

Somali PHAST Step-by-Step Guide

(English version)

Somali PHAST Step-by-Step Guide

Adapted from the original

PHAST Step-by-Step Guide: A Participatory Approach for the Control of Diarrhoeal Disease
(By Wood S., Sawyer R., Simpson-Hébert M., World Health Organisation, Geneva, WHO/EOS/98.3)

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SECTION 1 - INTRODUCTION TO PHAST

Section 1 - Introduction to PHAST

1.1 Purpose of the Guide

The PHAST approach helps people to feel more confident about themselves and their ability to take action and make improvements in their communities. Feelings of empowerment and personal growth are as important as the physical changes, such as cleaning up the environment or building latrines. The PHAST approach is based on participatory methods that lead to community- focused programmes that are much more likely to be successful than those which impose solutions on communities.

Overall, the application of participatory methodologies for water, hygiene and sanitation change should be a *process* rather than an event. Their application requires time to create awareness, build capacity, form consensus and partnerships, refine methods and tools, and follow up after training to build the participants' confidence.

This guide is designed for use by facilitators and community workers as a methodology for community hygiene behaviour change as part of a larger water and sanitation programme or project. The guide only should be used by those who have been trained in the PHAST methodology.

In particular, this guide provides:

- an approach for changing hygiene behaviour;
- a participatory approach for empowering communities to eliminate water and sanitation related diseases;
- methods that can lead to community management of water and sanitation facilities;
- knowledge and practical skills in the use of participatory hygiene education tools;
- knowledge and practical skills that enable evaluation of behaviour change in hygiene, sanitation and water interventions using participatory methods.

PHAST seeks to help communities:

- improve their hygiene behaviours;
- prevent diarrhoeal diseases;
- encourage community management of water and sanitation facilities.

It achieves these targets through participatory methodologies which:

- demonstrate the relationship between hygiene behaviour, sanitation and health status;
- increase the self-esteem of community-members;
- empower the community to plan environmental improvements and to own and operate water and sanitation facilities.

1.2 How to Use the Guide

The guide has seven steps. The first five are to take the community through the process of developing a plan to prevent diarrhoeal diseases by improving water supply, hygiene behaviours and sanitation. The sixth and seventh steps involve monitoring and evaluation, to see if the plan has been successfully implemented or effective. Each step contains between 1 to 6 activities. Instructions on how to facilitate each activity are provided under the following headings:

- Purpose
- Time
- Materials
- What to do
- Notes

Most of the activities require the use of drawings to help facilitate the discussion. The CDROM accompanying this manual includes a set of drawings with illustrations of typical Somali settings for each of the activities.

Seven Steps to community planning for the prevention of diarrhoeal disease

STEP	ACTIVITY	TOOL
STEP 1 – COMMUNITY ENTRY	1. Community Entry	1. The River Crossing
STEP 2 – PROBLEM IDENTIFICATION	1. Health problems in our community	1. Seasonal Calendar
STEP 3 – PROBLEM ANALYSIS	1. Mapping water and sanitation in our community 2. Good and bad hygiene behaviours 3. Investigating community practices 4. How diseases spread	1. Community mapping 2. Three-pile sorting 3. Pocket chart 4. Transmission routes
STEP 4 – IDENTIFICATION OF SOLUTIONS	1. Blocking the spread of disease 2. Selecting the barriers 3. Choosing water improvements 4. Choosing sanitation improvements 5. Choosing improved hygiene behaviours 6. Taking time for questions	1. Blocking the routes 2. Barriers chart 3. Story with a gap 4. Sanitation ladder 5. Three-pile sorting 6. Question box
STEP 5 – PLANNING FOR IMPLEMENTATION AND CHANGE	1. Tasks of men and women in the community 2. Selecting beneficiaries 3. Developing a community action plan 4. Identifying what might go wrong	1. Gender role analysis 2. Wealth Ranking 3. Planning posters 4. Problem box
STEP 6 – MONITORING IMPLEMENTATION PROGRESS	1. Checking our progress	1. Monitoring (checking) chart
STEP 7 - EVALUATION	1. Participatory evaluation	1. Various tool options

Participatory Hygiene and Sanitation Transformation (PHAST) is a process, or a walk. It takes time. By taking the people through the various steps and activities, it is possible to help them understand that poor hygiene and sanitation behaviours and practices are the principal causes of many preventable

diseases, especially diarrhoeal diseases that are prevalent in many communities and which many lives, especially of children, each year.

Prepare before you start

Read the whole guide thoroughly and make sure you understand it.

Familiarise yourself with the Somali PHAST toolkit and the illustrations it contains.

Gather all the materials (paper, pens, pebbles, scissors etc.) before you start.

Practise the activities before until you feel comfortable.

Select the Group

This should be a small group (15-40 people) who want to improve their community. You will have to use your judgement in selecting the group. These groups may include: community education committees (CECs; representing parents and teachers) for schools; water committees; council of elders and other community leaders. Make sure you have a good representation of the community in both gender and age, to ensure that everyone's view is represented properly.

Some activities will require you to divide the group into small groups of 5-8 persons, for better participation. You should swap around the participants of the groups between activities. The small groups can report their findings to the whole group at the end of each activity, or one group (a different one each time) can be asked to report and the other groups to make additional comments.

The Steps

The steps should be followed in the given order, as each step builds upon the previous ones. Although a good sense of flexibility is required, as not one community is the same as another. Even internally a community is heterogeneous and usually consists of different sub-groups or clans and the process that one group goes through might very well give different results than another.

It could take from two to six months to go through the whole process with a group. You will know when to move from one step to another when the group seems ready. You will judge the duration of each activity according to the circumstances such as the availability and the mood of the group. *Do not tell a group how long it should take them to complete an activity; as there is no fixed time or answer to any of the PHAST exercises.*

Keep records of activity outputs

The group should keep a record of its findings and decisions for each step, often these are the output of activities. They can be displayed on walls where people can see them. The form of records will depend on factors such as the level of literacy of the community. Records mean that the group can quickly review its progress.

Some ideas will need to be written down for display (depending on the level of literacy of the group, you might rather choose to use drawings instead of written text). Ask the group to select a volunteer or select someone you think would do the task well.

Make sure that previous records are brought at each meeting. If the group seems confused or unable to reach agreement it may help to review the outcomes of previous meetings.

Evaluate each activity

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

1.3 How to be a facilitator

The most important thing to remember about being a facilitator is that you are not a teacher! Your role is to help by creating conditions for learning. Using the activities in the guide you can help groups to:

- identify issues of importance to them;
- express and analyse their problems;
- identify possible solutions;
- select appropriate options;
- develop a plan to implement the solutions;
- monitor and evaluate the outcome of the plan.

So you must not direct the group, give information instead of letting the group find it for itself, suggest or advise what to do, make assumptions about the right response to an activity or correct the group. The only exception to this is if the group asks for specific technical information or make **objectively** the wrong decisions. *Your role is to help the group better understand its situation and make informed decisions about how to improve the situation.*

The activities in this guide have been developed so that the participation of each group member is considered equally important. If one person is dominating proceedings, you should find out if this person is a designated leader or simply a competitive personality without support in the group. Competitive or aggressive persons can be taken aside and convinced of the importance of the group process or can be given separate tasks to keep them busy and allow the group to carry on. If the persons concerned are community leaders, approach them formally or privately early in the process to try and gain their support. As the facilitator you must not present yourself as the leader of the group but on an equal level. Good listening skills are essential. PHAST activities are open-ended; there is no wrong or right answer.

You need to maintain an atmosphere of relaxation throughout the planning process. Traditional songs can be used to open sessions and relax participants.

General Instructions

- Have all materials ready for each activity before starting.
- Make sure the materials, such as posters, are large enough to be seen by all participants.
- Try to limit the size of the group to 40 persons.
- Make sure that people can talk to one another easily, use a circle where possible
- Begin each new session with a warming-up activity such as a song.
- Go through each activity one step at a time and follow the instructions in the guide
- Be guided by the time-requirements of the group. The time or duration given in this guide is only an estimate.
- When giving the group its task, use the exact words provided for this purpose.
- Encourage and welcome input that individuals make. Remember there are no wrong answers.
- Facilitate the group, do not direct it.
- Try to encourage the active participation of each participant. Be careful not to find fault or criticise contributions.
- Take account of the participant's literacy level and work out ways in which they can keep records of what is discussed and agreed.
- Have the group keep the materials and records in a safe place.
- At the end of the activity, ask the group members to evaluate each activity on the basis of what they learnt, what they liked and what they did not like.
- At the end of each session, congratulate the group members on their efforts and explain briefly what will be covered at the next session.
- At the beginning of each new meeting of the group, ask the group to review what it has done so far and the decisions it has taken.
- Plan to remove and store the materials for future use in advance.

SECTION 2 – BACKGROUND CONCEPTS

Section 2 - Background concepts

2.1 Hygiene

The word *hygiene* refers to *a state of cleanliness* at different levels. It can also be described as human behaviours and practices, in relation to cleanliness, that can affect their health and the health of other people, (i.e. within their families and communities) either positively or negatively. Good hygiene behaviours and practices promote good health, specifically by preventing diarrhoeal diseases, while bad hygiene behaviours and practices lead among others to diarrhoeal diseases and, hence, poor health and even death, especially among infants and children. Hygiene behaviours can be divided into five domains:

1. Personal hygiene
2. Safe disposal of human excreta
3. Environmental and domestic hygiene
4. Water hygiene
5. Food hygiene

Maintaining cleanliness (hygiene) at all levels and ensuring proper disposal of human faeces, including the faeces of children, drastically reduces and prevents incidences of diarrhoeal diseases. On the other hand, poor hygiene leads to diarrhoeal diseases.

Hygiene promotion is concerned with promoting hygienic behaviour, which largely relates to daily routines such as the collection, storage and use of water, washing hands, and to the availability and proper use of sanitary facilities. Routines usually are taken for granted and therefore not easily changed. Then what makes people adapt their daily routines to help reduce water and sanitation related health risks? The need for hygiene promotion directly follows from the general objectives of water supply and sanitation projects to help prevent water and sanitation-related diseases and to help improve living conditions.

2.2 Sanitation

Sanitation is the physical part. It refers to facilities that keep the environment clean or protect the environment from pollution or contamination. Among the things that pollute and contaminate the environment are: human excreta that is disposed in open places, especially near water sources; household waste such as from food stuffs; animal waste that is left to lie around instead of burning or safe disposal. In order for people to practice proper hygiene there must be adequate sanitation facilities, such as latrines or garbage disposal facilities, for people to have and **use**.

If the environment is not kept clean or protected from pollution, it can become a danger to people's health as it is possible for poisonous pollutants to find their way into the body, mostly through the mouth, and cause us ill-health and even death, particularly for children. Of all the pollutants at the household and community level, the most dangerous is human faeces, including the faeces of children, and is therefore the **enemy number 1** to fight against through good hygiene and sanitation behaviours.

Hygiene and sanitation promotion refers to the combination of, and linkages or relationship between the hygiene domains and the improved facilities. Without one, the other cannot succeed, and the sanitation facilities have to be maintained if hygiene and sanitation are to bring health improvements.

2.3 Link between hygiene and sanitation

Hygiene and sanitation are like two sides of the same coin. On one side of the coin are our cleanliness behaviours and practices in relation to the five hygiene domains and on the other side, are the physical infrastructure (sanitation) facilities that help us to practice proper sanitation behaviours. It is for this reason that it is common to refer to hygiene education as the *software* and the sanitation facilities as the *hardware* components of hygiene and sanitation education or promotion. Hygiene and sanitation practices are dependent on each other and one cannot exist without the other. For both to contribute effectively to good health, water plays a big role, as it is needed to ensure proper hygiene and sanitation practices.

2.4 Hygiene and Sanitation Promotion. It is more than just asking people to change.

A worthwhile hygiene promotion program should ensure that:

- The community understands how the spread of certain diseases is related to sanitation and water use.
- The community realizes that most water and sanitation related diseases are preventable through easy to do actions (either by the individual or as a communal activity).
- Individuals and communities are motivated to promote or change those habits necessary for improved health.
- Individuals and community improve the management of water and sanitation facilities.
- Individuals and/or the community construct physical structures needed to improve water use and human waste disposal, as necessary.

We know from experience that providing clean water alone leads to only minor health improvements. Hygiene behaviour must therefore be recognized as a separate issue in its own right, with adequate sanitation and clean water as supporting components. While each of the three elements has some health benefit it is their combined effect that has a far greater impact.

A good model that relates both the influences and actions is the so-called BASNEF¹ Model (see table 1). BASNEF stands for Beliefs, Attitudes, Subjective Norms and Enabling Factors. It is an acronym that does not exactly roll off the tongue, but does include all the factors involved.

Table 1: BASNEF Model.

	Influences	Actions needed
Beliefs & Attitudes (Individual)	Culture, values, traditions, mass media, education, experiences	Communication programmes to modify beliefs and values
Subjective Norms (Community)	Family, community, social network, culture, social change, power structure, peer pressure	Communication directed at persons in family and community who have influence
Enabling Factors (Intersectoral)	Income/poverty, sanitation services, women's status, inequalities, employment, agriculture	Programmes to improve income, sanitation provision, situation of women, housing, skill training

According to this model, an individual will take up a new practice when he or she believes that the practice has sufficient benefits – health, economic or otherwise – and considers these benefits important. He or she may then develop a positive attitude to the change. Positive or negative influence,

¹ The model was first described by John Hubley in 1993.

or subjective norms, from others in the person's environment who are important to him or her, will also influence their decision to try the new practice. Skills, time and means ("enabling factors") are also required to take up the practice.

When the new practice is then actually found to have immediate benefits – a cleaner environment, less hardship, recognition from respected others – it is most likely to be continued. Improved health is seldom such an immediate benefit. It is therefore often not a major reason why the new practice is adopted, although when asked people will often give this reason as they know that this is the expected answer. Usually there are other factors involved that will trigger the community members to actually adopt good hygiene behaviours and practices. It is important that for each and every community, you identify what it is that 'triggers' them.

Just asking people to change their behaviour is not enough. Achieving hygiene and sanitation attitude and behaviour change, among individuals and communities, depends to a large extent on the ability of the community workers to understand that people's beliefs and the enabling factors are as important to deal with as with knowledge. Discussions around and integration of all the BASNEF factors can be done by using appropriate participatory visualisation tools such as will be described later on in this manual. The use of such tools makes it possible to discuss sensitive issues and ensures that even the illiterate can participate effectively in the discussions.

2.5 The five hygiene domains in detail

Once participants have understood the meaning of the terms "hygiene" and "sanitation", and how the two are inseparable in ensuring overall cleanliness, it is now time to discuss each hygiene domain in detail in order to show that each is important in ensuring good health, and that practicing proper disposal of human excreta is the first step towards preventing diarrhoeal diseases. The appropriate behaviours and practices in relation to each hygiene domain are presented below.

1. Personal hygiene

This refers to the behaviours and practices in relation to cleanliness of an individual towards self, which can affect one's own health and the health of others negatively or positively. Critical personal hygiene practices include:

- Washing hands with soap or ash at the following critical moments:
 - after handling faeces, i.e. after visiting latrines and after cleaning the bottom of babies;
 - before preparing and serving food;
 - before and after eating;
 - before feeding babies;
 - after handling garbage;
 - after playing – this is critical especially for children who, while playing, may touch faeces and other impurities without their knowledge.
- Regular body washing
- Keeping finger nails short and clean (faeces can hide in the crevice of nails)
- Brushing teeth after every meal
- Sleeping on clean beddings
- Wearing clean clothes (and shoes)
- Keeping hair clean and neat

2. Safe disposal of excreta

Human excreta is the single most important source of diarrhoeal diseases and must be given the due attention it deserves in hygiene and sanitation education. It has been shown that polluting the

environment, particularly with faeces, could mean that the faeces get its way back into our body through various means or routes.

Critical sanitation practices include:

- Safe disposal of human excreta, preferably through (proper) use of latrines.
- Keeping latrines clean and covered.
- Washing hands with water and soap (or ash if no water available) after defecation or handling children's faecal matter (this one is also mentioned under personal hygiene).

3. Household and domestic hygiene

This consists of keeping the household and its immediate surroundings clean. Household and domestic hygiene is achieved by:

- Keeping the house and everything in it clean, i.e. keeping the surface of house, furniture, utensils and other equipment clean.
- Ensuring there is no stagnant water near the house as this can be a breeding place for mosquitoes.
- Sweeping the immediate surrounding of the house (compound) and keeping grass and other vegetation short, since these can be hiding places for mosquitoes.
- Safe disposal of dry garbage such pieces of paper, plastic paper, torn pieces of cloth, broken glass, animal waste etc.
- Safe disposal of wet garbage including left over food stuffs, waste water, fruit peels etc.

4. Water hygiene

This refers to protecting water from contamination and ensuring its safety, from the source to the stomach; including making sure it is purified if there is any contamination at any stage e.g. at source, during transportation or during storage.

In Somalia, most water sources, especially in rural areas, are prone to contamination since they are open. The common water sources include:

- Ground water catchments (*balleys, waar and berkad*)
- Open shallow wells
- Shallow wells with hand pumps
- Rivers (especially the Juba and Shabelle in South Somalia)
- Boreholes, mainly in urban centres and heavily populated villages
- Springs
- Rain water harvesting by use of roof catchment in urban centres

Of these common water sources, only water from properly maintained boreholes, shallow wells with hand pump and properly used rainwater roof catchments are safe from contamination at the source. All the others are open to contamination at source and should therefore be treated before drinking. However, also when water is safe at the source it can be contaminated during transportation and storage, and care should be taken to ensure that it remains safe before drinking.

How to maintain safe water quality from the source to the mouth

- Ensuring that human faeces do not get into the water, either at source or during storage. This is achieved by using latrines for defecation. Defecation near water sources, especially open wells, and water catchments, or in the bushes or shrubs, means that as soon as it rains, the faeces is swept directly by rain water into the open water sources. This is why diarrhoeal diseases are at their peak during the *Gu* and *Deyr* seasons. During the dry season, owing to water shortage, human beings and animals compete for the scarce water, and any water is consumed regardless of its source or quality, hence the high incidence rate of water related diseases even during dry seasons.

- Constructing raised platform/apron (civil works) around the open well to protect them from pollutants that may be carried in run off rain water
- Constructing drain-ways and soak away pits to prevent waste water from being stagnant around the water source, especially shallow wells
- Building latrines and bathing facilities downstream and at least 50-100 meters away from water source
- Keeping animals away from drinking water sources by providing separate animal troughs and by fencing off the water source
- Using clean containers to draw, transport and store water at home
- Using only clean mugs/cups with handle to draw water from the drinking water container, and pouring the water into a separate mug/cup to drink from
- Not dipping hands or dirty items into the drinking water container
- If possible, purify water using the locally acceptable and affordable purification methods (such as sand filtration, chlorination, or boiling)
- If possible, drinking water container should have a tap at the bottom

5. Food hygiene

This refer to the management of food, from the way it is handled, cooked and served to the way it is consumed and stored. The critical moments in food management that must be followed at all times:

During handling – preparation or serving:

- Making sure your hands are clean while preparing or serving food
- Using clean, properly washed containers, utensils, cutting boards
- Always washing foods that are taken raw e.g. fruits, vegetable salads etc
- Cover raw or cooked food in to protect from attracting flies, rodents or cockroaches
- Regularly cleaning food handling surfaces such as tables in restaurants

During cooking

- Making sure food is washed properly with clean water
- Properly cooking of food in terms of the temperature and duration of cooking (serving half cooked food)

During consumption

- Using clean serving utensils and cutlery that have been washed with clean water
- Eating with clean hands
- Eating food that is properly cooked
- Not to eat cold foods that may have been exposed to contaminating agents (food should be properly warmed if has been cold for two hours and above)

During storage

- Storing cooked and uncooked food separately
- Storing food in clean containers
- Storing food by covering it properly to making it impossible for flies, cockroaches and rodents to access it

The above domains are summarised in the table below.

Summary of the hygiene domains and appropriate behaviours and practices

Hygiene domain	Appropriate behaviours and practices
Personal hygiene	<ul style="list-style-type: none"> • Washing hands with soap at the following critical moments: <ul style="list-style-type: none"> - after handling faeces, i.e. after visiting latrines and after cleaning bottom of babies; - before preparing and serving food; - before and after eating; - before feeding babies • Regular body washing • Keeping finger nails short and clean (faeces can hide in the crevice of nails) • Brushing teeth after every meal • Wearing clean clothes (and shoes) • Keeping hair clean and neat
Safe disposal of excreta, including baby faeces	<ul style="list-style-type: none"> • Proper use of latrines • Keeping latrines clean and covered • Washing hands with soap (or ash) after visiting latrine
Domestic and environmental hygiene	<ul style="list-style-type: none"> • Disposal of garbage by burning in a garbage pit; • Composting of animal and other recyclable (biodegradable) waste and either using as manure or selling to farmers; • Reusing materials that can be reused • Proper use of wash/bathing facilities and latrines; • Keeping the house (including all the rooms and everything in them) clean and neat; • Draining away waste water from water facilities into soak pits • Fencing water sources (with live or dry fence) • Separating water sources from animal drinking facilities (troughs)
Water hygiene (ensuring safe water quality, from the source to the stomach)	<ul style="list-style-type: none"> • Keeping water sources clean by fencing them off and through proper maintenance • Transporting and storing water in clean containers • Keeping drinking water and water for other household uses in separate containers • Using separate cups/mugs for drawing water from the container and for drinking. If possible, drinking water should be stored in a container with a tap at the bottom • Treating water that is not safe from source with chlorine, boiling, filtering or other effective means
Food hygiene	<ul style="list-style-type: none"> • Washing hand with soap before handling food (before preparing or serving) • Proper washing of food before cooking • Proper (full) cooking of food, particularly meat • Serving food in clean utensils • Storing food in clean containers • Separating cooked and uncooked food • Keeping the food preparation area (kitchen) clean • Protecting food from flies and other insects and rodents by covering food • Always eating hot food, ensuring that food that has been cold for two hours or more is reheated before eating • Avoiding dipping fingers into food that has not been eaten • Properly washing foods that are eaten raw, especially salads (the motto for ensuring proper food hygiene is: <i>cook it, peel it or leave it</i>, according to a participant in one of the H+S training workshops in Hargeisa)

SECTION 3 – PHAST STEP BY STEP ACTIVITIES

Section 3 - PHAST Step-by-Step Activities

STEP 1: Community Entry

This step is designed to help the group understand the role of agencies and the community as partners in development and encourage community participation in activities.

Activity: Community Entry

Tool: The River crossing (role play)

There are three characters in the role play – two travellers (a man and a woman) and a herdsman. There is a flooded river with three stones placed at equal distances from each other within the river. These can be used to cross the river but it requires great courage and determination to use them to cross the river as any mistake might mean that a traveller slips and falls into the river which could immediately sweep him/her away. The two travellers are not aware about the flooded river. The herdsman however knows about the river and is skilled in using the three stones to cross it.

The role-play starts with the two travellers, a man and a woman, coming from a distance towards the river. They are engrossed in a conversation while the herdsman is taking care of his goats near the river, unaware of the two travellers. Suddenly the travellers reach the river and are shocked to find it flooded. They are unable to cross it despite seeing the three stones. As they ponder what to do however, they notice the herdsman and calls out to him for help. The herdsman shows them the stones and asks them to use these to cross the river. They are so afraid that the man refuses to try crossing unless he is carried across. The herdsman agrees to the demand without giving any conditions; he immediately offers to carry the male traveller on his back across the river. Reaching the stone in the middle of the river, the herdsman is too tired to go on. He puts the man down and asks him to continue the journey since it is only one stone left to reach the other side of the river. The man however is too afraid to make any move and is left trembling in the middle of the river. In the mean time, the herdsman returns to the shore to carry the woman across. The woman however refuses to be carried and asks the herdsman to show/teach her how to use the stones. He holds her hands and together they start to cross the river. Reaching the stone in the middle of the river, the herdsman leaves the woman's hand and asks her to continue the journey. As she has gained some courage and experience, she slowly, with great difficulty and care, but with lots of determination, she reaches the other side of the river. Once on the other side, she encourages her stranded male colleague to make some effort and cross. Finally, the man, in his despair and fear also manages to scramble for the bank and only barely manages to cross over.

Purpose of activity: to show participants the different types of relationships that agencies normally have with communities and demonstrate the importance of community participation in projects. Also it is meant to define or explain what is involved in community participation in terms of contribution, ownership and sustainability.

Approximate time needed: 45 minutes

Materials needed: sticks, stones, open space.

What to do:

1. Explain to the group that they are going to conduct a role play and ask for three volunteers, including one woman.
2. Take the three volunteers out of the group and explain their roles to them.
3. Draw lines on the ground depicting the river bank and draw three circles to represent the stones.

4. When the players are ready, invite the participants to come out and watch the play, asking them to note what they see hear and learn from the play and to think about the implications for hygiene and sanitation promotion.
5. Facilitate the discussion on people's observations.

Notes:

Be aware that reflection on it requires skilful facilitators to lead the group discussion properly.

STEP 2: Problem Identification

This activity is aimed at identifying health problems in our community and focus discussion on health-related issues

Activity: Health problems in our community

Tool: The seasonal calendar

Hygiene and sanitation promotion should be started from the people's current point of knowledge, attitudes and practices, and should be problem focused, mainly highlighting health problems that people suffer from and are therefore able to identify and associate with. It is of no use talking to people about diarrhoeal diseases if it does not exist in their community. For this reason, it is best to start hygiene and sanitation promotion by understanding the common diseases within the community, and the seasons when they occur or recur. This knowledge helps to link people's behaviour and practices during the various seasons to the diarrhoeal diseases if these are found to be common.

To facilitate discussions on common diseases and the seasons when they occur or recur within the community, the appropriate participatory visualisation tool to use is the 'seasonal calendar'. A seasonal calendar helps to know when it is the rainy season and to get to know when certain diseases occur and during what time they are at their peak. It also helps to know when there is water shortage and when the water is most likely to be contaminated. It helps you to plan better for the next season and be able to take preventive measures for a certain epidemic.

Purpose: to identify the common diseases in the community and the seasons in which they occur and their causes.

Approximate time: 1-2 hours

Materials: Pens, paper, large sheets of paper.

What to do:

1. To develop a seasonal calendar you ask the group first what the seasons in a year are.
2. Ask the group to discuss what diseases are common in their community and at what time of year they occur and how serious they are.
3. Ask the group to draw this on a piece of paper or on the ground so that people can see it.
4. Inform the group that a seasonal calendar can also be presented in symbols to make it understandable for those that cannot read and write.
5. Hang the seasonal calendar on the wall (or tree or chalk board) and inform participants that together with them, you will keep referring to the calendar in the course of the training.
6. If you work with sub-groups then ask the different sub-groups to present their calendars

to the whole group

7. Once the common diseases have been agreed upon, and the seasons in which they occur/recur, isolate the diarrhoeal and other water/hygiene/sanitation related diseases in each season and facilitate community members to discuss the root causes of each one of them. Ask the group to think about why this might be.
8. Discuss in the whole group the linkages between the seasons and diseases and the causes of these. Explain that the aim of this session is to show that most of the diseases are either as a result of drinking contaminated water, eating contaminated foods or maintaining poor personal hygiene.

Notes:

The facilitator may guide the discussion with some technical knowledge but primarily the participants should bring out the information themselves

As background information, a listing of common water and sanitation related diarrhoeal diseases, symptoms and ways of prevention and treatment is attached in Annex A.

STEP 3: Problem Analysis

Activity 1: Mapping water and sanitation in our community

Activity 2: Good and bad hygiene behaviours

Activity 3: Investigating community practices

Activity 4: How diseases spread

Tool 1: Community mapping

Tool 2: Three-pile sorting

Tool 3: Pocket chart

Tool 4: Transmission routes

This step will help the group understand how some of its everyday hygiene and sanitation practices may cause diarrhoeal disease. It will then be able to start considering what can be done to improve practices in order to prevent disease.

Activity 1: Mapping water and sanitation in our community

Tool 1: Community mapping

Purpose: to map the community's water and sanitation conditions and show how they are linked

Approximate time: 1-3 hours

Materials: paper, pens, stones, beads, material scraps, stickers

What to do:

1. Review with the group the outcomes of the previous activities under step 1
2. Ask the group to make a map of their community, any way they like, ask them to include boundaries, paths, housing, schools, mosque, businesses, farms, water sources, sanitation facilities, waste disposal sites.
3. You can work with the whole group or if there is diversity in terms of background and

experience, you can use this as the criteria for division into smaller groups. Whichever way you choose, emphasise that this is a job for everyone (in the group), not just the person with an artistic flair or the most learned member of the community. If working with different groups make sure you have a general session at the end for the villagers to present and discuss their respective maps.

4. Give them the materials and say they can add anything they like. To draw a sketch map, usually can be done in the sand, the materials required will consist of anything at hand, such as the elders' walking sticks or stones, twigs, chalk (if the meeting is in a classroom and you are using a blackboard), and you will need pens and paper for transferring the map to a more permanent and displayable format.
5. When the map is complete, invite each group to present its map as a guided tour through their village.
6. After the presentation facilitate a discussion on locations of excreta and garbage disposal sites (for instance asking which are well-placed, which ones may cause problems; what is missing on the map; where do people who do not have access to latrine defecate; Where is the nearest health centre etc.).
7. Ask the group to link the hygiene and sanitation practices to the diseases identified in the seasonal calendar to demonstrate the relationship between poor hygiene practices and disease causation.

Notes:

If the mapping exercise took place on the ground, ask a member of the community to transfer the model on to a sheet of paper for the community to keep as record to be used for future purposes (planning of activities, monitoring, other agencies coming in to do similar exercise, etc).

Activity 2: Good and bad hygiene behaviours

Tool 2: Three-pile sorting

Purpose: to exchange information and discuss common hygiene behaviours and their impact on health

Approximate time: 1- 1½ hours

Materials: Sets of three-pile sorting drawings (from toolkit); sets of heading cards – 'good', 'bad' and 'in-between'.

What to do:

1. If there has been a break between this activity and the previous one, start with a group discussion aimed at reviewing what was learned or decided at the previous meeting.
2. Ask the participants to divide into smaller groups
3. Give every group an equal number of drawings (all get the same set of drawings) and ask them to sort the drawings into three piles – 'good' – those activities which are good for health, 'bad' – those activities which are bad for health, 'in-between' - those activities which are neither good nor bad for health or which you are not sure about.
4. Once the groups have sorted the drawings into piles ask them to explain to the whole group its selection and why it made these choices.
5. Facilitate a group discussion on the selections, including the differences and reasons for those. Facilitate further discussion if people do not seem to agree. Don't move the picture to another pile, but ask why they think it is different and let them discuss with the others.
6. Ask the group to discuss which of the behaviours presented are common in their community.
7. Ask the participants to link the behaviours to the diseases identified with the seasonal

- calendar and the problems identified with the community mapping exercise.
8. Ask the group to discuss what it learned and what it liked about this particular exercise.

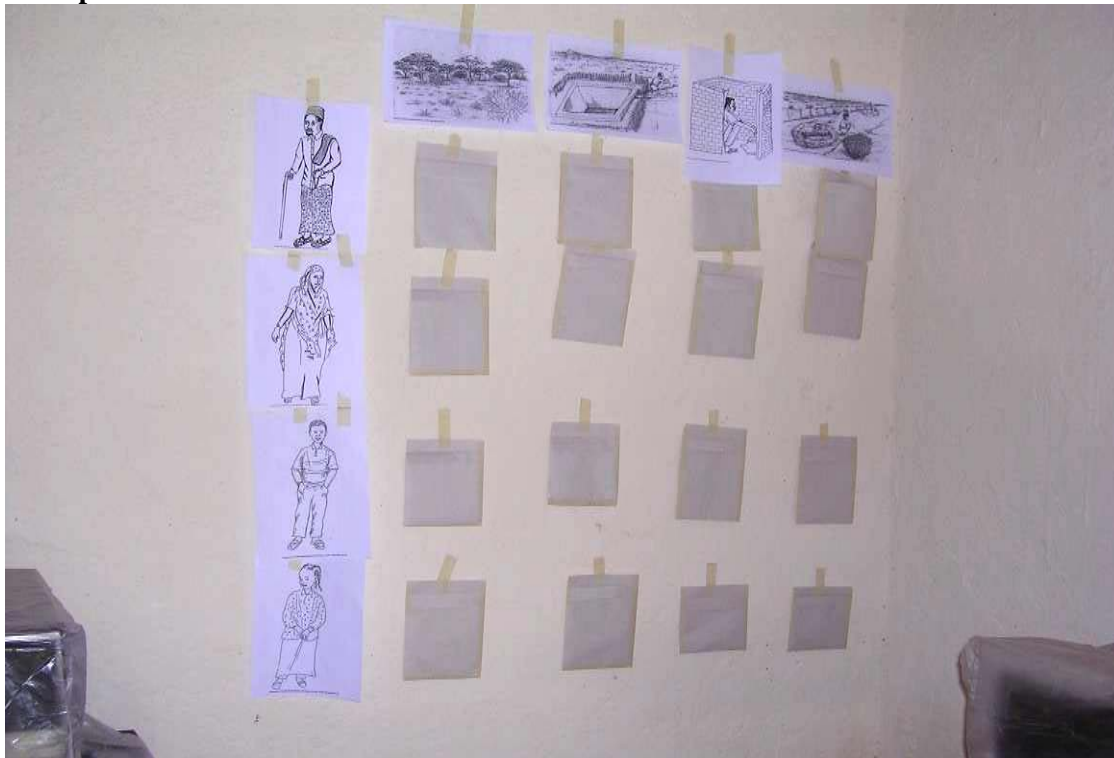
Notes:

When asking them why they do it, it is important to not let them hide under the words 'it is our culture', but instead they should examine the main cause of why people behave that way or what is exactly that prescribes that kind of 'culture'. This is an important discussion and at the same time tricky, because people may easily be put off and refrain from further talking. There may be very good reasons for people to behave the way they do, even if this turns out to be behaving 'badly' from a hygienic point of view. It is useful for the facilitators to try to understand that also, because it may help look for appropriate alternatives. 'It is our culture' may include such 'good reasons'. This requires skilled facilitators, who refrain from pinpointing people's bad behaviour.

Activity 3: Investigating community practices

Tool 3: Pocket chart

Example:



Purpose: to help the group collect, organise and analyse information on individual sanitation practices.

Approximate time: 1-2 hours

Materials: A pocket chart or local alternative (tins, jars etc.), drawings of defecation sites (latrines, open ground, forest, bushes, river etc.), voting materials such as pebbles or seeds, blank paper.

What to do:

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

2. To begin with, ask the people to name all the defecation areas that are available in their surroundings and that are used by them at one time or the other. This could be latrines or open places including dry river beds, behind the fence of water catchments and shallow wells, behind bushes etc.
3. Choose the drawings that represent these or make drawings on blank sheets of paper
4. Place these pictures horizontally across a wall (or on the ground)
5. Place pictures of a woman, man, child etc. vertically to form a chart
6. Place a pocket beneath each picture for each row
7. The pocket chart MUST be set up in such a way that people can place their voting materials without being seen by others.
8. Explain what a 'pocket chart' is and how it can be used to collect information confidentially on what people are actually doing in the community.
9. Give each person present² a voting material (this can be a small stone, seed, piece of stick or anything to hand that can be counted)
10. Ask each member of the group to place their vote in the pocket under the drawing which they use most often to defecate and along the row which represents who they are (woman, man, girl child etc).
11. Once all members have voted ask a volunteer to count the pebbles in each pocket and display the totals
12. Facilitate a group discussion on the meaning of the totals – which are options most commonly used? Why? How do these choices affect the health of the community? How do actual practices compare with the good/bad practices identified in the pile sorting
13. Discuss how representative the chart is, would a chart done by the whole community look the same as the group's?
14. Discuss about the constraints of why people do not practice good hygiene behaviour (generalise it, don't discuss individual behaviour as people might not want to speak out) and what can be done to influence each other to practice good behaviour. What could be changed? What would be desirable or beneficial?

Notes:

Stress the need for people to be honest when placing tokens.

Once the community worker has come to grasps with the implementation of the pocket chart exercise, he or she can also adapt it by using different drawings to identify for example when people wash their hands with water and soap, or from which water source people fetch their drinking water.

Activity 4: How diseases spread

Tool 4: Transmission routes – the 'F' diagram

Water and environmental sanitation play an essential role in the spread of many communicable diseases and epidemics. Many diseases are spread through person-to-person or faecal-oral contact. Where hygiene and sanitation facilities are lacking or present but not used, young children are especially at risk. Diseases can also spread when food or drink is contaminated by faeces or by flies passively transferring the virus from faeces to food. Infectious agents like viruses, bacteria and parasites cause infectious diarrhoeas (including dysentery, cholera and typhoid). These agents enter human beings via the mouth and are passed out in the form of faeces. Infant faeces contain even more disease causing organism than there are in adults faeces.

The so-called F-diagram shows the different routes (from **f**aeces to **f**luids (water), **f**ingers, **f**lies, **f**ields and **f**ood to the new host) how these infectious agents in faeces spread through the environments to a

² The assumption here is that the training will be attended by a cross section of community members, including men, women, the elderly and youth (both boys and girls).

new person. For example, microbes in faeces on the ground by a well can get into the water and be drunk by a child; or hands that have not been washed after using the toilet can carry microbes onto foods which are then eaten infecting another child who gets diarrhoea and spreads more microbes.

Purpose: to help participants discover and analyse how diarrhoeal diseases are spread

Approximate time: 1 – 1 ½ hours

Materials: large paper, marker pens, tape, drawings

What to do:

1. If there has been a break between this activity and the previous one, start with a group discussion aimed at reviewing what was learned or decided at the previous meeting.
2. Ask the participants to form groups of 4-5 persons each
3. Give each group a set of drawings and give them the task: one drawing shows a person defecating in the open, another a person's mouth, use the rest of the drawings to try and create a diagram showing the different ways faeces might come into contact with the person's mouth - in other words, how faecal matter can come in contact with another person who can then become sick.. You can draw arrows between the drawings to show how this might happen.
4. When the groups have made their diagrams ask them to present them to the whole group
5. Discuss the similarities and differences between the various diagrams
6. Now facilitate a discussion to help the group use this new knowledge to examine its own situation, discussing transmission routes in the community and hygiene behaviours that are putting people at risk.

STEP 4: Identification of solutions

Planning for solutions in hygiene and sanitation training has a number of steps. The first step is to identify all the possible solutions or barriers that would prevent the disease transmission routes, and to arrange them in terms of what people can do without external support, and what may be implemented through community efforts and local resources. In this way, it is possible to demonstrate to the community that actions that require external support are usually few, and in reality relate to the more difficult activities such as construction of new water facilities. On the other hand, implementation of safe hygiene and sanitation measures do not require much external support.

Activity 1: Blocking the spread of disease

Activity 2: Selecting the barriers

Activity 3: Choosing water improvements

Activity 4: Choosing sanitation improvements

Activity 5: Choosing improved hygiene behaviours

Activity 6: Taking time for questions

Tool 1: Blocking the routes

Tool 2: Barriers chart

Tool 3: Story with a gap

Tool 4: Sanitation ladder

Tool 5: Three-pile sorting

Tool 6: Taking time for questions

Activity 1: Blocking the spread of disease

Tool: Blocking the routes

Purpose: to identify the actions that can be taken to block disease transmission routes

Approximate time: 30 minutes – 1 hour

Materials: blocking the routes drawings, transmission routes diagrams (from previous activity), paper, marker pens, and tape.

What to do:

1. If there has been a break between this activity and the previous one, start with a group discussion aimed at reviewing what was learned or decided at the previous meeting.
2. Ask participants to continue working in the same small groups as for the previous activity
3. Give the groups the task: Now we know the ways in which faeces can spread, we need to think about what can be done to stop that happening. Each group should take a set of drawings and agree as a group where to put them on its transmission routes diagram to stop or block the different routes.
4. After 30 minutes, ask each group to present its diagrams with the blocks and barriers.
5. Facilitate a discussion on what the group has learned during the activity, including questions of each other.

Activity 2: Selecting the barriers

Tool: Barriers chart

Example:

Barriers/Blocks	Easy to do actions that can be undertaken by the community easily, without external support	Actions that would require external support and continuous monitoring to ensure sustainability
Effective		
Not effective		

Purpose: to analyse how effective the blocks are and how easy or difficult they would be to put in place.

Approximate time: 30 minutes to 1 hour

Materials: transmission routes diagrams with blocks, tape, pins, pens and paper

What to do:

1. Keep the same small groups as from the previous activity, give them the task: remove the blocks from the transmission routes diagram and sort them by being “very effective” or “not effective” as well as for each of them whether they are “easy to do, without external support” or “more difficult; require external assistance”. Place them where they belong on this chart (show chart and explain). Explain the chart to the group.
2. When the task is complete ask the group to share their charts and discuss – which barriers the group would like to use in its community? – the practicalities in putting the barriers in place.

Note: You might want to ask the participants to find symbols to represent the above used words as community members might not be able to read and write.

The community members might need some clarification on what you mean with ‘effective’ or ‘not effective’. As an example you can use some of the options which are locally available and decisions can be made at a personal /household levels, such as covering food to be effective and easy to do, while other options such as use of latrine and boiling water are effective, but require external support due to cost elements (materials for latrine slab and superstructure) or workload (fire wood needed for boiling drinking water). These options should not be put aside, but can still be included in the Community Action Plan to be developed (in Step 5) specifying what external supported is needed and where it could be sourced from.

Activity 3: Choosing water improvements

Tool: Story with a gap

Purpose: To engage community members as a group in planning water improvements.

Approximate time: 1-2 hours

Materials: One set of “before” and “after” water related drawings. “Before”: A community water source that is poorly maintained and “After”: An improved and well-maintained water source.

What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Divide the participants into smaller groups
3. Tell a story focusing on the problem you would like to address
4. Present each group with the same set of *before* and *after* pictures. Ask each group to first consider the before picture, and discuss why the situation has deteriorated to this point. For example, in the *before* scene of a poorly maintained water facility, participants might suggest that there are other water sources, no well caretakers, that community members lack knowledge for proper maintenance or that nobody owns the well.
5. Next, ask each group to discuss the *after* scene of the improved situation.
6. Between the current and improved situation, there is ‘a gap’ which must be filled. To fill the gap, a number of actions need to be taken. Ask the group what steps they think the community might have taken to change the conditions of the village, what obstacles they encountered, and what resources they needed.

7. Link the issues identified with other water, sanitation and hygiene issues that need to be addressed.

Activity 4: Choosing sanitation improvements

Tool: Sanitation ladder

Purpose: to help participants describe the community's sanitation, identify an option or options for improving sanitation, and discover that improvements can be made step-by-step.

Approximate time: 1-2 hours

Materials: several sets of sanitation ladder drawings from the PHAST toolkit, large-size paper to which drawings can be attached (optional), sticky tape.

What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Ask the participants to form groups of 5-8 people.
3. Give the group the task, using these words: *"Each group will receive a set of sanitation options. Look at the options and arrange them as a "ladder," starting with the one you consider worst at the bottom and ending with the one you consider best at the top."*
4. Give each group an identical set of drawings.
5. It may be useful to have some paper and pens so that participants can draw any methods which they want to include but which are not in the set of drawings.
6. Give the groups about 20 minutes to make their ladders. Then visit each group and give it the next task: *"Now decide where the community is at the present time and where you would like it to be one year from now. Discuss the advantages and difficulties that you might meet in trying to move to different steps on the ladder."*
7. When the groups have completed this task, ask each one to explain its sanitation ladder to the whole group.
8. After the presentations, encourage a group discussion covering:
 - the similarities and differences in the way the options have been arranged as steps
 - the similarities and differences in terms of where the groups have placed the community now and in the future
 - the options that have been identified as best for the community
 - the advantages of each option
 - the difficulties or obstacles that would make moving up the ladder
 - how these decisions were reached
 - what information the group thinks it might need to be able to compare options more effectively.
9. Encourage the group to agree on one sanitation ladder.
10. Explain to the group that the next activity will help it to develop a plan to get from where it is now to the situation or situations it would like to move to in the future.

Notes

1. Before you begin this activity it would be helpful to have information on:
 - the design principles of different sanitation options
 - the effectiveness of different options
 - the maintenance and ongoing servicing requirements of each type of option

- the costs of the different sanitation options
 - the costs (time and money) of operation and maintenance
 - the subsidies available
 - the durability of the structure and the sustainability of each system.
2. The sanitation ladder shows that improvements can be made step by step. The idea that the community can progress up the ladder at different rates can be very appealing to groups. They realize that changes can be made over time, at a pace that is appropriate and manageable for them. When groups discover this, it can inspire them to become more involved.
 3. When selecting sanitation options it is important to consider the amount of water each option would require. The risk of contaminating the environment and existing water sources must also be considered. Make sure the participants discuss these issues.
 4. Keep in mind that the idea of progression and choosing for the future is more important than the shape of the ladder.

Activity 5: Choosing improved hygiene behaviours

Tool: Three pile sorting

Purpose: To help the group identify hygiene behaviours that it: wants to change, wants to encourage and reinforce, and wants to introduce into the community.

Approximate time: 1 hour

Materials: A set of three-pile sorting drawings used in Step 3: Activity 2.

What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Ask the participants to form groups of 5-8 people.
3. Give the groups the task using these words: *“Choose from the three-pile sorting drawings one or more hygiene behaviours that you agree on as being unhealthy and that are common in this community and which you would like to discourage.”*
4. Give the groups about 20 minutes to select their hygiene behaviours. Then ask each group to explain its selection to the other participants.
5. Facilitate a group discussion aimed at:
 - reaching an agreement about which good/bad behaviours are most important to work on
 - how to influence the community to use good practices all the time, accept new behaviours, and stop bad practices.

Notes

1. Past experience has shown that programmes which include changes for both hygiene behaviours and sanitation facilities are more effective in controlling diarrhoeal diseases than those which only include changes to facilities only. There is often a tendency to concentrate more on physical facilities, so this activity aims to make sure that hygiene behaviours are not overlooked.
2. How to introduce new hygiene behaviours and/or reinforce existing ones will be addressed in “Step 5: Planning for new facilities and behaviour change”.

Activity 6: Taking time for questions

Tool: Question box

Purpose: to provide an opportunity for participants to ask questions about the process (or other matters), to obtain information and feedback from other participants, and to help the group recognize the wealth of knowledge and information it possesses collectively.

Approximate time: 1-2 hours

Materials: cards or paper and pens, container (such as a basket, a hat or a box)

What to do

1. If there has been a break between this activity and the previous one, start with a group discussion aimed at reviewing what was learned or decided at the previous meeting.
2. This activity can be carried out successfully as one big group, provided the group does not contain more than 40 people.
Give the group the task using these words: *“Could everyone please write on a slip of paper or make a simple drawing of a question that they would like answered. Once you have written or drawn your question, fold the paper in half.”*
3. If some participants cannot write, ask everyone to think of a question and then to mark their piece of paper. When that person’s marked or coloured piece of paper is chosen, they say their question out loud. With this method, the questions are not anonymous but everyone can participate.
4. Ask a participant to collect all the questions in the container. This container becomes the question box.
5. When all the questions have been collected, pass the question box to one person at a time and ask each person to pick out a slip of paper and answer the question. If anyone picks their own question, they should be asked to replace it and pick another one.
6. If a participant really cannot answer a question, encourage someone else in the group to provide an answer.

Notes:

1. This activity can help to remind the group that it does not need to rely so much on outside experts. Collectively, it has most of the information and knowledge it needs.
2. Some of the questions may not relate directly to the subject. But they should not be put aside. They may indicate different concerns, and also serve as a positive distraction.

STEP 5: Planning for Implementation and change

This step has four activities:

- **Activity 1: Tasks of men and women in the community** to identify who can take responsibility for what activities in relation to water, sanitation and hygiene.
- **Activity 2: Selecting beneficiaries** helps the group identify who among the community members needs to be given priority during the implementation.
- **Activity 3: Developing a community action plan** helps the group plan the actions and steps for implementing the solutions it has decided on and allocate responsibilities.
- **Activity 4: Identifying what might go wrong** enables the group to foresee possible problems and plan ways to overcome them.

Tool 1: Gender role analysis

Tool 2: Wealth ranking

Tool 3: Planning posters

Tool 4: Problem box

Activity 1: Tasks of men and women in the community in relation to water, hygiene and sanitation

Tool: Gender role analysis

Purpose:

- to raise awareness and understanding of which household and community tasks are done by women and which are done by men
- to identify whether any changes are required in relation to implementing and sustaining improved hygiene behaviours and practices at the household and community levels

Approximate time: 1 hour

Materials: 3 separate large drawings of: a man, a woman, and a man and a woman together, 12 or more task drawings, pens and paper.

What to do:

2. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
3. Ask the participants to form groups of 5-8 people.
4. Using the following words, ask the group to carry out the activity.
“Each group will be given a drawing of a man, a woman and a man and woman (a couple) together, and a set of drawings showing different tasks in relation to implementing and sustaining improved hygiene behaviours and practices. Discuss in your group who would normally do this task. When you agree, put the task drawing underneath the drawing of the man, woman or couple based on what you decide. The drawing of the man and woman together means that both sexes perform the task.”
5. Let the groups work on their own and discuss their findings. They can draw and add other tasks. You should provide them with blank papers for this purpose.
6. Once the activity has been completed, ask each group to present its selection to the rest of the participants, explain its choice and answer any questions.
7. Facilitate a group discussion on:
 - who does what tasks
 - the workloads of men and women, also in relation to dry or wet seasons
 - how differences in workloads might affect task allocation for overcoming diarrhoeal diseases
 - the advantages and disadvantages of changing tasks done by men and women
 - about what changes are required in relation to implementing and sustaining improved hygiene behaviours and practices at the household and community levels for the different tasks done by men or women.
8. Ask the group to identify roles which could be changed or modified in order to improve sanitation and hygiene, and record these conclusions for monitoring (checking) later on.
9. Facilitate a discussion with the group on what it has learned during this activity, what it liked and what it did not like about this activity.

Notes

1. During this activity men sometimes complain that drawings of their usual tasks have not been included in the set. This is because the set focuses mostly on tasks related to domestic and community hygiene and sanitation, and in most societies these tasks fall to women. If this happens, ask the men to make drawings of tasks they perform, to add to the activity.

2. The group may decide that three drawings (man, woman, and both together) are not enough and choose to add drawings of boys and girls. This is fine, but the analysis should focus on gender and not age.

Activity 2: Selecting Beneficiaries

Tool: Wealth ranking

Purpose:

- To investigate perceptions of wealth differences and inequalities in a community.
- To identify and understand local indicators and criteria of wealth and well-being.
- To map the relative position of all the households in a community and to establish which members within the community are the most destitute as these should be the main beneficiaries of the planned interventions.

Time: 2-3 hours

Materials: pens and cards

What to do

1. Explain to the group that before developing a Community Action Plan, the first step will be to identify the most destitute people in the community who should be the main beneficiaries of the interventions.
2. Explain to the group that their development activities should target the poorer side of the community since these are most destitute people in the community that might not have the capacity to do it by themselves. Then, facilitate a general group discussion on poverty and the characteristics of the very poor.
3. Next give the participants a set of cards containing the names of all the households in the village and asked them to arrange the cards into groups/strata of similar wealth levels.
4. Then ask the groups to sort the cards with the names of the various households into piles according to the households' wealth status. Each group is free to make as many piles as it wants (with a minimum of four piles) as long as the piles separate the poor people from the less poor.
5. Start a discussion by asking the participants to explain the differences between the wealth groups. *This is to be done in general terms, not for individual households!*
6. The facilitators should take note of the distinguishing characteristics for each pile discussed by the group and utilize local knowledge about people's levels of wealth. Local people who live and work in the same village and who can observe others over a long period of time may be better placed in knowing the levels of wealth than an outsider. Also, in different societies, the people have their own concepts of wealth.

Note:

1. The wealth ranking exercise therefore helps to bring out the complexities and realities of wealth and poverty, rather than using definitions predetermined by the researchers.
2. In a wealth ranking exercise you can also use key informants from the local communities to rank their fellow villagers into wealth categories. The informants decide on their own definitions of wealth and wealth categories.

Activity 3: Developing a community action plan (CAP)

Tool: Planning posters, community action plan

Purpose: to enable participants develop a plan to achieve changes in sanitation and hygiene behaviours and to help identify who will take responsibility for carrying out the steps in the plan and set a timeframe for implementing the plan.

Approximate time: 3-4 hours

Materials: set of planning posters, the “now” and “future” options (from Step 4: Activity 3, 4 and 5), sticky tape, pens and pieces of paper or cards for writing down names and deadlines

What to do

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Put the water, sanitation and hygiene option drawings developed in **step 4** up on the wall. The “now” and “future” drawings may refer to changes in both facilities and behaviour as identified by the group during Step 4 using the story with a gap, sanitation ladder and three-pile sorting tools.
3. Ask the participants to work in groups of 5-8 persons. Give the participants the task using these words:
 - *“Do you agree that this [point to the options(s) that the group considers represent their current situation] is a common situation in the community? And do you agree that this [point to the group’s preferred “future” option] would be a desirable future situation?”*
 - *“Let’s now work out what needs to be done to move from the present situation to where you want to be, which we will describe as your goal. To do this we need to develop a plan to “fill in the gap.” To help you do this, each group will be given a set of planning posters showing some of the steps that might be needed.*
 - *“Each group should look at the planning posters and arrange them in the order it thinks would bring about the desired change most effectively. Use the blank paper to draw any additional steps that you would like to include.”*
4. Give each group an identical set of “now and “future” drawings and planning posters. Or alternatively you can give one group the set with ‘water’ related poster, the second group the ‘sanitation’ related posters, and a third group the ‘hygiene behaviours’ related posters.
5. Give the group about 30 minutes - 1 hour to work out its arrangements of steps, and then ask each group to explain its plan to the other participants. Each group should be prepared to answer any specific questions which might arise, although a more general discussion or debate should be limited until each group has had a chance to present its work.
6. After the presentations, encourage a group discussion aimed at reaching an agreement on a common plan. The discussion should cover:
 - The similarities among and differences between the steps chosen by each group, and their order.
 - What difficulties they might come across in trying to carry out these steps.
 - What resources they might need to carry out this step.
 - The amount of time necessary to carry out the plan.
 - Confirm the direct beneficiaries of the different activities based on the wealth ranking analysis done in the previous activity.
7. Next, put the planning posters – which the group agreed represent the steps in its plan – up on the wall, in one straight row, in the order that the group agreed to.
8. Give the group the task using these words:
“These planning posters [point to them] show the steps that you decided are required to put your plan into action. Now you need to decide who should carry out each of these steps. Discuss together each step and the type of personal qualities and skills needed to carry it out.

Decide who should carry out each step. When you have decided who will be responsible and for what, write the names on pieces of paper or card. Write men's names in one colour and women's names in another. Then stick each piece of paper or card beneath the corresponding planning poster."

9. Referring to earlier discussion and the conclusions reached during *Tasks of men and women in the community* invite the group to review the task allocation in terms of the impact on men's workload and the impact on women's workload, and to make any adjustments at this time if it wishes.
10. When the tasks have been allocated, ask the group to discuss and agree on who will coordinate the carrying out of the steps in the plan. Write the name or names of the coordinator above the *planning posters*.
11. Invite the selected person or persons to coordinate the rest of the meeting. This will cover developing a timeframe for completing each part of the plan.
12. Ask the group to discuss and agree on the amount of time each step will take to complete. Record this information above the planning posters.
13. Facilitate a discussion on:
 - the importance of seeing that things are being done on time
 - how the group can check that people are doing what they are responsible for
 - what the group can do if tasks are not carried out.

Notes

1. Be prepared to do this planning activity for all the changes to facilities, for improving maintenance of existing systems and for desired behavioural change. Your role is to help the group simplify the process so that it becomes manageable.
2. Don't worry if the group is not willing to make a plan to introduce all the changes it had identified. It is enough at this time that it is willing to plan to introduce some of the changes. Once these have been introduced successfully, the results will inspire the group to go on with its work and plan for further changes. A smaller plan which group members are highly committed to is more likely to be successful than a larger, less well-supported plan.
3. The original community map can be used to help the group think about the impact of the changes it is planning to introduce.
4. Do not be surprised, if, during the planning exercise more and more steps are added to the plan. Once people become aware they are going to have to do something themselves, they will start to think more carefully about what it might take to do it.
5. If the group is reluctant to accept responsibility itself and allocates most of the tasks to outsiders, it will need to consider:
 - why it is not prepared to take responsibility for tasks
 - whether it really believes that hygiene behaviour or sanitation is a problem and, if so, whether this plan will help it overcome this problem
 - why representatives of these external groups have not been included as participants.
 - how external representatives could be invited to join the group
 - whether these external representatives would be committed to carrying out a plan they did not help to develop
 - whether this plan will work on the basis of this task allocation.
6. Deciding who should do what can be very time-consuming. This activity may have to be carried out over a series of sessions to ensure adequate discussion time.
7. There is no right way for the group to allocate tasks. You should keep in mind the local practices usually used for assigning tasks to people. Selections should not be based solely on favouritism or popularity.
8. You should suggest that those selected should be asked whether they think that they are the right people for the tasks they have been assigned. Encourage the group to achieve a cross-section of the community (in terms of age, ethnic background, religion, education, and other characteristics) when making their selection.

9. Help the group by reminding it that making the plans for activities such as health education sessions, is just as important as making plans for physical changes, such as building new latrines.
10. Don't worry if the group, having completed the matrix for one activity, then wants to leave the other plans until later. It is enough if the planning has been carried out completely from start to finish for one of the changes the group wants to introduce. Hopefully, if one plan can be introduced successfully, this will inspire the group to continue with its work. Also, the group will have developed the skills necessary to follow later plans through.
11. Ask the group to display the planning posters, including the names of people responsible for each step, in a public place in the community. This will help to keep everyone informed of what is happening.

Example of a Community Action Plan

Project intervention: {title}				
Goal 1:				
Activities	Resources	Responsibilities		Time Frame
		Community	Agency	
Goal 2:				
Activities	Resources	Responsibilities		Time Frame
		Community	Agency	

Activity 4: Identifying what might go wrong

Tool: Problem Box

Purpose: to get the group to think about possible problems in implementing the plan, and devise ways of overcoming them

Time: 1 hour

Materials: cards or paper and pens, Container (such as a basket, a hat or a box)

What to do

This activity is similar to the **Taking time for questions** activity carried out during Step 4, and is conducted in basically the same way.

1. If there has been a break between this activity and the previous one, start with a group discussion to review what was learned or decided at the previous meeting.
2. Present the task as follows: "Could everyone please write on a slip of paper a problem they think might arise after having come up with a Community Action Plan. Write this problem in the form of a question or a drawing. For example: "What would we do if the person trained to do the maintenance leaves the community?" Similar to the Question Box, any community member that cannot read and write can just mark their card.

3. Ask a group member to collect all the problems in the container. This container becomes the *problem box*.
4. When all the problems have been collected, pass the problem box to one participant at a time and ask each participant to pick out a slip of paper and answer the question. Participants who pick their own question should be asked to replace it and pick another. If the reading is a problem you could read out the question and ask the participant who's turn it is to answer the question.
5. Give the group plenty of time to discuss the answers. If a participant cannot answer a question, the question can be answered by someone else in the group.

STEP 6: Monitoring Implementation progress

This step is only one activity. In this activity, the group fills in a chart (see example below) for monitoring (checking) its progress towards achieving its goals as defined in the CAP. 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

Tool 1: Monitoring Chart

Important note

This activity can involve a lot of writing. However, if your participants have difficulty in reading and writing, you will need to work out ways of doing the activity using drawings and as little writing as possible. For example:

- instead of writing the goals in words on the chart, participants could place the drawings that represent the activities/facilities they want to carry out/construct under the goals headings
- write numbers only if people are able to understand them; for instance, participants could write the number of facilities the group wants to build beside the drawings of these facilities
- drawings or symbols can be used to represent ideas or words
- Participants could choose a symbol such as a flower, bird or colour to represent themselves to put on the chart under the heading of who will be responsible for carrying out activities described in the CAP or ensuring that they are carried out.

Example monitoring chart:

Goal (drawing)	Number or Amount	How to measure	How often to measure	By whom

Activity 1: Preparing to check our progress

Tool 1: Monitoring Chart

Purpose:

- to establish a procedure for checking progress, to decide how often checking should be done and who should be responsible for this,
- to set a date for the evaluation activity, which will take place with the wider community at some point in the future

Approximate time: 2 hours

Materials: Paper, pens, or whatever is available for drawing; Water and Sanitation option drawings of the facilities that the community planned to have (see Community Action Plan) and the Three-pile sorting drawings chosen (see Community Action Plan)

What to do

1. Have the participants work together in one group. Show the drawings which represent their goals.
2. Have a monitoring chart ready (see illustration above).
3. Ask the persons who were selected to coordinate specific tasks (these were chosen during the **Planning who does what** activity) to facilitate this activity, using the following words: *“I would like those of you who were selected during the **Planning who does what** activity to lead the group in this activity. You will be helping the group to fill in those parts of the chart which it can fill in at this stage, and to agree on how it can continue to carry out this checking process in the future. Stick the drawings which represent your goals on the left-hand side of the chart. Continue to filling in the rest of the chart.”*
4. After the chart has been filled in, facilitate a group discussion on:
 - how to measure the progress being made
 - how often progress should be measured
 - who should be responsible for measuring progress
 - how to involve other members of the community in checking progress and the achievement of the CAP and its goals.
5. Ask the group to set a date for the CAP evaluation (**Step 7**).
6. End the session with a party, celebration, prayer or other activity to celebrate the group’s achievements.

STEP 7: Evaluation

This step 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 step should be fun and a celebration of the group’s achievements. During the evaluation the group will identify:

- how much has been done in the community
- how much of the plan still needs to be done
- what has been successful
- any problems or difficulties encountered
- any corrective action that is needed.

How to do

1. Explain to the group that an evaluation can be done in many different ways, for example:
 - the group might carry out some evaluation activities itself and share the results with the wider community by displaying the materials where they can be seen by all;
 - the group might decide to involve the wider community in its evaluation activities; for instance, people could be invited to take part in a community event where everyone votes through a pocket chart activity;
 - or the group could combine the above activities by carrying out some specific evaluation activities separately, as well as organizing a community evaluation activity, such as presentation of a socio-drama about the programme to a wider group.
2. The group may therefore need to have planning meetings of its own to organize the evaluation or event for a wider group.
3. Discuss with the group:
 - What it wants to do to evaluate its progress
 - How it wants to involve a wider selection of community members
 - How to make the evaluation event enjoyable and satisfying for everyone.
4. Explain to the group that this is their evaluation and that they must decide what they want to do. So don't give any detailed guidance.
5. Remind the group of the maps and charts that they have developed during the PHAST process, and ask them how they think they can make use of those materials.
6. If the group has trouble deciding what to do for its evaluation activity, you could facilitate a discussion using some of suggestions for different types of participatory evaluation activities as listed below.
7. Depending on the type and number of evaluation activities chosen, guide the group in implementing the different options. There is no set time frame given for any evaluation.
8. Make sure the group together with the other community members make the evaluation exercise a memorable and fun experience.
9. Based on the outcomes of the different evaluation activities, ask the group to document their findings and develop recommendations for the way forward.

Notes:

1. Choose only those suggestions for the discussions which you think are suitable for the group. Consider the group's level of reading and writing ability, the different kinds of personalities and skills of group members, and how they work together as a team.
2. Try to encourage the group to prepare a *socio-drama* if the group is unwilling to try any of the other suggestions for evaluation activities. Other community workers involved in PHAST have reported that this activity is usually well received by the rest of the community and is a lot of fun to prepare.

Activity 1: Participatory evaluation

Option 1: Monitoring (checking) chart

Purpose: To see if goals have been met

Approximate time: 2 hours

Materials: *monitoring chart* made during Step 6: Activity 1; pens and paper

General guidance

1. Have the group look at the *monitoring (checking) chart* to review the goals it set. Then ask it to compare these goals with what has been achieved since it made the chart. The group might want to make a record of the differences between what was planned and what has been

- achieved. Encourage the group to make the comparison in any way it wants, using pens, paper, drawings, words, etc.
2. Once the comparison has been made, ask the group to discuss:
 - what has been successful
 - any problems
 3. Ask the group to record (in drawings or words) the problems and sort them into:
 - problems the community can deal with by itself
 - problems the participants do not fully understand
 - problems the community cannot solve by itself.
 4. Stick the three groups of problems on a wall and ask the participants to decide:
 - *for the problems it can deal with:* what action they will take
 - *for the problems they don't understand:* how they will get more information, when will they do this, and whose responsibility it will be
 - *for the problems they can't solve:* how they will get outside help to overcome these problems.

Option 2: Community map

Purpose: to see if the community has undergone any physical changes

Approximate time: 2 hours

Materials: the *community map* created during Step 3: Activity 1; pens and paper; coloured paper or stickers for marking the changes on the community map; additional map-making materials – the group might want to make a new map showing the changes

General guidance

1. Have the group look at the community map and mark on it the changes that have taken place since it first made the map. Or if it wants to, and time allows, it could make a new map.
2. Once this has been done, ask the group to discuss:
 - the changes that have taken place
 - the difference between what it planned and what it achieved.
3. Continue the activity by following the instructions from point 2 onwards in **Option 1**.

Option 3: Planning posters and who does what

Purpose: To review the Community Action Plan to see if goals have been met

Approximate time: 2 hours

Materials: *planning posters* and *CAP* from Step 5: Activity 3; Pens and paper

General guidance

1. Ask the group to look at the Community Action Plan and compare what it planned to do with what it has achieved. The group might want to record these differences. Encourage it to do this comparison in any way it wants, using pens, paper, drawings, words, marking the CAP.
2. Continue the activity by following the instructions from point 2 onwards in **Option 1**.

Option 4: Pocket Chart

Purpose: to see if hygiene behaviours have changed

Approximate time: this will depend on the number of people voting

Materials: pocket chart; drawings showing selected hygiene behaviours to put on the pocket chart; enough voting tokens for all the people attending, and the results of the pocket chart exercise done during Step 3, Activity 3

General guidance

1. Ask a participant who is familiar with the pocket chart to facilitate this activity.
2. Set up the pocket chart with a behaviour that is to be measured and explain what it is and how it is used. Place a vote yourself to show how to use the pocket chart. Make sure you remove it and explain that it was a demonstration.
3. Position the chart so the people can vote without others seeing and then invite people to come up, one at a time, to place their votes.
4. Once everyone has had a chance to vote, ask a participant to count the votes and display the results. Make sure this is done in full view so that people can see this is being done correctly.

5. Facilitate a group discussion on:
 - what the pocket chart has shown
 - whether this result is an improvement to the original results from Step 3, activity 3
 - how this result compares with the group's plans and goals from the CAP
 - the reasons why people voted as they did.
6. After this discussion, continue the activity by following the instructions from point 2 onwards in **Option 1**.

Note:

More than one pocket chart activity can be carried out. Examples of subjects that can be investigated using this tool include defecation places; hand washing; tasks performed by men and women; water sources.

Option 5: Community walk

Purpose: to observe the community conditions directly to see if goals have been met

Approximate time: this will depend on the size of the community

Materials (optional): Pens and paper; Drawing material; Camera, if available

General Guidance

1. Ask the participants to divide up into pairs (Larger groups may attract too much attention.)
2. Suggest that each pair organize a separate walk around the community and record what it sees. Suggest to participants that they plan their walk at the time of day when they will be most likely to see things relevant to water and sanitation – probably early in the morning or at dusk. They should pay particular attention to:
 - the physical changes (e.g. in facilities) that they planned to make
 - the types of behaviours they wanted to encourage
 - the types of behaviours they wanted to stop.
3. Ask each pair of participants to report its findings to the other participants or to the wider community. The findings can be reported back in any way that the participants wish; for example, in the form of a talk, showing drawings, acting out what was seen, singing a song.
4. Facilitate a discussion comparing what was observed in the community and what was planned.
5. Continue the activity by following the instructions from point 2 onward in **Option 1**.

Option 6: Socio-drama

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, and to officials and donors

Time: 1-2 hours preparation and rehearsal time

What to do

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

Notes

1. Let each group develop its *socio-drama* in its own way without your input.
2. Groups will probably use a variety of ways to tell their stories including: music, dancing, acting and humour.
3. This activity is designed to be enjoyable and to create an interesting way of summarizing what the group has experienced and felt during the course of the project. An alternative, more structured approach to this activity would be to ask the group to select 8-15

members to create a theatre performance based on the development of the project. This could be done as much as one or two days before the evaluation closing celebration, in order to give participants more time to prepare the performance.

4. 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.
5. The group now has the skill and self-determination to continue by itself with the process of introducing the planned improvements to combat diarrhoea disease. It is also likely that the skills developed during this programme will be applied to other community problems. Over the long term, this should lead to a much improved quality of life for all concerned.

Conclusions

What you might find

You will encounter varying degrees of "success". Some communities may be ahead of schedule and others may have stumbled early on. But any evidence of improvement provides a base on which the community can build. Moreover, people need to see the results of their efforts. Without these they will lose faith both in what they have learned and in themselves. In your facilitating role, you can help to prevent this from happening by getting the group to identify the improvements, no matter how small. If necessary, you can use the activities you are familiar with to begin the process again. In so doing, you can help the group identify the problems which caused it to achieve less than it planned, analyse these, plan for solutions, select options, develop a new plan, allocate tasks, and monitor and evaluate its results.

Adjusting the programme

The process of monitoring and evaluation is continuous. It provides feedback to the group, enabling it to learn from its mistakes. On the basis of this information, the group can change its plans to avoid problems, thereby working towards a much more successful outcome.

Annex A: Common Diarrhoeal Diseases

What is diarrhoea?

Diarrhoea is the passage of loose or liquid stools more frequently than is normal for an individual. It is primarily a symptom of gastrointestinal infection. Depending on the type of infection, the diarrhoea may be watery (for example in cholera) or passed with blood (in dysentery for example).

It is a symptom of infection caused by a host of pathogens (bacterial, viral and parasitic organisms) most of which can be spread by contaminated water and unhygienic behaviours. It is more common when there is a shortage of clean water for drinking, cooking and cleaning. Basic hygiene is important in prevention.

Why diarrhoea is dangerous?

Diarrhoea causes loss of water from your body which can lead to dehydration and even result in death. Diarrhoea may also cause malnutrition or make it worse because:

- Nutrients are lost from the body.
- Food passage through the digestion system is too fast and therefore nutrients can not be absorbed as they would under normal conditions
- Nutrients are used to repair the damaged tissues rather than for growth.
- It will cause the person with diarrhoea not to feel hungry.
- Recurrent diarrhoea prevents the body from full recovery
- Illness increases nutrient requirements

Diarrhoea can be recognised as watery stool passage more than 3 times a day, it sometimes contains blood and it can lead to death if not treated. Babies and infants are more susceptible to this disease because of their immunity that is not well developed.

Symptoms of the main diarrhoeal diseases

Dysentery: It is a form of bloody diarrhoea transmitted through the faecal-oral route. When people get infected they excrete large numbers of the infective organisms in their stools. If the germs in the stool come in contact with food, water or hands, other people can swallow it and become infected.

Cholera: Cholera is an acute intestinal infection caused by ingestion of food or water contaminated with the bacterium *Vibrio cholerae*. This disease is transmitted through the faecal oral route. It has a short incubation period, from less than one day to five days, and produces an enterotoxin that causes copious, painless, watery diarrhoea that can quickly lead to severe dehydration and death if treatment is not promptly given. Vomiting also occurs in most patients.

Typhoid: Typhoid fever is contracted when people eat food or drink water that has been infected with *Salmonella typhi*. The symptoms are loose stools and gradually increasing fever often accompanied by slow pulse rate. People with typhoid feel very weak (lethargic) with generalized aches (pain) and loss of appetite. It can cause death if not treated.

Prevention for all the above described diarrhoeal diseases should include:

- Hand washing after defecation, cleaning the baby, handling stool.
- Hand washing before handling food, cooking, feeding the child.
- Safe handling of faeces, using a latrine or burying the stool.
- Access to safe drinking water.
- Health education on how these diseases can be prevented.

General signs of dehydration:

- Sunken eyes
- Dry mouth
- Thirst
- Very dark, little or no urine passing

- Skin pinches between two fingers stays on after releasing (oedema)

Treatment of diarrhoea:

- Give plenty of fluids.
- Give ORS to prevent dehydration.
- Continue breastfeeding on demand day and night.
- If already weaned offer soft foods frequently in small portions.
- During recovery phase, feed five times a day.
- Consulting a health worker if there are signs of dehydration or other problems.

Home made ORS

Boil one litre of water, let it cool down and mix with 8 tea spoons of sugar and one tea spoon of salt. Dissolve completely and give the child with a spoon small sips of the fluid (have to check quantities) after each watery stool.