



# Trainees Participatory Hygiene and Sanitation Promotion Manual



## **Preface**

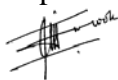
Lack of adequate knowledge and awareness on the effect of poor sanitation and hygiene is contributing to high mortality and morbidity rates due to faeco-oral diseases especially amongst children. This could be attributed to lack of quality training materials and inappropriate approaches being adopted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

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

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

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

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



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

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

Finally, the contributions of the editing team, the Graphic Artists and all other institutions and individuals that have contributed to the development of this manual are well acknowledged.



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## **1.0 Introduction to the Trainees Manual**

### **1.1 Preamble**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

be promoted. They are either included as appendices to the manual, or reference is made to them for easy access by the facilitator.

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

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

The Manual is divided into modules and units as follows:

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

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

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

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

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

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

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

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

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

## 1.7 Methodology

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

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

## 1.8 Keeping Records and Activity Outputs

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

It is important that records of previous learning events are brought to each meeting so that the results of the previous meetings can be reviewed easily.

## 1.9 Role of a Trainee

Certain values guide any participatory training event:

- **democracy** (each person has the opportunity to participate without prejudice),
- **responsibility** (each person is responsible for his/her experiences and behaviour), and
- **cooperation** (the facilitator and participants work together to achieve the same collective goal).

Since participatory training uses a “sharing approach”, the facilitator will help you to:

- Share your own knowledge and experiences
- Identify issues of importance to you
- Express your problems
- Analyze those problems
- Identify possible solutions
- Prioritize problems and solutions

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

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

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



- Select appropriate options
- Develop a plan to implement the solutions you identify and agree on
- Evaluate the outcome of the plan.

## 2.0 Contents of Training Modules

### Summary of Module 1

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

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

## Summary of Module 2

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

## Summary of Module 3

<b>Module 3</b>	<b>Water, Sanitation and Hygiene (WASH) Promotion in Schools</b>			
<b>Overall Objectives</b>	<b>At the end of this module, participants should be able to:</b> <ul style="list-style-type: none"> <li>describe the process of developing a micro-plan</li> <li>demonstrate at least 3 ways of working with children</li> <li>list at least 5 steps in the development of a WASH in School programme</li> </ul>			
<b>Unit</b>	<b>Topic</b>	<b>Objective</b>	<b>Tool</b>	<b>Duration</b>
	<b>Introduction and Climate Setting</b>	At the end of this session, participants should be able to demonstrate at least one way of creating a conducive learning atmosphere	Group Exercise	30-40 minutes
<b>Unit 1</b>	Starting Up and Social Mobilisation	At the end of this unit, participants should be able to: <ul style="list-style-type: none"> <li>define social mobilization.</li> <li>mention and describe at least two methods they can use in social mobilisation</li> <li>List 4 processes involved in social mobilization</li> <li>demonstrate the use of community mobilisation by developing a social mobilisation plan</li> </ul>	Planning for Education and Social Mobilisation	1 hour
<b>Unit 2</b>	Conducting a Baseline Survey	At the end of this unit, participants should be able to demonstrate the use of a checklist to conduct a simple baseline survey	Checklist	1 hour
<b>Unit 3</b>	Developing School Micro-Plan Formats	At the end of this unit, the participants should be able to prepare a micro-plan for WASH at the school level.	WASH Micro-plan format	2 hours
<b>Unit 4</b>	Working with Children	At the end of the unit, participants should be able to <ul style="list-style-type: none"> <li>mention at least 3 key lessons learnt while implementing WASH in schools programmes</li> <li>demonstrate at least 4 methods of working with children</li> </ul>	Group Exercises, role plays and brainstorming sessions	4 hours
<b>Unit 5</b>	The Role of School Environmental Health Clubs	At the end of this unit, participants should be able to mention the key roles of a School Health Club and strategies for orienting members of the club	Group exercise and discussions, brainstorming	30 minutes
<b>Unit 6</b>	Choosing Water and Sanitation Facilities	At the end of this unit, participants should be able to mention at least 5 key priority areas that should be improved in their school	Focus Group Discussions	1 hour
<b>Unit 7</b>	<b>Menstruation and menstrual Hygiene</b>	At the end of this unit, participants should be able to; <ul style="list-style-type: none"> <li>explain menstruation and menstrual</li> </ul>	<ul style="list-style-type: none"> <li>Brainstorming</li> <li>FGD</li> <li>Role Play</li> </ul>	4½ hours

		<p>cycle.</p> <ul style="list-style-type: none"> <li>• List at least three appropriate materials that could be used during menstruation.</li> <li>• List at least two methods of hygienic disposal of menstrual materials.</li> <li>• Explain at least three safe menstrual practices</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstration</li> </ul>	
<b>Plan a Field Visit</b>		To practice and test the steps outlined in the programme	Field Visit	1 or 2 days
<b>It is important to conduct daily evaluations to assess participants using mood meter and also final evaluation to determine training event outcomes versus objectives</b>				

### 3.0 Module 1: Hygiene and Sanitation Promotion

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

#### Introduction

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

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

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

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

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

## **3.1 Introduction and Climate Setting**

### **Objectives**

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

### **3.1.1 Ice Breaking and Familiarising**

#### **Introduction**

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

#### **Activity1: First name Introduction**

##### **Purpose**

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

**Tools:** None

**Materials:** None

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

##### **Participants' Tasks**

1. Each participant is asked to introduce him or herself in turn by simply adding an adjective before or after their first name. Such adjective should be, as the participant wants to be identified in the group. For example
  - I am amiable Amaka
  - I am brave Bioye etc
  - I am faithful Fatima
  - I am obedient Ogah
2. You can do this in various ways for example, in a sitting position or standing in a circle and demonstrating your names or making gestures while stepping back into the circle.

##### **Learning Points**

1. The exercise can serve as a reference point throughout the training session as participants will remember amusing adjectives.
2. This also establishes an atmosphere of informality and cordiality.



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

### **Purpose**

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

### **Tools: None**

**Materials:** Flipchart paper and marker pens.

**Duration:** 30 minutes

### **Participants' Tasks**

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

1. You will be divided into groups of about 6 people each and given a flipchart and a pen to write on.
2. Each group selects someone to record response.
3. You will be asked to express your hopes, fears, concerns or preconceived notion that you had concerning this training before getting there
4. The recorders/presenters present their group list to the entire group (at the plenary)

### **Learning Points**

This list should be preserved as it will be reviewed again during evaluation at the end of the training

## **3.2: Unit 1: Understanding Hygiene, Sanitation and Promotion**

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

### **Introduction**

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

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

**Tool:** Brainstorming in Buzz Groups

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

**Duration:** 1½ hours

### **Participants' Tasks**

1. The facilitator will start a discussion about hygiene and sanitation promotion
2. In order to get everyone's views about the concepts, you will be asked to pair up. Each pair will have 3 cards on which to write. The facilitator will give you instructions on how to write on cards.
3. You will be required to write your understanding for each of the concepts on the different cards.
4. The facilitator draws 3 columns "hygiene" "sanitation" and "promotion" on flipchart or wall paper.
5. You will then, in your different pairs, read out your cards and place them on the wall on the appropriate columns.
6. A volunteer will be asked to help group similar cards containing similar ideas.
7. You will then have a discussion about the ideas that were raised and through the groupings try to arrive at common understanding.

You will then be introduced to the six key issues of hygiene and sanitation promotion, namely:

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

### **Learning Points**

The concepts help you to gain a general overview and understanding of key terms and concepts that are commonly used in hygiene and sanitation.

### 3.3 Unit 2: Understanding How Behaviours Change

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

#### Introduction

Hygiene deals with behaviours, that is, what people do or practice. Developing new behaviours and practices takes time. What causes a person to start a new practice? You will be introduced to some three factors that influences behaviour change, namely:

1. **Individual's belief** in performing or not performing a certain behaviour



If we build a latrine then:

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

But we do not build and use a latrine

- Nuisance from flies
- Foul smells close to the house

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

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

#### Activity 1: How Behaviours Change

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

**Duration:** 30 to 60 minutes.

#### Participants' Task

1. The purpose of the exercise will be introduced. You will be asked to answer the following questions.

**Influence of other people**

- List at least 5 important people who can influence the decisions of men or women to own and use a latrine

**The individual's belief**

- What could be one reason for the individual to want a latrine? One reason for not wanting a latrine?

**Enabling factors**

- List at least one possible factor that makes it easy to build and use a latrine
- List at least 1 possible factor that make it difficult to build and use a latrine

Once you have all as individuals answered those questions, you will be asked to compare your answers and discuss your results in relation to your projects

**Learning Points**

- The importance of ensuring the presence of enabling factors is present for the uptake of any new behaviour. Significant people in the community and family should be convinced about the new behaviour. They should support it.
- Learn about the reasons for taking on a new practice. What positive results can the person expect from this new practice? Try to help people solve the problems related to new practices and behaviours.

### **3.4 Unit 3: How to Identify and prioritise Key Hygiene Behaviours**

#### **Objectives:**

At the end of this unit, you can identify and describe at least 2 key hygiene and sanitation practices that give the highest health benefits

#### **Activity 1: Identifying key hygiene practices**

There are many possible hygiene practices that can prevent illness.

#### **The purpose**

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

**Tools:** None

**Duration:** 3 hours

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

#### **Participants' Tasks**

1. After being introduced to the exercise, you will be asked to think about all the messages and practices in hygiene education and WASH activities. Each participant should tell one different hygiene or sanitation message told in communities. These will be written down as you mention them.

You will be given examples of such messages like: boil water, wash your hands, safe disposal of infants' faeces, among others.

2. You will then be asked to state what happens if 20 or 30 messages are used in hygiene education and promotion and the result of this in a community.
3. Your facilitator will lead a discussion on how to choose a few key messages based on the most risky practices (and the best practices).

#### **Learning Point**

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

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

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

**Tools:** Transect walk

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

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

### **Participants' Tasks**

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

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

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

### **Learning Points**

You can use this information as a baseline. The baseline shows indicators about the desired health practices.

### **Activity 3: Identifying key hygiene practices in Workshop (Alternative to Transect Walk)**

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

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

**Tools:** None

**Duration:** 30 to 60 minutes

**Materials:** Markers, Flip Chart papers

#### **Participants' Tasks**

1. In groups of two, you will be asked to think of 1 community that you are familiar with. You will list hygiene practices (behaviours) that need to be improved in those communities.
  2. A table format will be provided to you in which you will fill in the items in your list.
  3. You will then compare the results of the different pairs and then pick the key behaviours in the next exercises.
- 

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

#### **Purpose**

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

**Duration:** 30 to 60 minutes

**Materials:** Papers, markers,

#### **Participants' Tasks**

1. You will work in small groups of 2 to 3 people. You will be asked to think about a community that you know (or the same community from the last exercise). You will pick the 4 most important hygiene behaviours to be practiced in that community. You must decide if the practice is easy or difficult to do, and can give a high or low health advantage.

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



2. The groups show their answers. You will then discuss what this means for planning a hygiene education and promotion programme in these communities.

**Learning Point**

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

### 3.5 Unit 4: Developing Hygiene Messages

#### Objectives:

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

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

#### Introduction

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

#### Activity 1: Developing Messages

**Purpose:** participants will learn how to develop messages for segmented target audiences.

**Tools:** None

**Duration:** about 60 minutes

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

#### Participants' Tasks

- You will form groups of 2 or 3 people in each group separating the men from the women and refer to communities you have used in the earlier exercises.
- The groups of men write some possible benefits or problems that the men in the community could see from the hygiene practice they selected. The groups of women write some possible benefits or problems that women in the community could see from the hygiene practice they selected. From this, the small groups will make at least two messages that describe the benefits of adopting a behaviour.

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

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

- The results of each group will be compared and discussed.

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

### **Introduction:**

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

### **Purpose:**

- To examine current communication channels within the community.
- To identify communication channels preferred by the community.

**Tool:** 3 Pile Sorting – Communication Mechanisms

**Duration:** 2 hours

### **Materials:**

Set of pictures on communication channels e.g radio, TV, Newspaper, face to face, morning criers

### **Participants' Tasks**

The facilitator will introduce the topic of communication to you. The topic will include a discussion about how people receive messages and how they prefer to get information.

1. You will be divided into groups of 10 – 15 and given a set of pictures.
2. You will then be asked to look at all the pictures and then put all those which you think are good according to their reliability to reach you quickly and deliver the correct message into one pile and those which you think are bad into another pile. If there are some pictures, which you feel are in-between, you can place them in-between. Any pictures you do not understand you can place to one side.
3. You should then report back on your findings, explaining why you think the pictures are good, bad or in between.
4. The facilitator will then lead a discussion on the following issues if not been covered in the previous steps.
  - Where did you last receive any information on hygiene and sanitation?
  - How often do you receive information from this source?
    - Who gave you that message?
    - How did you receive the information?
    - How would you like to receive information?

- What is most important – who gives the message, the way the message is given or where the message is given?
- What is the last message you received?
- If there is need to give you some information what suggestions would you make?

### Activity 3: How to communicate Messages

#### Purpose:

To plan where and how to communicate messages. It leads the way toward making a hygiene promotion and education plan.

**Duration:** about 60 minutes

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

#### Participants' Tasks

##### Step 1

You will be asked as individuals or in the large group to list the different types of communication and mobilization activities for individuals and the important people around those individuals

##### Step 2

You will be asked to make a long list of where messages can be delivered.

##### Step 3

You will then select a message out of those developed in an earlier activity. Working in a small group you should then complete the table below.

**Table for Exercise**

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

## 3.6 Unit 5: Developing an Action Plan

### Objective:

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

### Introduction

In this set of exercises, you can develop a plan to carry out a hygiene and sanitation promotion strategy. There are 5 strategies to choose from:

- **TRAINING:** Hold a training course for extension workers using these training materials
- **SANITATION:** Plan an intensive sanitation programme as part of a WASH Project
- **CAMPAIGN:** Plan a short hygiene promotion campaign
- **INFUSE MESSAGE:** Plan to make hygiene or sanitation messages part of on-going WASH work at all levels
- **SCHOOLS WASH:** Plan a school water, sanitation and hygiene education programme as an entry point to the community.

**Duration:** About 3 hours

### Participants' Tasks

1. The facilitator will explain what each option means, divide you into five groups and ask each group to select one of these and prepare a plan for it. A group must work on each of the plans. Each group will then present its report in plenary. Directions for each option are shown here below:

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

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

The purpose is to try out these training materials, or parts of them. These materials can be used for training workers in your zone, state, NGOs or other institutions. In trying them out, you can also improve and adapt the materials.

### Participants' Tasks:

Make a plan that shows:

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

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

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

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

To make the plan, please follow the steps below:

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

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

A campaign is short, intensive and focuses on only 1 or 2 hygiene behaviours. It mobilizes many people and groups over a period of one to three months. Repeated campaigns for hygiene and sanitation can be a very useful strategy. Some programmes link campaigns to other issues (**example: stop cholera!**). Some campaigns are held at the same time as special celebrations.

### **To prepare the work plan:**

1. Purpose of the campaign, expected outcomes, target audiences. Check to make certain that you are reaching those you want to reach in the campaign. Think about poorer families, women, children and different ethnic groups. Remember the important roles of women in hygiene and also the fact that men should understand and support these roles.
2. Select the LGA, district or communities. State when a campaign might be held
3. State the results expected by the end of the programme. The work can be evaluated using these planned results
4. What organization is responsible overall? List some other organizations or groups that will be involved
5. Divide the work plan into 3 parts: preparation, campaign activities, follow-up

6. For each part, list the activities in the work plan format below. Do not forget to include an item in the plan about developing positive and attractive messages. There are many possible activities such as: traditional theatre, song contests, school parades, exhibitions, actions in markets, radio, church/mosque activities, competitions, meetings, workshops. The activities should reach everyone
7. Who is responsible for each main activity?
8. What materials and equipment are needed?
9. Any other inputs needed (by whom)?

### Example of Work plan Format

IMPLEMENTATION PLAN FOR HYGIENE CAMPAIGN				
Implementation steps	Where? For what target group?	Responsible	Materials	Other inputs needed? From whom?
1..sensitization of stakeholders	Community, traditional ruler, Religious leaders	L.G.A Unit	Logistics	
2.				
3. and so on				

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

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

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

### To prepare the work plan:

1. Select the State and LGAs
2. List the hygiene or sanitation issues and possible messages. Remember that these should include positive, short, attractive messages. Not more than 3 issues.
3. What organization is responsible overall?
4. Who does the orientation and advocacy?

5. Who are the target groups (such as engineers, masons, education officers and so on)? Is there any way to monitor some of them to find out if you have been successful in motivating them to say key hygiene or sanitation messages?
6. List the major activities using the work plan format below
7. What inputs are needed?

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

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

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

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

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

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

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

Before Construction	During Period of Construction	After Construction	Inputs
Form planning group with WASH, Community Development, Information and education personnel at LGA or district level	Construction: works, quality, costs  Train teachers/head teachers on use, repair and maintenance of latrines	Follow up visits, supervision, support for school activities	Provide transport for community visits  Provide financial inputs and construction materials

Add a budget if you wish.

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



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

### **3.7 Unit 6: Programme Management**

#### **Objectives:**

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

#### **Introduction**

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

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

**Purpose:** To enable participants identify roles for institutions' in hygiene and sanitation programme implementation.

Tools: None

Duration: 3 hours

Materials: Marker, paper, flip chart, etc.

#### **Participants' Tasks:**

1. The facilitator will explain how the roles (work) of institutions and community groups in water programmes are different from hygiene promotion and sanitation programmes. For example, sanitation needs a lot more time and effort than water programmes to motivate people and to create demand. For this, many local groups and institutions can be involved in sanitation.
2. You will be asked to select one of these three programmes:
  - hygiene promotion
  - sanitation (construction and use of household latrine) or
  - school water, sanitation and hygiene education
3. You can form small groups and plan institutional roles in that programme. The tables or modifications as outlined below will help you in this:
4. Focusing on a group of communities, you will be asked to describe the roles that can be carried out and complete the table below for your topic.

## Hygiene Programme

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

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

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

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

Sanitation Activities	Who is Responsible?	Other Groups/organizations who help carry out this activity
Identify community groups, individuals or other groups to work with		
Sensitize or train and plan with each group. Organize groups		
Activities to inform and create demand for latrines that are carried out: <ul style="list-style-type: none"> <li>▪ For individuals such as households visits</li> <li>▪ Groups such as meetings, participatory activities</li> <li>▪ Mass activities for large part of community</li> </ul>		
Education on construction, use and maintenance of latrines		
Construction, control or materials and quality of construction		
Follow up activities after construction to support on use and maintenance of latrines		

## School Water, Sanitation and Hygiene Education

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

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

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

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

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

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

### **Introduction**

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

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

## **4.1 Introduction and Climate Setting**

### **Objectives**

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

#### **4.1.1 Ice Breaking and Familiarising**

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

#### **Activity1: First name Introduction**

##### **Purpose**

- By the end of the exercise, each of the participants will have interacted with at least half the total number of those in session
- By the end of this exercise, participants will be able to recognize fellow trainees by first names
- To enable participants recognize fellow trainees by first names

**Materials:** None

**Duration:** 5-10 minutes

### **Participants' Tasks**

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

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

2. You can do this in various ways for example, in a sitting position or standing in a circle and demonstrating your names or making gestures while stepping back into the circle.

### **Learning Points**

1. The exercise can serve as a reference point throughout the training session as participants will remember amusing adjectives.
2. This also establishes an atmosphere of informality and cordiality.

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

### **Purpose**

- By the end of the exercise you should be able to list their fears, hopes and expectations from the training.
- By the end of the exercise, participants would be able to reduce their fears and misconceptions

**Tools: None**

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

**Duration:** 30 minutes

### **Participants' Tasks**

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

1. You will be divided into groups of about 6 people each and given a flipchart and a pen to write on.
2. Each group selects someone to record response.
3. You will be asked to express your hopes, fears, concerns or preconceived notion that you had concerning this training before getting there
4. The recorders/presenters present their group list to the entire group (at the plenary)

**Learning Points**

This list should be preserved as it will be reviewed again during evaluation at the end of the training

## **4.2 Unit 1: Problem Identification**

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

### **Introduction**

This Unit has two activities:

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

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

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

### **Introduction**

A community map is a simple sketch which presents information in an easily understandable visual form. It is a very powerful and effective tool which is used to help people to explain their community situation, identify problems and available resources.

**Tool:** Community Mapping

**Duration:** 3 hours

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





**Community Map of Fadan Fobur Village as drawn by the youth**

### **Participants' Tasks:**

- The facilitator will introduce the task and give the group materials to work
- The group select a suitable place to draw a Community Map
- You will be asked to make a map which is a representation of your community
- You will then take other members of the group on a tour of your map including the topography, demographics, aspects of the lives of the people, those things that people are proud of and those they see as problems.
- Based on the maps and how you have all described your communities, you then have a discussion on specific issues, such as Water, Sanitation and Hygiene with particular concerns of women, children and vulnerable group.
- You will be discussing how the information from the map can be used for further planning.
- You will be asked to leave a copy of the map in the community and make a copy for use in your LGA.

### **Learning Points**

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

- Considering different ways to overcome problems
- Setting goals
- Developing plans to introduce changes into the community
- Monitoring and evaluating its progress
- Documenting process, outcome, lessons learnt, weaknesses, etc

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

### Purpose

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

### Introduction

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

**Tool:** Role Play: Nurse Omenka

**Duration:** 30 minutes

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

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

### Participants, Task

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

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

### Learning Points

Based on the outcomes of the role-play a discussion will be held to identify what water and sanitation-related diseases are present in the community and explore how health practitioners in the community treat these identified diseases.

## **4.3 Unit 2: Problem Analysis**

### **Objectives:**

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

### **Introduction**

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

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

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

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

#### **Purpose**

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

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

**Duration:** 1 hour

#### **Materials**

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

#### **Participants' Tasks**

- The facilitator will explain the purpose of the Hypothetical Flow Chart/F- Diagram/ 3-Pile Sorting that uses the WHY and WHAT tools as a guide.
- Each WHY question is expected to generate answers and these may reveal the next question until the roots of issues/diseases are arrived at.
- The process will be documented as Flow Chart/F- Diagram/ 3-Pile Sorting that could easily be followed by participants.

## **Learning Point**

The following key issues should be the focal guiding principles.

- Drinking water source
- Storage and collection at home,
- Defecation practices including children
- Hand washing after defecation and before handling food
- Cleaning of child anus after passing stool

## Activity 2: Investigating Community Practices.

### Purpose

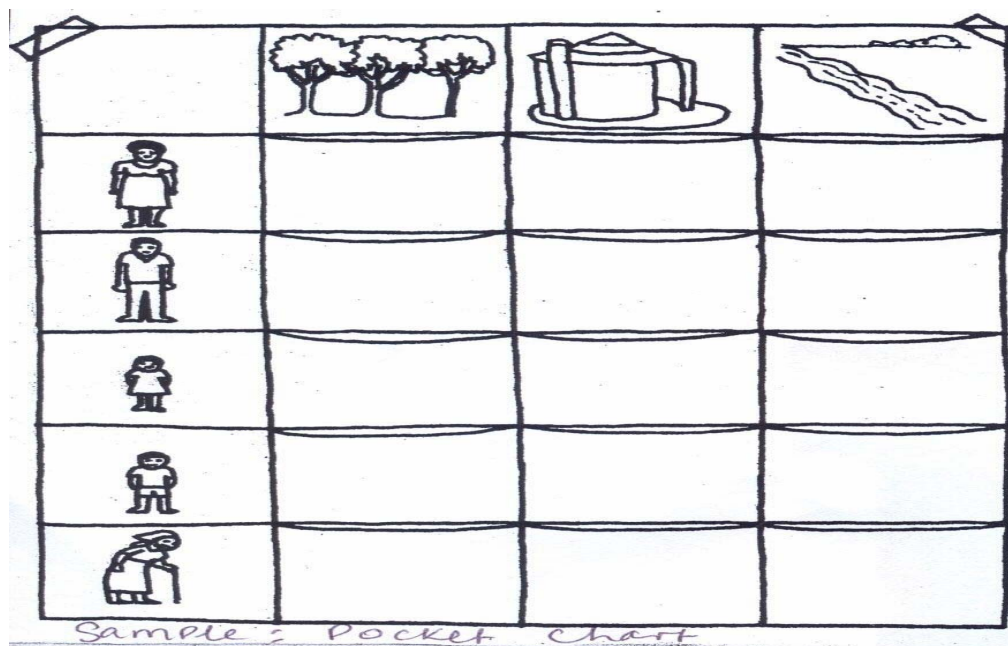
- To assist the participants relate these risk practices to their own behaviour.
- To enable the group put some values to the risk practices it has come up with for the purpose of future evaluation.

**Tool:** Pocket Chart

**Duration:** 1-2 hours

### Materials

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



### Participants' Tasks

- You will be asked to decide on symbols/agree on the poster that depicts risk practices you have identified. Some examples are;
  - Grass to depict open defecation
  - Wood to depict traditional latrines
  - Vent pipes stub or piece of brick to depict VIP
  - Empty space to reflect lack of hand washing
  - Water in a calabash for hand washing only
  - Water and ash
  - Water and soap

- A calabash for fixed cup for collection of water from pot
  - Long- handle dipper
  - Tap and so on.
- The voting plate will be explained to you and how it is used to collect information confidentially on what people are actually doing.
- You will be asked to identify which behaviours or risk practices you would like to know more about.
- After all have voted a volunteer will count the votes and display the results.
- The group will then discuss the results, for instance:
  - Which options are the most (least) commonly used? Why?
  - What other options do people favour? Why?
  - What environmental factors influence people's choice?
  - What could be changed?
  - What changes in behaviour would the group consider desirable or beneficial?
  - How could these changes be carried through in the larger community?

### **Learning Point**

- When this tool is being used, each chart should deal with a set of given practice e.g. adult defecation, child's defecation, hand washing after defecation, hand washing before food handling, hand washing after cleaning child's faeces etc. to make it easier to comprehend.
- The results and symbols will be transferred to paper and displayed in a conspicuous place in the community.

### **Activity 3: Good and Bad Hygiene Behaviours**

#### **Purpose**

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

#### **Introduction:**

This activity helps to introduce the concept by relating it to practices carried out by the community and which in their own opinion would be considered to be promoting health or promoting the spread of diseases that they mentioned in Unit 1.

**Duration:** 1 – 1½ hours

**Tool:** Three Pile Sorting , VIPP Cards

#### **Materials**

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

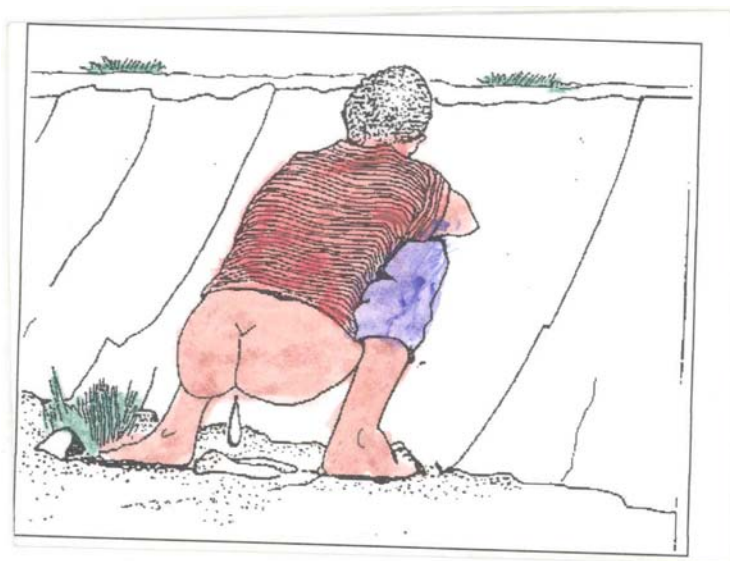
#### **Participants’ Tasks**

1. The facilitator will introduce the topic by starting a discussion about household water usage especially in relation to how the community collects water from the source, transports, stores and utilizes the water at home. After the group has sufficiently brainstormed about these practices
2. You will be asked to think of practices that communities have in Hygiene and Sanitation especially how they handle children’s faeces, where they defecate, how they dispose of their waste (solid and water) and so on.
3. You will be divided into groups of 5 – 8 people and given sample drawings showing some of the practices you have mentioned regarding handling of water and sanitation practices. After you have studied them sufficiently, you would be asked to sort them in your own opinion according to what you consider to be;

- **Good practice, therefore worth promoting,**



- **Bad practice and therefore need improvement or stopped**



- In between or what they are not too sure about.



4. After 20 – 30 minutes, each group will explain to the other participants its selection and why it made these choices.
5. You will then be asked to consider and discuss the common behaviours in your own community and consider whether these behaviours are similar to any of the “good” and “bad” practices identified.
6. You will need to keep a record of the activity by displaying the three pile sorting drawings.

**Learning Point**

This exercise is likely to help you start a discussion about how to overcoming the bad practices identified in your community.

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

### **Purpose**

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

### **Introduction**

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

**Duration:** 1 – 2 hours

### **Tool: Faeco- Oral Routes of Transmission**

#### **Materials**

- Talcum or any other form of powder e.g. chalk powder and banana or any other fruit like mango, oranges

#### **Exercise 1: Role play**

#### **Participants' Tasks**

1. You will be asked to be in a group. The group will be asked to sit in a circle if possible. The person at the beginning of the circle should dust white talcum powder on hands generously after which he/she partly peels a banana. The banana is then passed from person to person till the last person in the circle. The facilitator asks the group to check their hands for residue of talcum powder and explains that this is the way in which faeces are passed from person to person.

#### **Exercise 2: Group Work**

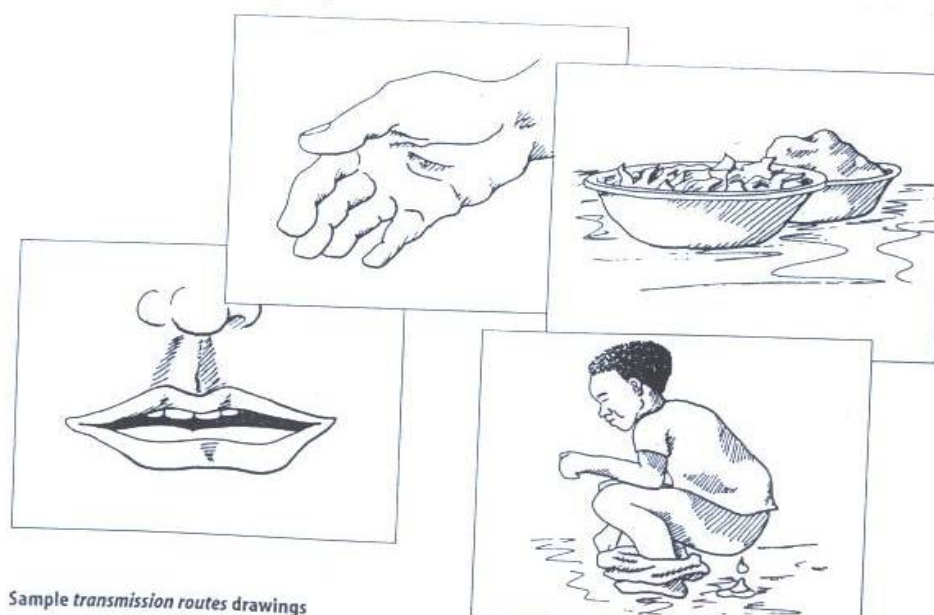
**Tool:** Faeco- Oral Routes of Transmission

**Duration:** 2 hours

#### **Materials**

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

- A sculptured human head called Mr. Odeh (local names will be used)
- Food
- Fly
- Faeces
- Fluid
- Field
- Finger



### **Participants' Tasks**

1. The facilitator will display the models for the faecal- oral disease transmission routes and explain the exercise and its purpose.
2. You will be asked to identify each of the models. You will be told the story of Mr Odeh and his family. The family has health problems which the community/WASHCOM is capable of solving.
3. The problems are as follows: Mr Odeh and his family always have stomach upset (epwo ochichi/epwo odada) especially during the early rains and when there is acute scarcity of water. Mr Odeh thinks that the causes are associated with the models displayed.
4. Mr. Odeh's little child is also currently having diarrhoea, which foams, swollen and itchy gum, because he puts every thing he can lay his hand on into his mouth. Mrs Odeh doesn't see it as a problem as it is seen as a normal sign of teething.
5. You will discuss how you think the models are associated with Mr Odeh's problems. When you have finished, you will have to relate the problems to the situation in your community as follows:

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

- Using the models, the facilitator will explain to the participants that Mr. Odeh with his family and every member of his community defecate in the bush. The younger children defecate in and around the compounds. Any time they defecate in front of the house, the older children or Mrs. Odeh will pack the faeces and throw it into the refuse dump behind the house.

- 
- A man in a light-colored shirt is pointing at a wall covered with various drawings. The drawings include a hand, a face, a person, and other figures. A blue container is visible in the foreground.

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## **B. Water Source**

- You will list the major sources of water in your community e.g. a stream and relate this to Mr. Odeh who collects water from the same source.
- The facilitator will make a sketch of a stream with trees and grasses around it on the ground using sand, some vegetation and other symbols as would depict a typical community water source. These will be related to the family of Mr. Odeh and her family who fetch water from that source and defecates in the bushes around the stream. This will be related to your community and describe what happens to the faeces when it rains and its link with faeco- oral diseases such as diarrhoea, cholera, typhoid.
- You will then explore what would happen to other unsafe sources of water e.g. ponds, open wells and the use of rope and bucket which may be contaminated with faeces and thereby contaminate the water in the well.

## **Water Transportation**

- A discussion will be started on whose role or who has the responsibility to collect water in your various homes. You will be asked to describe how water is collected, stored and utilized at home.
- This will be related to the Story of Mr. and Mrs Odeh. The discussion will revolve around the domestic animals kept in the households/community and how they could come into contact with faeces and contaminate kitchen utensils. Similarly you will discuss how flies, animals, use of dirty containers, scooping cups/bowls, etc could contaminate water left uncovered at home.

## **Handling Water at Home**

- The Story of Mr. Odeh's family continues as follows: In this house, the family drinking water is stored in the pot. An old plate is used to cover the pot and metal cup is kept on top of the pot for the whole family to use in collecting and drinking water. Whenever anyone is collecting water, the fingers touch the water inside the pot and the person also leaves the thumb in the cup filled with water. A volunteer could demonstrate this. Mrs. Odeh found out that the little children always leave the pot open and sometimes the cup falls into the water pot while they are trying to collect water.
- This story will be related to your communities and explore ways of handling drinking water at home. This will also be related to the fact that when people do not wash hands after defecating, touching sand and handling children's faeces and proceed to handle drinking water. This practice may transfer the faeces into the drinking water and may result in any of the faeco -oral diseases such as diarrhoea, cholera,

## **Food Handling and Feeding Practices**

- Mrs. Odeh had just finished preparing the child weaning food when the child defecated. She packed the faeces with leaves and threw it at the open refuse dump behind the house. She washed the child's buttocks with water and did not wash her own hands. She cleaned off the water on her hands on her wrapper and started feeding the child immediately

- Mr. Odeh on the other hand while in the farm puts yam in the fire to roast while he goes to defecate. He comes back scrapes off charcoal from the back of yam, cut it and places it on leaves to cool, he resumes working and only comes back to eat the yam when it has cooled down a little. Before eating, he cleans his hand on his head, as his trousers are so dirty. He never washes his hand before eating in the farm especially if it is roasted yam.
- You will try to relate this to the practices in your communities concerning eating habits especially as regards hand washing before eating. A volunteer could demonstrate how he/she washes hands before eating food. The facilitator will help you to describe how you could get into contact with faeces and then get into food.

## 4.4 Unit 3: Planning For Solutions

### Objectives:

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

### Introduction:

This Unit has three major activities

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

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

### Activity 1: Blocking the problem: Breaking the disease transmission routes:

#### Purpose

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

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

**Duration:** 2 hours

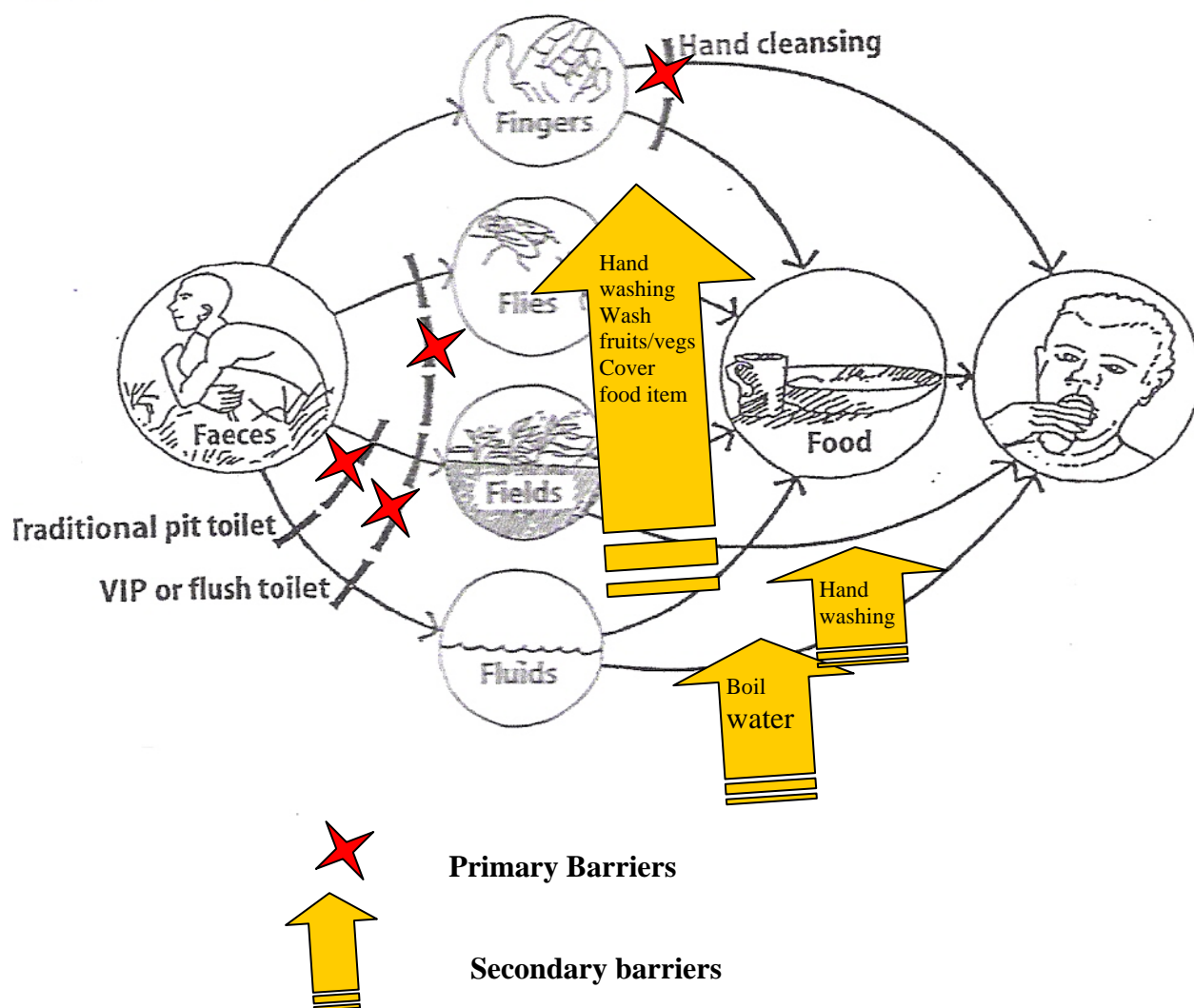
#### Materials

- Models from previous activity
- Masking tape

#### Participants' Tasks

- You will revisit the story of Mr. Odeh and his family and how grateful he is that WASHCOM/Community has helped him identify his problems. Mr. Odeh would now like them to suggest ways through which he could solve his problems and to stop further occurrence. He encourages them that finding solutions to his problems will also be finding solutions to their own problems.

- The facilitator will pose this question to you: what could be done to break the various disease transmission routes, which you have earlier pointed out.



### Water Source

- You will be asked to make suggestions on what could be done to make sure that Odeh and your communities collect drinking water from a safe water source.
- For each water source you come up with, you will discuss why and how you think it is a safe source.
- The facilitator will then display a poster of a hand-dug well (covered) with a hand pump and a volunteer will briefly explain what he/she thinks is happening. A description of how the hand pump works will be made and how it can protect the rope and bucket from being contaminated with faeces.



### **Water Transportation**

- You will relate the protected water source to Mr. Odeh' family as well as your community. You will now make suggestions how to stop the animals and houseflies from contaminating the water. You will be encouraged to come up with realistic solutions, for example, pouring water into the drinking water pot immediately the collectors come back from the water source so that the animals will not have access to the water and collecting water in clean and covered containers.

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

- You will also be asked to come up with suggestions on how best drinking water could be stored to prevent contamination including ensuring that people's hands do not come in contact with the water while collecting water from the pot, and how to collect drinking water without using cup so that the issue of cup falling into the pot will be avoided, among others.
- All your options will be listed down using agreed materials that are understood by all the participants. Different water options will be discussed including "tap-on-pot/plastic bucket" concept if not already in their selected options.
- These water options will be displayed as well as how they work. One of you can demonstrate.

### **Defecation Practices**

- The next problem to address will be safe excreta disposal to ensure safety of water sources and prevention of faeco-oral disease transmission. You will be asked to suggest what to do with domestic animals and flies using agreed material to represent options you select. One of the options may be sanitary latrine and its importance will be elaborated upon.
- In the discussion about the use of the latrine, you will be asked to define who uses the latrine and what happens to children and other people who cannot use the pit latrine.
- You will also discuss how to stop the children and other people from continuing with open defecation and what process you would use to introduce latrines to them.

### **Hand Washing**

- Mr. Odeh and his family now drink from a protected source, transport, store and handle water properly, use latrines properly and wash their hands immediately after defecating and before handling food.
- After doing all the things that the community/WASHCOM members suggested, Mr. Odeh and his family still have problems, which may be connected to their hygiene practices.

- Two volunteers will be asked to come out for demonstration of hand washing by using a little engine or palm oil on their palms and rubbing them.
- The first volunteer will be asked to wash hands the way all the participants choose as the best way and the second volunteer will be asked to wash hands with soap.
- A discussion will then continue on the differences in the cleanliness of the hands of the two volunteers. The facilitator will link the kind of stain the oil leaves on the hands with the kind of dirt faeces leaves on the palm though may be invisible.
- Relating this discussion with Mr. Odeh' problem, you will discuss what his family can do if his family cannot afford soap, for example use of ash in place of soap which is accessible (widely available) and affordable.
- To ensure that everyone washes hands in the family, you will be encouraged to come up with suggestions including the use of locally available containers; one to store water in front of the latrine, containers for hand washing and a smaller one to serve as ash container.

### **Learning Points**

- This tool will help to bring out monitoring and evaluation systems and a strong emphasis placed on management of child stools and hand washing.

## **Activity 2: Choosing Hygiene Improvements**

### **Purpose:**

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

**Tool:** Story with a Gap

**Duration:** 1 Hour

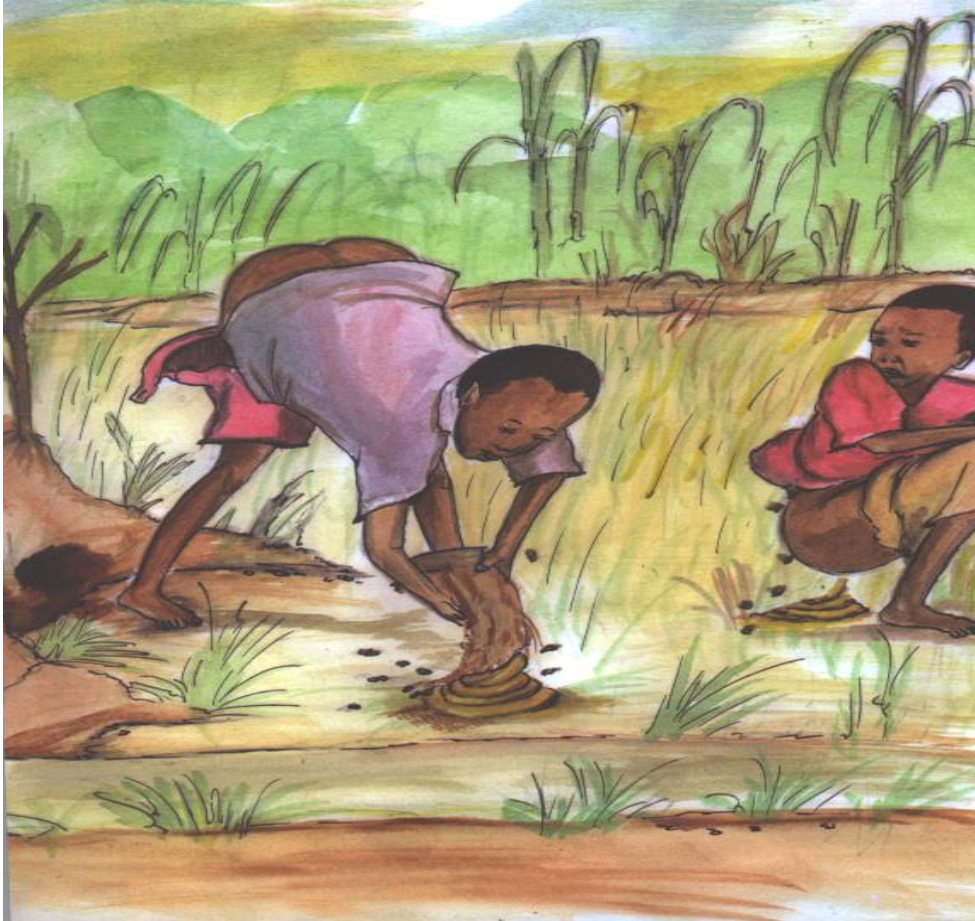
### **Material**

Posters showing the following:

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

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

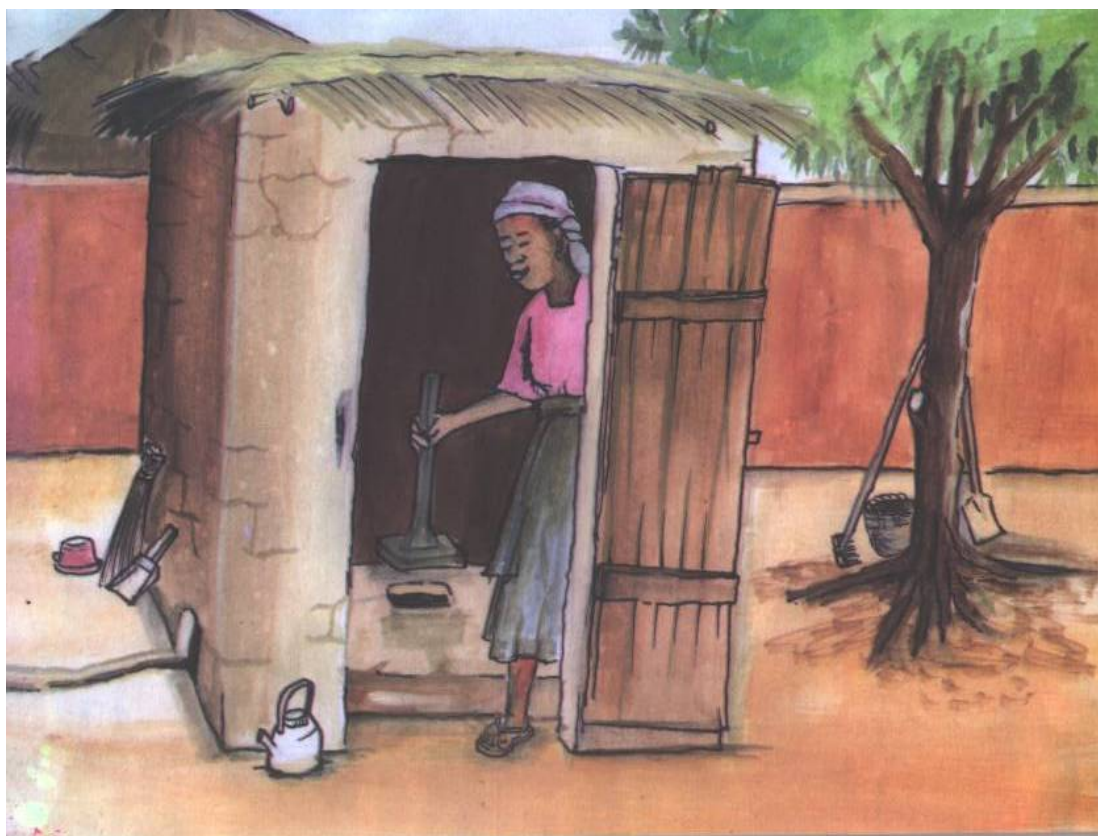
### **Example of a Poster showing open defecation**



#### **Participants' Tasks**

1. You will be divided into groups of 5 -8 persons, men and women in separate groups
2. You will then be shown the poster of the “before” situation in a community and asked to identify and describe everything that is wrong in the poster
3. As you do this, you will be given reasons why you think the situation went that way
4. You will then be shown the poster of the “after” situation of the same community and asked to describe the improvements that have been recorded. You could also develop a story about the before implementation and after and the steps that the community could have taken to change from the first situation to the better situation.
5. You can then discuss if the situation has happened in your communities and who is responsible for the activities to attain the desired goals and the benefits of an improved situation.

### **Example of an improved Pit Latrine**



### **Learning Points**

This exercise starts the group to thinking about planning steps

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

#### **Purpose**

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

#### **Introduction**

The facilitator will introduce the concept of social marketing and explore social marketing tools and communication channels available for community use.

**Tool:** Story Telling

**Duration:** 1 hour

#### **Materials**

- Recording tape messages containing benefit messages of behaviour change.

#### **Participants' Tasks**

- The facilitator will narrate the story of Ivioghe, a village in a far away land. They had a very special visitor one August morning that had come to stay with them for a week. In the town, there were two big men, one had a latrine completed with a place to wash hands and the wife of the house used potty in managing their child defecation and they wash hands immediately after cleaning their child bottom and cooking. The other big man had no such things even though his house was the bigger of the two. He and his family used the nearby bush while the younger children do it around the house. The community had to decide where the big man would stay. But in order not to bias the result they asked me to kindly request that you help them decide.
- You will now be asked to discuss amongst yourselves and decide reasons for your choice. You will then share your results with others.
- The process of social marketing behavioural trials will be presented by the facilitator and play back some recorded messages from safe practitioners who have tried out the replacement practices.

You will finally be asked to simulate how you would apply those messages in their communities.

#### **Learning Point**

This helps the participants to start discovering suitable ways of marketing the new messages in locally suitable channel

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

**Objective:** At the end of this unit, you should be able to list the steps in planning for behaviour change.

### **Introduction**

This Unit has three activities

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

### **Activity 1: Planning for change**

#### **Purpose**

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

**Tool:** Planning posters

3- Pile Sorting

Sanitation Ladder

Water Ladder

#### **Materials**

- PRESENT and FUTURE sanitation options.
- Selected hygiene options.
- Masking tape.

**Duration:** 2 hours

#### **Participants' Task**

- You will work in two groups.
- The sanitation and other selected hygiene options will be pasted on the walls with markings of where the communities are presently and where they would want to be in the future.
- In the groups, you will be asked if you agree that was the point where your communities were and where they would like to be in the future.
- Each group should brainstorm on whom they would have to deal with to carry out the desired change on each selected option.
- For instance, for construction and use of a VIP latrine:
  - The householder may be responsible for digging the pit and buying the slab materials and paying for casting it.

- The WASHCOMs for making slab
- Women for carrying it.
- The householder for building superstructure and providing calabash for hand washing.
- The women for providing calabash, making sure water and ash are always there and keeping the latrines clean.

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

- Each group will also discuss the best mix of promotional approach to apply to each group bearing in mind the communication channel they would use. The groups should also decide how often to carry out the promotion.
- Your groups will be asked to work out planning posters using agreed symbols to depict each step and then share your work with each other.
- Finally you will discuss how to arrive at a common plan covering
  - The similarities and differences between the target group and promotion approach chosen by each group.
  - What difficulties you might face to carry out these steps.
  - The amount of time necessary to carry out the plan.
- Each group will have to agree on how each of these groups identified would be reached, what particular approach would be used in promoting the planned change in each group and what communication channel to work through. The need for each of such groups to set its action plan within the framework set by the WASHCOM will be explained.

### **Learning Point**

The exercise helps participants to also discuss resources needed to carry out the plan and the need for both individual and community to set priority

## **Activity 2: Task Allocation**

### **Purpose:**

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

**Tool:** Task Allocation

**Duration:** 1 hour

### **Materials:**

Planning posters, pen and paper

### **Participants' Tasks:**

- You will work together in one large group.
- The planning and other selected options will be put on the wall in one straight row in the order you agreed to.
- Your task will be to decide who should carry out each of these steps by placing their names against the step taking care to include both men and women in the tasks.
- When the tasks have been allocated you will discuss and agree on who should coordinate each of the steps and write this over the poster and complete the rest of the action plan including the time frame
- You will then have a discussion on:
  - The importance of ensuring that those things are done on time.
  - How to check that people are doing what they are responsible for.
  - What to do if tasks are not carried out.

### **Learning Point**

This task also may emphasize on the importance of allocating tasks according to quality that one might look for in a person selected for a particular task.



### **Activity 3: Identifying What Might Go Wrong**

#### **Purpose**

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

**Tool:** Problem Box

**Duration:** 1 hour

#### **Materials**

- Writing material, cards, a bowl

#### **Participants' Tasks**

- Your task will be to write on a slip of paper a problem you think might arise. This could be in form of drawing or written word or just some marks which when presented the person would then elaborate on the problem.
- A group member will collect all these questions in a bowl, which now becomes the problem box.
- This will be passed round and each participant will pick a question and answer it. If you pick your own question you will be asked to return it and pick another.
- You will all be expected to answer the question that you pick from the problem box and if you cant answer it, you will be asked to pass it on to the group members

#### **Learning Point**

This helps the group to respond to each others concerns in a team spirit

## **4.6 Unit 5: Planning for Monitoring and Evaluation**

### **Objective:**

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

### **Introduction**

This Unit has two activities:

- **Preparing to check our Progress**
- **Participatory Evaluation**

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

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

### **Activity 1: Preparing To Check Our Progress**

#### **Purpose**

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

**Tool:** Monitoring Chart & Community map

**Duration:** 1-2 hours

#### **Materials**

- Monitoring chart.
- Sanitation option.
- Community Map
- Other hygiene options.
- Blocking the faecal-oral routes of transmission

- Story with a gap
- Pen and paper.

### **Participants' Tasks**

- You will be asked to review the action plan that you made earlier.
- You will then be introduced to a monitoring chart.

### **Sample of a monitoring chart**

ISSUE TO BE MONITORED	MEASURABLE INDICATOR	HOW TO COLLECT	WHO COLLECTS	ACTION TAKEN	PERIOD/ DATE

- Your task now will be to critically examine the action plan and decide how many activities you think you can achieve.
- You will then be introduced to indicators for measuring progress, who should be responsible for measuring progress as well as how to involve other members of the community in checking progress and achievement of action plan.
- You will finally be asked to set a date for evaluation.

### **Learning Point**

Monitoring tools are easy ways for monitoring progress

## **Activity 2: Participatory Evaluation**

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

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

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

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

### **Purpose:**

- To see if objectives have been met

### **Tool: Monitoring Chart**

### **Duration: 2 hours**

**Materials:** Pens and paper

**Participants' Tasks**

1. You will start by looking at the monitoring chart to review the objectives you set. You will then compare these objectives with what has been achieved since you started implementation. The group might want to make a record of the differences between what was planned and what has been achieved.
2. Once the comparison has been made, you will discuss what has been successful and any problems that you might have encountered
3. You will record (in drawings or words) these problems and sort them into:
  - Problems the community can deal with by itself
  - Problems you do not fully understand
  - Problems the community cannot solve by itself
4. These will be stuck on a wall and then you will decide:
  - For the problems you can deal with: what action would you take
  - For the problems you do not understand: how and when you will get more information and whose responsibility it will be
  - For the problems you can't solve: how you will get outside help to overcome these problems.

**Learning Points:**

- The exercise helps you to understand how to do an evaluation of your projects and how to deal with problems that may arise.

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

### **Purpose:**

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

**Duration:** 1 – 2 hours

**Materials:** None

### **Participants' Task**

1. This activity can be carried out in groups of 4-8 people. Invited guests can be given the opportunity to join any of the groups
2. You will be given the task to prepare and do a socio-drama as follows:  
*“Working together, choose one part of the project and make up a short 10 minute story about it. Each group will tell different parts of the story. You can do this in any way you like, using whatever you think you need to tell the story in an entertaining way. Your short play should not take longer than 10 minutes to perform. You have 30 minutes to prepare and rehearse your activity”.*
3. When you are ready, you will perform the socio-dramas.
4. After the socio-dramas have been presented, you may wish to discuss any particularly significant events that were not performed.

### **Learning Point**

1. This activity is designed to be enjoyable and to create an interesting way of summarizing what your group has experienced and felt during the course of the project.
2. Taking time to celebrate success is very important. Positive results increase the group's faith in itself and inspire it to continue working for change. Discussing problems can have the same effect because it shows that solving these is within the group's power.

## **4.7 Unit 6: Planning a Field Visit**

### **Objectives:**

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

**Duration:** 2 days

### **Methodology/Process**

- Field Visit
- Analysis in the classroom

### **Materials**

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

### **Handouts**

- Information about the community/s to be visited

### **Note: Preparation**

The purpose of the field visit is to practice some of the tools that participants will have learnt. The actual programme will depend on the distance to be travelled for the visit, the size of the local community and the extent of their cooperation with the organizers of the training event. The participants may have to be divided into small groups so that each group practice some selected tools different from other groups. This will also help them work more efficiently and to reduce inconveniences to the community. The communities should be contacted well in advance to fix the date and timing of the visit and to ensure that the local committee and some users will be ready to receive the participants. The community should be fully briefed on the visit and its objectives and given details of the programme that will be followed.

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

### **Analysis of the field results.**

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

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

### **Objectives:**

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

- describe the process of developing a micro-plan for WASH in School programme
- demonstrate at least 3 ways of working with children
- list at least 5 steps in the development of a WASH in School programme strategy

### **Introduction:**

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



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



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

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

**See Further Information in Appendix 2**

## **5.1 Introduction and Climate Setting**

### **Objectives**

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

#### **5.1.1 Ice Breaking and Familiarising**

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

#### **Activity1: First name Introduction**

##### **Purpose**

- By the end of the exercise, each of the participants will have interacted with at least half the total number of those in session
- By the end of this exercise, participants will be able to recognize fellow trainees by first names
- To enable participants recognize fellow trainees by first names

**Materials:** None

**Duration:** 5-10 minutes

##### **Participants' Tasks**

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

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

2. You can do this in various ways for example, in a sitting position or standing in a circle and demonstrating your names or making gestures while stepping back into the circle.

##### **Learning Points**

1. The exercise can serve as a reference point throughout the training session as participants will remember amusing adjectives.
2. This also establishes an atmosphere of informality and cordiality.

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

### **Purpose**

- By the end of the exercise you should be able to list their fears, hopes and expectations from the training.
- By the end of the exercise, participants would be able to reduce their fears and misconceptions

**Tools:** None

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

**Duration:** 30 minutes

### **Participants' Tasks**

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

5. You will be divided into groups of about 6 people each and given a flipchart and a pen to write on.
6. Each group selects someone to record response.
7. You will be asked to express your hopes, fears, concerns or preconceived notion that you had concerning this training before getting there
8. The recorders/presenters present their group list to the entire group (at the plenary)

### **Learning Points**

This list should be preserved as it will be reviewed again during evaluation at the end of the training

## **5.2 Unit 1: Starting - up and Social Mobilisation**

### **Objectives:**

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

- define social mobilization.
- mention and describe at least two methods they can use in social mobilisation
- List 4 processes involved in social mobilization
- demonstrate the use of community mobilisation by developing a social mobilisation plan

### **Introduction:**

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

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

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

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

**Duration:** 1 hour

**Materials:** poster paper, pens

### **Participants' Tasks:**

1. The facilitator will introduce the topic of social mobilisation and then you are asked to share your experiences in social mobilisation.
2. You will then form small groups.
3. Each of the groups will be asked to develop a list of activities that could be used to promote hygiene education and social mobilisation in schools

The following is an example of such a plan

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

4. One participant per group will be asked to report back to everyone on their results and the reasons behind their choices

## 5.3 Unit 2: Conducting a Baseline Survey

### Objectives:

At the end of this unit, you should be able to demonstrate the use of a checklist to conduct a simple baseline survey.

### Introduction

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

### Activity 1: Developing a baseline study

**Tool:** Checklist

**Duration:** 1 hour

**Materials:** Flip chart and pens

### Example of a Checklist for a simple baseline study

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

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

### Participants' Tasks:

1. You will be divided into groups with four to eight persons per group
2. The groups will be asked to work together and develop a list of information points that you would like to get information on in the promotion of hygiene education and sanitation promotion in the various schools
3. One participant from each group will report back to everyone on their results and the reasons behind their choices

### Learning Point:

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



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

### **Objectives:**

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

### **Introduction**

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

### **Activity 1: Preparation of WASH Micro -Plans**

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

**Duration:** 1 hour plus time for reporting back and reflection

### **Material:**

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

### **Participants' Tasks:**

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

### Example of a School Micro-plan

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

4. The small groups report back to the plenary session. In this reporting, the groups should describe:
  - What can be planned locally?
  - In what ways might the plans be different from one community or school to another?
  - What activities will involve poorer families, women and girls in decision-making?
5. In the debriefing, the facilitator and participants can reflect on issues such as:
  - Taking gender and poverty aspects into account
  - Clear coordination between school committees and local community institutions and village committees
  - Management of contributions, funds and resources
  - Understanding and accepting the meaning and importance of the programme for children

## **5.5 Unit 4: Working with Children**

### **Objectives**

At the end of the unit, you should be able to

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

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

#### **Purpose:**

- Participants share lessons learnt from their own experiences in WASH for Schools activities

**Duration:** 1 -2 hrs

#### **Materials:**

Flip Chart and coloured cards

#### **Participants' Tasks:**

1. After facilitator introduces the concept of WASH in schools by finding out about participants experiences with hygiene education and school facilities for water and sanitation. Participants will write one lesson learnt on a card. The cards will be grouped under headings.
2. The facilitator can add more lessons learnt through research and project assignments. This will offer you a chance to compare your ideas and those learnt from international experience. This will make you see that there are several points in common and therefore a body of shared findings, lessons and concerns in School WASH.
3. The facilitator may also ask you to make posters about your School WASH programmes which should be attractive, including for example pictures or drawings. These will be left on the walls for continued reference

#### **Learning Point:**

1. This offers an opportunity for all of you to share your experiences in some depth.
2. Poster presentation can be used as an ice breaker, and as a way of identifying lessons learned from your own experience.

## **EXAMPLES OF EXERCISES THAT CAN BE DONE WITH CHILDREN**

### **Exercise 1: Hand washing**

#### **Purpose:**

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

**Tool:** Focus Group Discussions

**Duration:** 30 minutes

**Material:** None

#### **Participants Task:**

- The children sit in a circle and are asked to describe what they use their hands for.
- They will be asked to mention the incidences where their hands get into contact with human faeces. If the pupils are unable to respond, a display of some pictures from the Faecal-Oral Routes of Transmission will be shown upon which they can identify from the pictures the situations during which their hands come into contact with human faeces.
- They will then be asked to state what activities they do immediately after touching human faeces, like eating, fetching water, etc and to display related pictures drawn from the Three Pile Sorting. A practical hand washing demonstration will be done. An explanation will be done about how faecal germs will enter our food if we do not wash our hands at critical times and cause diarrhoea diseases
- They will be asked to give incidences when they should wash their hands with soap/ash/mud

### **Activity: Stools and Hygiene**

#### **Purpose:**

To make children understand that diarrhoea and stools are dangerous and contain dangerous micro organisms/germs.

**Tool:** Brainstorming exercises

**Duration :** 30 minutes

**Material:** None

#### **Learning points for Children:**

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

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

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

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

**Tool:** Brainstorming exercises

**Duration :** 30 minutes

**Material :** None

- Older children can discuss some things that help the germs to spread. Examples could be:
  - taking a piece of cloth, wiping the bottom of a child, and leaving the cloth lying around
  - The children will be asked to state why some of their friends do not use a toilet which will lead to an agreement on approaches of encouraging the use of latrine
  - A group can be formed to make regular inspections of the toilets. The group could check that the toilet holes are covered and that the toilets are clean. If they are not clean, the group could report to the teacher or health worker and ask for advice on how to clean the toilets

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

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

**Tool:** Faeco-Oral Routes

**Duration:** 30 minutes

**Material :** None

#### **Participants Tasks:**

- The children will be made to sit in a circle
- A display of the pictures of open defecation near road, field, water sources, open defecation near road with a snake nearby, defecating after dawn, defecating and pigs/chicken/dogs, using toilet, covering faeces with mud etc will be made. These should be drawn by the teacher ahead of time.

- The group will be asked to identify the safe and unsafe ways of human waste disposal and to explain the ill effects of open defecation and benefits of using a toilet relating these to their daily activities
- A discussion will be held about their difficulties and views for not building a toilet and options of low cost latrines
- At the end of the exercise a summary will be made emphasizing the problems of open defecation and the safe way of human excreta disposal.

#### **Exercise 4: Importance of Water**

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

**Tool:** Focus Group Discussions

**Duration :** 30 minutes

**Materials :** None

Ask a number of questions related to water: why is water important? List all the things you can do with water, at home, in the community, on farm, in the country as a whole team. Ask the following questions:

- Is clear water that has a good taste always safe?
- How do germs get into water?
- In what ways can water help us? In what ways can water harm us? Do some of the children often have stomach upsets or diarrhoea? Are there other people in the family who do? What about babies? What do you think might have caused these illnesses?

#### **Exercise 5: Safe Water Handling**

**Purpose:** Is for the children to understand how safe water can be contaminated.

**Tool:** Focus Group Discussion

**Duration:** 30 minutes

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

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



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

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

### Objective:

At the end of this unit, you should be able to mention the key roles of a School Environmental Health Club and ways of orienting members on the objectives of the club

### Introduction

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

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

**Tool:** Focus Group Discussion, Brainstorming

**Materials:** Posters, Pictures

**Duration:** Half an hour

### Participants' Tasks:

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



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



4. Collate all the identified tasks from the Groups and summarize those listed under the last column in the table above.
5. Put the tasks on a Flip Chart and paste them on the walls for further discussion
6. In plenary list the criteria for selecting pupils who will be capable of performing the tasks that have been agreed upon.
7. A number of other issues could also be discussed, agreed upon such as: which materials would be needed by the Club, schedule of activities they could be involved in within and outside the school, etc.

**Note:**

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

## **5.7 Unit 6: Water and Sanitation Facilities**

### **Objective:**

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

### **Activity 1: Choosing Water and Sanitation Facilities**

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

### **Material:**

Posters or pictures/illustrations

**Duration:** 1 hour

### **Sample of a sanitation facility**



## **Sample of a Water Facility**



### **Participants' Tasks:**

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

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

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

## 5.8 Unit 7: Menstruation and Menstrual Hygiene

### Objectives:

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

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

### Introduction

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

### Activity 1: Understanding Child Bearing Process

#### Purpose:

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

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

**Duration:** 1 hr 30 Minutes

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

#### Participants' Tasks

1. You will be divided into focus groups.
2. The facilitator will start the session by asking for a popular song usually sang (or any other acceptable cultural practice) to send off a bride in the community.
3. The facilitator starts the discussion by urging every one to listen to a story with questions or puzzles to which the community members will provide answers at the end.
4. **The Story**  
Ada, a well behaved girl, got married to gentle Tanko in a well attended ceremony in a village. The parents prayed that Ada will be like a tiny seed that is planted to grow to produce many fruits.

A few weeks later when Ada came to see her parents on a visit she sought answers to some unknown issues.

5. You will be asked in a group to brainstorm on the following and keep a record of their answers.
6. Like the tiny seed that yields fruits, how does the relationship of some minutes between a man and a woman lead to the formation of a child?
  - A) Discuss the processes and organs involved using locally acceptable terms.
  - B) What are the signs that would enable a woman know she is pregnant?
  - C) From experience what are the changes that occur in the body of a woman from conception to delivery.
7. Each group to make presentation in plenary.
8. The facilitator will clarify all issues using the appropriate **pictures, e.g. ante-natal pictures / drawings.**

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

### **Purpose:**

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

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

**Duration :** 1 Hour

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

### **Participants' Tasks:**

1. You will be divided into focus groups.
2. The facilitator will introduce the purpose of the activity.
3. Each group will be asked to discuss their understanding of menstruation and menstrual cycle.
4. Each group to present in plenary.
5. Facilitator to clarify issues and demonstrate menstrual cycle using pictorials, calendar and charts

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

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

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

**Duration :** 1 Hour

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

**Participants' Tasks:**

1. You will be divided into focus groups.
2. The facilitator will introduce the purpose of the activity.
3. You will be asked to discuss in groups and list various materials being used during menstruation and how they are disposed in the community.
4. Groups to present in plenary.
5. Your group will be asked to discuss on appropriate materials to use and methods of disposal.
6. The facilitator will demonstrate how to make appropriate sanitary menstrual materials.

**Learning Points**

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

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

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

**Tool:** FGD, Brainstorming, Demonstration

**Duration:** 1Hour.

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

**Participants' Tasks:**

1. You will be divided into focus groups.
2. You will be asked to brainstorm and come up with a list of what women do in taking care of themselves during menstruation.
3. The group works would be presented in plenary.
4. There will be further discussion on the issues raised above.

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

5. Still in the plenary, you will be asked to recollect what happens when women do not take proper care of their bodies during menstruation.
6. Pictures of hygiene practices would be presented to you by the facilitator.
7. You will be asked to describe what practices and messages you can deduce from the pictures.
8. The facilitator will demonstrate proper hand washing during menstruation.

## **Learning Points**

### **1. Safe menstrual practices**

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

### **2. Poor menstrual practices**

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

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



## **Appendices**

### **Appendix 1: Background Reference material**

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

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

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

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

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

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

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

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

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

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

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

### **Key Hygiene and Sanitation Issues**

#### **2.1 Water and Disease**

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

Contaminated water can make us ill in different ways:

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

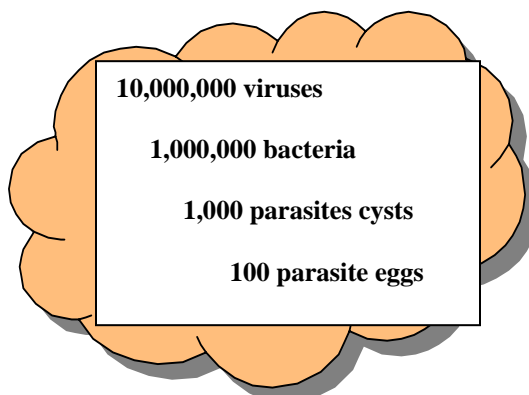
##### **2.1.1 Water-borne diseases:**

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

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

## 1 gram of Excreta can contain

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



## Diarrhoeal Water-Borne Diseases

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

## Results of research from 144 studies show the following

Hygiene Practice	Impact
Hand washing with soap and water after contact with faecal material	35 per cent or more reduction in diarrhoeal diseases
Using a clean pit latrine and disposing of children's faeces in it	36 per cent or more reduction in diarrhoeal incidence
Improved Water Quality	14 per cent or more reduction in diarrhoeal incidence
Improved water quantity	22 per cent or more reduction in diarrhoeal incidence

Esrey, 1996

### 2.1.2 Water Related Vector Diseases

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

#### Schistosomiasis (Bilharzia)

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

### 2.1.3 Water-washed diseases

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

### **Trachoma**

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

### **Scabies**

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

## **2.2 Sanitation and Disease**

*Good Sanitation is important for several reasons*

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

### **2.2.1 Contamination Routes**

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

### **2.2.2 Solid Waste disposal**

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

### **Other effects on health**

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

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

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

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

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

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

#### **Programme Communication**

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

#### **Social Mobilization**

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

#### **Social Marketing**

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

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

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

#### **Demand Responsive Approach**

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

#### **Community Led Total Sanitation**

This is an approach that focuses more on sustained behavioural change through motivation and mobilization to facilitate and enhance community knowledge and understanding of the risks associated with open defecation. The FGN/UNICEF WASH Programme in collaboration with

Federal Ministry of Water Resources/Federal Ministry of Environment, has identified this strategy as a key approach aimed at empowering communities to analyze the extent and risks of environmental pollution caused by open defecation and to construct toilets without any form of subsidies.

Unlike previous approaches, this strategy is based on the use of latrines and complete end to open defecation. The approach is not technology driven and there is flexibility on the type of toilets and disposal facilities to be used. With sustained mobilization, people will adopt sanitation technology best suited for them in terms of affordability and appropriateness. A tool known as “Sanitation Ladder” helps to support this fact and will be introduced in the training event to enhance the skills in using it.

## **Appendix 2: Some more background information about WASH in schools**

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

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

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

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

Activities selected are guides showing the importance of health to the child and community, can be well understood and are of interest to children, and can be acted out by children.

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

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

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

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

### **1. Understanding: Examples:**

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

### **Possible methods:**

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

## **2. Finding out: Examples**

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

## **3. Planning action: Examples**

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

### **Possible methods:**

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

## **4. Doing: Examples:**

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

### **Possible methods**

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

## **5. Discussing Results: Examples:**

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

### **Issues at Puberty:**

#### **1. The girl – Menstruation issues**

##### **i) Facilities**

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

##### **ii) Schools preparedness to address the needs of girls in those times.**

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



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

## **2. Privacy and safety**

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

Where privacy is granted, security then becomes an issue as sometimes the facilities are located so far away from the main compound that compromises on their security. Some country programmes have reported issues of rape both within the schools and from people who come outside of the schools. The children's voices should be heard too as they are, after-all the users of these facilities.

## **3. Boys Issues**

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

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

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

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

## **Appendix 3 : Menstruation and Menstrual Hygiene**

### **Menstruation is:-**

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

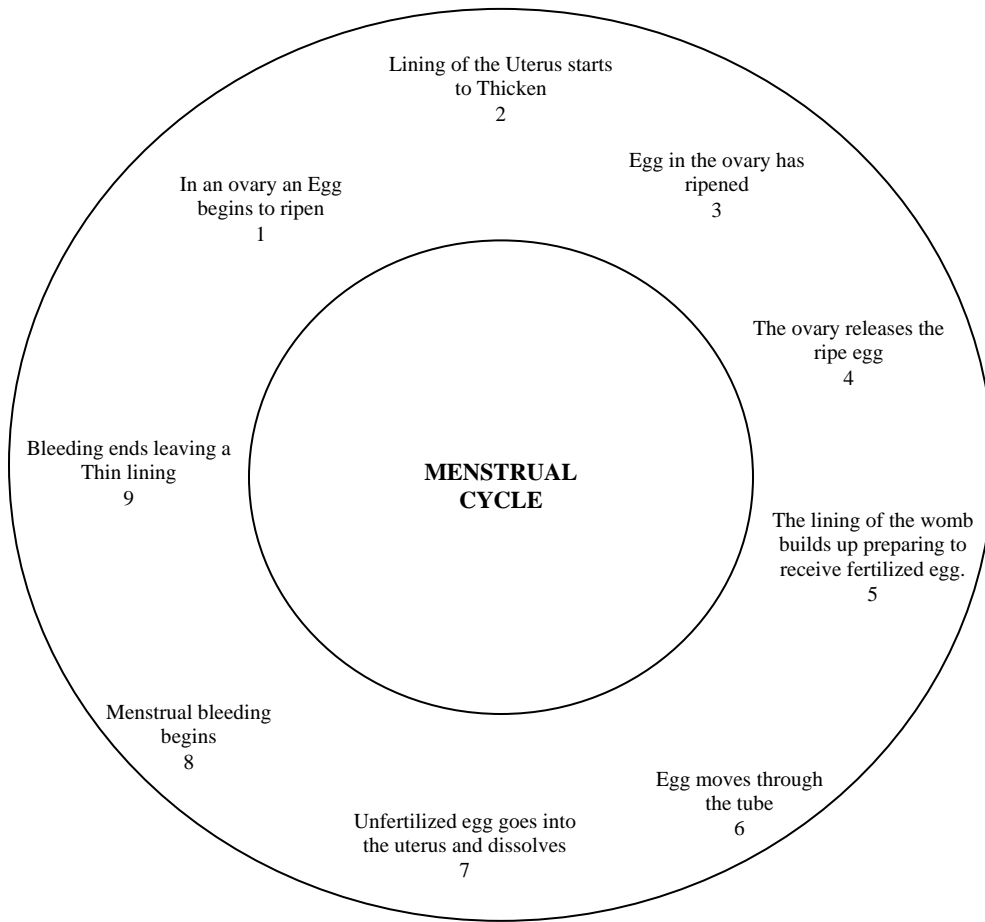
### **Facts about Menstruation**

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

### **Menstruation is Not**

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

## Menstrual Cycle



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

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

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

#### **Menstrual Hygiene** is important because it;

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

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

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

## **List of Abbreviations**

<b>DFID –</b>	Department for International Development
<b>EC -</b>	European Commission
<b>FGD -</b>	Focus Group Discussion
<b>FGN -</b>	Federal Government of Nigeria
<b>IEC -</b>	Information, Education, Communication
<b>JICA -</b>	Japan International Development Cooperation
<b>KAP -</b>	Knowledge, Attitude, Practice
<b>LGA -</b>	Local Government Authority
<b>NDHS -</b>	Nigerian Demographic Health Survey
<b>NGOs -</b>	Non Governmental Organisation
<b>NWRI -</b>	National Water Resources Institute
<b>OPR -</b>	Output to Purpose Review
<b>ORS -</b>	Oral Rehydration Solution
<b>PTA -</b>	Parents Teachers Association
<b>SMC -</b>	School Management Committee
<b>SSHE -</b>	School Sanitation and Hygiene Education
<b>TOT -</b>	Training of Trainers
<b>UNICEF -</b>	United Nations Children’s Fund
<b>VIP -</b>	Ventilated Improved Pit Latrine
<b>WASH -</b>	Water, Sanitation and Hygiene,
<b>WASHCOM -</b>	Water, Sanitation and Hygiene Committee
<b>WES -</b>	Water and Environmental Sanitation

## List of Reference Materials Used

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

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



The European Union

