

Hygiene and sanitation communities training Inter Aide Ethiopia

INTRODUCTION

This guide is a supporting tool for the facilitator to convey key messages on hygiene and sanitation particularly related to diarrhoeas - to the community.

Health awareness is acquired when people can describe how diseases are transmitted in their environment and by their own behaviours. This guide is based on the principle that people can and should understand how diarrhoeal diseases are transmitted, and that this understanding may inspire them to change their hygiene behaviours.

Once people understand how transmission occurs, they can identify the different ways to block the transmission routes, they can also weigh the advantages and disadvantages of blocking these routes in their households and communities.

Material needed for the facilitator: the training material kit : set of laminated pictures and flannelgraph (cloth panel).

Modules and time estimation:

The training is divided into 4 modules.

Session 1	ll 45min	Good and bad hygiene behaviours
Session 2	ll 45min	How diseases are transmitted
Session 3	ll 45min	Blocking the transmission of the disease
Session 4	I 30min	About diarrhoea: summary of sessions 2 & 3 and evaluation

S The total time necessary to perform all sessions is half a day (about 3 hours).

✓ Note for the facilitator:

The most important thing to remember about being a facilitator is that you are not a teacher!

Your role is to help or "facilitate". Using the activities in the guide, you can help the groups:

- identify issues which are importance for them
 express their problems
 analyse their problems

- ✓ identify possible solutions

So you must not:

- direct the group
- give information instead of letting the group participants find it for themselves

Using participatory methods does not reduce the role of the facilitator, but rather redefines it. What you do is encourage community involvement. You try to create an environment in which the group can discover information for itself. In doing so, participants will increase their self-esteem and confidence needed to analyse problems and work out solutions.

Session 1: GOOD AND BAD HYGIENE BEHAVIOURS

• **Objective of the session**: exchange information and discuss common hygiene practices according to their impacts on health.

- **Material needed**: set of small sized laminated pictures¹ (one set per sub-group)
- Size of sub-group: 5 to 8 persons
- Estimated time: ⁽¹⁾ 45min
- Progress of the activity:

0	Welcome – introduction – presentation of the whole animation process
1	Ask participants to form groups of 5-8 people
2	 Give each group a set of small drawings showing different practices. Each sub-group should work with an identical set of drawings. Ask each group to sort the drawings into three piles - "Good': the drawings which you think show practices that are good for health - "Bad": those which you think show activities that are bad for health - "In-between": those which you think show practices that are neither good nor bad for human health, or which you are not sure about.
4	After 15-20 minutes, ask each group to explain to the other groups its selection and why they made these choices. Let the group answer any questions raised by other participants.
5	 Facilitate a group discussion on the way the different sub-groups have sorted the drawings. The discussion should cover: the differences in selections made the reasons for these
	This discussion will allow participants to share what they know with the rest of the group. The group as a whole may also realize that it has gaps in its knowledge and look for ways to fill these.
6	Ask the group to consider and discuss the common behaviours in its own community. Ask the group to consider whether these behaviours are similar to any of the "good" and "bad" practices it has identified among the drawings.
7	Facilitate a discussion with the group praticipants on what they have learned during this session, what they liked and what they did not like about it.

¹ These drawings were made by Vanessa Bourgois (Inter Aide Ethiopia), and inspired by Martine Mougenot's drawings from the Inter Aide Manakara Health Project in Madagascar.

The two drawings on the bottom right of the following page (hand-washing device and latrines), come from the Manakara Health Project.

All pictures



(a presentation of the pictures can be found at the end of the document)

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Session 2: HOW DIARRHOEAL DISEASES ARE TRANSMITTED

• **Objective of the session**: help participants discover and analyse how diarrhoeal diseases can be spread in the environment.

• Material

- sets of small laminated pictures (one set per sub-group)
- A4 paper (Letter size) representing the structure of the diagram (one sheet of paper per subgroup)
- big sized laminated pictures blue coloured frame
- flannelgraph representing the diagram to put on the wall of the community centre (or other meeting place)
- Size of sub-groups: 5 to 8 persons
- Progress of the activity:
 - Keep the groups of 5-8 people from first activity. 1 2 Display all the large laminated pictures with the blue colored frame and ask the participants to select the similar ones among the small sized pictures they have (from first activity) and to put the other ones aside. Attach the flannelgraph on the wall, so that it is visible for each group. Explain that it represent a diagram showing the process (marked by arrows) of contamination / transmission. Attach the first pictures (blue air) and explain that it represents bacteria or virus (germs) not visible for our eyes. Give each group the same A4 paper and explain the task using these words: 3 "One drawing shows a person defecating in the open [use local term]/an inadequate latrine [choose whichever is appropriate for the community]. Another shows a person's mouth. [Show the drawings on the large laminated pictures, attached them on their appropriate location on the cloth diagram.] "Please do the same on your paper, then use the rest of the drawings to try and create a diagram showing the different ways in which faecal matter [use an appropriate local description] might come in contact with the person. (Display in front of them the cloth panel that shows the arrows between the different drawings to show and explain the ways that this might happen). Once faecal matter has come into contact with a person, select the drawings that show the consequences of this contact. At this stage, let participants use the activities to find out for themselves what can cause diarrhoeal diseases in their community. Do not direct the groups by telling what you think they need to know. 4 When the groups have made their diagrams, ask each sub-group to show and explain its diagram to the other groups. Let them answer to any questions raised by the other groups. 5 Discuss the similarities and differences between the various diagrams. All together, try to reach an agreement on the location of each picture and attach accordingly the large laminated pictures on the flannelgraph, so that the final process of contamination is visible for everybody. 6 Now facilitate a discussion to help the group use this new knowledge to examine their own situation. Discuss and identify: - the transmission routes in the community - the problem areas and hygiene behaviours that are putting people at risk of infection. 7 Facilitate a discussion with the group on what they have learned during this activity, what they liked and what they did not like about this activity.

Note

- Do not prompt or direct the groups when they are trying to make their diagrams.
- If the group as whole does not manage to clearly identify the transmission routes, try to find out why. It may be useful to hold a group discussion to evaluate the activity, which can then be tried a second time.

The "blue" pictures



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The contamination root (blank form)



The contamination root with the pictures



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Session 3: BLOCKING THE TRANSMISSION

• **Objective of the session :** identify the actions that can be carried out to block the disease transmission routes

- Material needed: large laminated pictures red coloured frame
- Size the group: all participant together, no more sub-group constituted
- Progress of the activity:

1	Give the groups the following task using these words:
	"Now that we have discussed about the ways through which faeces [use appropriate local word] can spread germs, we need to think about what can be done to stop this from happening. You should take a this set of drawings and agree as a group where to put them on the transmission routes diagram to stop or block the different routes [present the large laminated pictures, <u>red frame</u>]."
2	After 20 minutes, ask a representative of the group to present the diagram which now includes the blocks or barriers. Let him/her answer to any questions asked by other participants.
3	Complete his/her comment by using the diagram to explain that it is possible to prevent diarrhoeal diseases by blocking the transmission routes of germs.
	The diagram stresses that good sanitation is a combination of facilities and behaviours. <u>Three key hygiene behaviours</u> lead to the greatest reduction in diarrhoeal disease:
	 Safer disposal of faeces, particularly those of babies, young children and people with diarrhoea
	 Hand washing, after defecation, after handling babies' faeces, before feeding and eating, and before handling and cooking food.
	- Keep drinking-water free from contamination , at home and at the source.
4	Facilitate a discussion with the participants on what they have learned during this activity, what they liked and what they did not like about this activity.

The "red" pictures







Session 4: ABOUT DIARRHOEA

• **Objective of the session :** this is a recapitulative session based on the constructed cloth diagram that has been elaborated during the 2nd and 3rd sessions, asking the participants to summarize the causes of diarrhoea and how to block the routes of transmission, on the visual support.

• **Material needed:** flannelgraph showing all the large laminated pictures – blue coloured frame and red coloured frame, attached on the diagram as done during the 2nd and 3rd sessions.

• Size of the group: all participants together, no more sub-group constituted.

• Some support for the facilitator to help the discussion:

S What causes diarrhoea

Diarrhoea is generally caused by eating food or drinking water that is contaminated by germs found in human faeces. Infants may suffer from diarrhea after being hand-fed by someone with dirty hands, or if the food was prepared by someone having dirty hands or after having put dirty objects into their mouths.

The diagram shows the usual ways diarrhoeal germs reach people: through dirty hands, flies (insects), fields and rivers and brooks, food and drinks, or directly into the mouth. Yet in most cases, diarrhoea can be prevented.

C Why is diarrhoea dangerous

Diarrhoea causes children and adults to lose too much liquid from their bodies which can result in death.

Diarrhoea can also cause or make malnutrition worse because:

- nutrients are lost from the body
- nutrients are used to repair damaged tissue rather than for growth
- a person suffering from diarrhoea may not feel hungry
- mothers may not feed their children normally if the latter have diarrhoea.

Characteristics of the second second

When someone has diarrhoea his/her stool contains more water than normal and may also contain blood. Evidence of diarrhoea is three or more loose or watery stools in a day (24 hours).

S What should I do if someone has diarrhoea

1. Give plenty of liquids to drink.

- Give any of the following drinks:
- breast milk
- oral rehydration solution
- plain water (boiled and cooled)
- soup, rice water, yoghurt
- juices, weak tea, coconut water
- cooked cereal.
- 2. Give food.

3. Seek trained help, if the diarrhoea is serious.

SWhat can be done to prevent getting diarrhoea

1. Safe disposal of faeces, particularly faeces of young children and babies and of people with diarrhoea.

2. Hand-washing after defecation or handling faeces, before feeding, eating, or handling food.

3. Maintain drinking-water free from faecal contamination, at home and at the source.

Presentation of the pictures

Transmission route of microbes - 1



The microbes are invisible for the eyes. We can find microbes essentially in stools and unclean water.



Open air defecation : the flies can easily reach the remaining faeces.

Moreover, the rain can carry the stools away into the river and contaminate the water with the microbes.



The flies coming on the stools carry some stools and thus microbes on their legs.

Transmission route of microbes - 2



When we drink unclean water (at the river or at an unprotected waterpoint), we also swallow the microbes contained in the water.



If flies touch food with their dirty legs, they put some stools and thus microbes on the food.



After having stools, we clean ourselves and our hands come in contact with stools and are thus spoiled by microbes which are in the stools. Children often put their hands in the mouth. Adults can also contaminate the food when cooking and handling food.

Transmission route of microbes - 3



When we eat food which was touched by flies, we swallow the microbes the flies left on the food.



After being swallowed, the food goes down to our intestines together with the microbes.



The microbes reaching the intestines cause diahrroea.

Blocking the route of microbes - 1



Drinking water at a protected waterpoint (fountain) is safe.



When no waterpoint is available, boiling unclean water during at least 10 minutes, will kill the microbes and make the water drinkable and safe.



Using latrins eliminates directly the stools. It avoid flies to have contact with stools and rain to wash the stools away to a nearby river.

Blocking the route of microbes - 2



Washing hands after going to the toilet (latrines) will prebent the hands from being soiled by microbes and the hands to infect the mouth



Covering the food will avoid the flies to come on the food and to spoil the food.



Drinking rehydratation salt will enable the person having diarrhoea not to loose too much liquid. The person will not become deshydratated and will not feel too weak.

Remark: the drawings were inspired by Martine Mougenot's drawings from the Inter Aide Manakara Health Project in Madagascar. The two drawings "hand-washing device" and "latrines", come from the Manakara Health Project.