many messages, but rather a few key ones e.g. excreta disposal, hand washing with soap and keeping drinking water clean.

## Session 6: Review & Evaluation

### Aims:

This session is designed to:

Consolidate the information gained in the training

### Outcomes:

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

- List the key practices that will help to promote hygiene in their current context
- Explain the role of the community mobiliser
- List three actions that they will take to improve hygiene in their homes



60 minutes

### Methods:

Discussion  
Drama

### Handouts:

Possible theatre props (e.g. bucket/water container, soap, pictures, musical instruments etc. hats/costumes)

### Session Plan:

Welcome participants to the second day and ask them to pair up with the person sitting next to them and to think about 2 key ideas or pieces of information that they remember from yesterday that they have used or will be able to use in the near future.

**10 minutes**

Ask the group for feedback on this and try to draw out some key points that are relevant to their work as volunteers and things that they can put into practice at home.

**10 minutes**

Divide the participants into two groups and ask each group to devise a short play (a maximum of five minutes) on their role as community mobilisers. They can use the 'theatre props' if they want to.

**40 minutes**

Ask the groups to present their play and ask for comments from the other group. Provide feedback and clarification where necessary

**30 minutes**

**Key Learning Points/Facilitator's notes:**

- Try to ensure that participants are clear about the messages and information they are trying to convey
- The plays provide a means of crosschecking/evaluating the participants learning and this will help you to gauge whether supplementary sessions are required

## Additional Training Ideas

### Working with Children

#### Aims:

This session is designed to:

Introduce Community Mobilisers to ways of carrying out hygiene promotion with children

#### Outcomes:

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

- Explain how children learn best
- Describe different hygiene promotion activities for use with different age groups



3 hours

#### Methods:

Group work

Discussion

Experimentation with example activities/games/songs

#### Background/Resources:

How children learn (handout from HP training)

Visual Aids Library (Activities and Resources section)

#### Session Plan:

Briefly introduce the aims and objectives of the session.

Ask the group why it is important to work with children in the current context and why separate activities might be necessary.

Possible answers should include:

- Children learn differently from adults

- Children can be a force for change and there are a lot of them!
- Older children often look after younger children and so can encourage them to maintain hygiene
- Children are often more vulnerable to sickness

**10 minutes**

Ask the group to think of some examples of how they might work with children and give them some examples from your own experience.

Possible answers might be:

- Using games
- Using songs and role play
- Using pictures
- Using puppets

**15 minutes**

Ask the group what precautions need to be taken when working with children.

Answers should include:

- Need to protect them from abuse/exploitation
- Need to obtain parent's permission and encourage their involvement
- Need to ensure that activities take place in the open or in the presence of approved adults (e.g. teachers)

**10 minutes**

The following activities are contained in the Tear Fund Training Manual. In order to encourage the volunteers to remember the activities and to subsequently use them they could try some of them out during the session:

### **True and False Activity**

In the area where the activity/session is being held identify trees or other landmarks that can be used in this game.

Choose one tree to represent true and one to represent false.

Ask about 10 children stand in the middle between the two trees or landmarks.

Explain that you will read out some statements and they will need to decide whether they are true or false.

If they think it is true they run to the tree that represents 'true', and likewise for 'false'.

### **Example Statements**

If your tongue turns blue this is a symptom of dehydration

Cleaning your teeth can prevent germs.

If there is a sunken section in the top of a child's head this is a sign of de-hydration

The three-pot system - pouring water into one pot on the 1<sup>st</sup> day, and a second pot on the 2<sup>nd</sup> day, and a 3<sup>rd</sup> pot on the 3<sup>rd</sup> day, can make water safer to drink.

Dirty water can spread diarrhoea

Flies can spread diarrhoea

Cows can spread diarrhoea

Boiling water for 10 minutes can make it safer to drink

### Other Activities

Suggest children put a stone in small bag/bottle/black bag each time they wash their hands. Ask them to bring the bag or bottle back to the session next day or week.

Encourage our families to wash their hands, e.g. By putting a kettle and soap near the toilet, help our young brothers and sisters to wash their hands when they come out of the latrine or before eating.

Explain that you are going to ask the children questions and they have to put up the number of fingers for the right answer. For example:

- How many teaspoons of salt?
- How many teaspoons of sugar?
- How many tea glasses of water?

Repeat questions in fast and tricky manner, adding silly questions like:

- How many teaspoons of flour?
- How many cups full of salt?
- How many teaspoons of water etc.

### Demonstrations

#### *How germs spread*

*You might want to practice this experiment at home first before trying it during this session, to see how long it takes for results to be seen. Set this experiment up at the beginning of the session:*

#### Resources:

- Bowl of rice
- Household and food rubbish covered with powder food colouring (spice)
  1. Show the children the bowl of rice and the pile of rubbish and sprinkle a generous amount of coloured spice or food colouring on the rubbish.
  2. Place the bowl and rubbish about 2-3 metres apart.
  3. Leave the experiment for the duration of the club.
  4. At the end of the club, bring back the bowl of rice. What colour is it? (hopefully it will be the colour of the spice/food colouring left on the rubbish)
  5. Ask the children to think of reasons why the white rice has become coloured?
  6. Using one of the plastic bag flies (see Tear Fund Manual) demonstrate how the flies have transferred the food colouring by their feet. This is how flies transmit germs...by their feet.
  7. Ask the children to think of ways of preventing flies from spreading germs like this. E.g. covering food, clearing away rubbish etc.

#### *Jerry Can Cleaning*

*For this demonstration you will need the following (some of these can be collected by the children during the session): dirty water container (jerry can), small stones, sand, soap powder (only if available...not essential) & water.*

Ask the children if they think the jerry can is clean or dirty?

Why do they think it is dirty?

How do they clean their jerry cans? Can they get their hands in to clean it? If not how do they do it?

Show them that they can use a bit of water (from the hand pump), with clean small stones and sand to clean out their jerry can. Add these to the dirty jerry can.

Ask the children to show you how to clean the jerry can (i.e. Get them to take it in turns to shake the jerry can to clean it).

After everyone has had a go...pour out the stones, sand and water and get the children to have another look inside the jerry can...Is it clean now?

With the children decide how often they think it is important to clean your household's jerry can.

### Using a Mosquito Net

- Resources: Standard mosquito net used in the communities, wood for support, string or ties.
  1. Ask the children whether they have a mosquito net at home.
  2. How many helped to put the mosquito net up at home?
  3. Ask for a few volunteers or ask the children to shout out instructions to you & the volunteers about putting up the mosquito net.
  4. Once the net is put up correctly, ask if this is how their net looks at home. What are the differences?
  5. Summarise the important points below:
    - Mosquitoes, that cause malaria, bite between dusk and dawn
    - Those most at risk of malaria are children under 5 and pregnant women, make sure they sleep under the mosquito net in your family
    - If any of your family members get a fever, aching joints etc take them to the health clinic straight away.

In addition to the above activities, some age groups might also be interested in using the Three Pile Sorting, Pocket Chart and other participatory activities using pictures.

Ask the volunteers how they might initiate activities with children.

Recap on the key learning points/issue

**1- 2 hours approx**

### Key Learning Points:

- Children learn differently from adults and are often more open to new ideas and doing things differently
- Different age groups will require different activities to stimulate them
- Child Protection is imperative when working with children and you (the facilitator) and your manager will need to ensure that safeguards are in place before undertaking any activities

## Appendices

### Appendix 1: Job Description

#### WASH Cluster Generic Job Description: Hygiene Promotion Community Mobiliser

Job title:	Hygiene Promotion Community Mobiliser
Reports to:	Hygiene Promoter

#### 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.

#### Key tasks and responsibilities:

##### Information management

- Gather data during needs assessments, baseline studies and periodic studies and help feed back findings to stakeholders.
- Help plan activities to reduce WASH-related risks.
- Record data on routine activities and WASH conditions and forward it to the Hygiene Promoters.
- Liaise with water supply and sanitation field staff.
- Liaise with community leaders and other sectors and agencies working locally.

##### Implementation

- Help identify key hygiene practices to be addressed and carry out appropriate activities to promote safe practices. These activities may include the following:
  - communications activities such as house to house visits, community meetings, drama, information campaigns, use of educational materials etc.;
  - support to water-point committees, hygiene committees, latrine attendants etc.
- Mobilise disaster-affected communities as appropriate.
- Act as the link between the WASH response and the affected population at community level.
- Help identify needs for non-food items relevant to hygiene, participate in the choice of items, targeting strategy, promotion of effective use and post-distribution monitoring.



**Resources management**

- Use programme resources effectively and with care.

**Programme approach**

- Carry out hygiene promotion activities in line with relevant standards, codes of conduct and humanitarian principles.
- Encourage the participation of community members throughout the programme.
- Act in a way that is sensitive to gender, protection, HIV, environment and other important cross-cutting concerns.

**Person specification:**

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Essential

1. Strong communication skills.
2. Good listening skills.
3. Sensitivity to the needs and priorities of different sectors of the community.
4. Trust and wide acceptance by the community.
5. Diplomacy, tact and negotiating skills.

Desirable

6. Some prior knowledge of health, hygiene, teaching or community development.
7. Literacy, numeracy and record keeping skills.

**Other information:**

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

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## ***Appendix 2: How to do a home visit***

1. Introduce yourself and the purpose of your visit. For example: ‘Hello, my name is .....and I would like to discuss some of the hygiene problems in the camp/village/community with you. Do you have time to discuss with me/us? We are visiting everyone in the area and we may be help to support you in improving the situation. Explain which agency/group you work for and if necessary more detail on what the agency is doing.
2. If the person does not want to talk then tell them that you will be visiting other houses in the area and if they change their mind you would be happy to call again. Tell them you will call again in a few days.
3. If they invite you in, and it seems appropriate, suggest that you sit down to talk.
4. If the person who answers the door is the male head of household ask who looks after the children in the household and if you can talk to them also. This may need to be done separately.
5. Begin by asking general questions about how the person or people in the household are managing in this difficult situation. Make sure that you listen attentively and sympathetically. Use your body language to show that you are doing this - nodding your head occasionally and facing the person you are talking to.
6. Look for an opportunity to start talking about hygiene issues. For example, ‘How is your family managing to get enough water for drinking, washing etc.’ ‘Where do the children go to the toilet?’
7. It may be appropriate to use pictures to ascertain their level of understanding of hygiene problems or to encourage them to speak more freely about hygiene issues.
8. You can ask what people do to protect themselves from diarrhoea or illness. If they suggest some useful practices, then encourage them by saying something like, ‘yes that is a good idea and also you can.....make sure the children wash their hands after going to the toilet....’
9. If they don’t know then you can suggest that there are ways that people can help to protect themselves in this difficult situation e.g. ensuring they wash their hands etc.
10. You may want to ask them also how they manage their young children when they get diarrhoea and help to clarify how to make up and use ORS.
11. You may observe hygiene problems in the household as you are discussing but make sure that you concentrate on what is being said and do not make the person feel embarrassed or ashamed by telling them directly they are doing something wrong.

12. You can ask them if they want you to look around the kitchen/latrine etc. to give them ideas on what else they might do to prevent illness etc. but respect their decision if they do not want to do this.

13. Make sure that you thank them for their time and make sure they know how to contact you if they need to.

## Appendix 3: Hygiene Quiz with Answers

1. Give me two causes of diarrhoea

*For question 1 and 2: Lack of hand washing, drinking dirty water, not enough water, not using a latrine, eating fruit without washing it, not cooking food properly, not covering food etc.*

2. Give me two more causes of diarrhoea

*(see above)*

3. What would you do for a child who had diarrhoea?

*Advise on use of ORS/SSS to replace fluid loss, also advise on going to clinic if dehydrated or if temperature*

4. What would do if the child was vomiting also?

*Continue to give small amounts of ORS at regular intervals and advise to go to clinic with this*

5. Explain how diarrhoea spreads from one person to the next

*Contaminated faeces (pooh/shit) contaminates water or food that people then drink or eat*

6. How do you make up ORS?

*One sachet of ORS in one litre of clean water (use measuring containers as recommended by MoH)*

7. How do you make up homemade salt and sugar solution?

*Ensure that you check on standard method advised by national policy - SSS is not always recommended*

8. Give me three ways of preventing diarrhoea in children or babies

*Washing hands before eating, after going to the toilet, before preparing food and after cleaning up children's faeces (one method!), drinking clean water, washing fruits before eating, cooking food thoroughly, covering food, using a latrine or disposing of faeces safely, breastfeeding, immunisation (can help to prevent some illnesses associated with diarrhoea), eating a balanced diet (helps to prevent malnutrition which can make diarrhoea worse)*

9. Give me three ways of preventing diarrhoea in adults

*As above but immunisations not usually needed if given as a child*

10. How can you mobilise people to prevent diarrhoea in the community?

*Discussing with people, informing them, organising community meetings etc*

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11. How would you go about organising a community meeting?

*Discuss your intentions with local leaders and obtain permission and their support. Inform people. Ensure meeting starts on time and does not take too long. Provide clear information and ensure people have the opportunity to ask questions. Try to encourage women to also come along*

12. What are the key things that you are expected to do as a volunteer (give me at least 3)?

*Discuss with neighbours and others about promoting hygiene, set an example to others, provide information on good hygiene and management of diarrhoea, conduct house to house visits, organise community meetings and activities, collect information and convey this to the WASH programme, listen well and observe*

13. Explain how you carry out a three pile sorting exercise

*(see explanatory handout and session notes)*

14. Explain how you carry out the take 2 children exercise

*(see explanatory handout and session notes)*

15. Explain how you carry out a mapping exercise

*(see explanatory handout and session notes)*

16. Bonus question for everyone - why are these exercises useful?!

*They promote discussion and debate and can help to mobilise people to take action to address the hygiene problems in the camp/settlement*

## Appendix 4: Terminology and Definitions<sup>8</sup>

**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<sup>9</sup>(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.

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<sup>8</sup> Adapted from Oxfam’s Public Health Promotion Guidelines for Emergencies and IFRC ERU-MSM Guidelines and training package

<sup>9</sup> The Ottawa Charter was the outcome of a the first meeting of health promotion professionals held in Ottawa in 1986 held as a response to growing expectations for a new Public Health Movement. It built on the progress made by the Declaration of Primary Health Care made in Alma Ata. A subsequent key meeting was held in Jakarta in 1997.

**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.<sup>10</sup>

**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.

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<sup>10</sup> Behaviour Change Communication Toolkit for the Workplace, ILO-FHI HIV/AIDS

**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.

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