

Amhara National Regional State
Health Bureau



Training Manual on Hygiene and Sanitation Promotion and Community Mobilization for Volunteer Community Health Promoters (VCHP)

Supported by:



Acknowledgements

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Training Agenda

Preparing Volunteer Community Health Promoters for Total Behavior Change in Hygiene & Sanitation

| DAY 1 - Time | Activity # | Activity Name |
|--------------------|------------|---|
| 8:30 – 9:30 a.m. | | Registration |
| 9:30 – 9:50 a.m. | 1.1 | Introduction / Setting the Context |
| 9:50 – 10:20 a.m. | 1.2 | Roots of Fecal Contamination |
| 10:20 – 10:35 a.m. | | BREAK |
| 10:35 – 10:55 a.m. | | Introduction to Unit 2 |
| 10:55 – 11:15 a.m. | 2.1 | Review Hand Washing Practices |
| 11:15-11:55 | 2.2 | How Much Water Will it Take? |
| 11:55- 12:45 | 2.3 | Preparing Water Saving Devices |
| 12:45. – 1:45 p.m. | | LUNCH |
| 1:45 – 2:05 p.m. | 2.4 | Critical WASH Practices: Keeping Water Safe |
| 2:05 – 2:35 p.m. | 2.5 | Keeping Water Safe from Source to Mouth |
| 2:35 – 2:50 p.m. | 2.6 | Safeguard Water for Drinking |
| 2:50 – 3:10 p.m. | | BREAK |
| 3:10 – 4:10 p.m. | 2.7 | Making Water Safer for Drinking – Water Treatment |
| 4:10 – 4:30 p.m. | 2.8 | How to Protect our Well |
| 4:30 – 5:10 p.m. | 2.9 | Making Water Safer: Feces Management |
| 5:10-5:40 p.m. | optional | DVD “Awakening” if available |
| | | END OF DAY ONE |

| DAY 2 / Time | Activity # | Activity Name |
|-----------------------|------------|--|
| 8:00 a.m. – 9:30 p.m. | 2.10 | Latrine Construction |
| . | 2.11 | Building a hand washing device to wash hands at critical times even when water is scarce |
| 9:30-1:30 | | Field Visit: Building Latrines and Handwashing Stations |
| 1:30-2:30 p.m. | | LUNCH |
| 2:30-2:45 p.m. | | Debrief from Field Visit |
| 2:45- 3:15 p.m. | 3.1 | Small Do-able Actions |
| 3:15-4:00 p.m. | 3.2 | Changing Behavior Through Small Do-able Actions |
| 4:00-4:15 p.m. | | BREAK |
| 4:15-5:15 p.m. | 3.3 | Tool: MIKIKIR Card |
| 5:15- 5:35 p.m. | 3.4 | Organizing a Good Discussion on WASH |
| 5:35 p.m. | | END OF DAY TWO |

| DAY 3 / Time | Activity # | Activity Name |
|------------------------|------------|---|
| 8:00-8:30 | 3.5 | Using GALIDRAA to Organize a Good Discussion on WASH |
| 8:30 a.m. – 12:30 p.m. | 3.6 | Prepare for Field Visit / VCHP Field Visit Practice |
| 12:30-1:30 p.m. | | LUNCH |
| 1:30-1:45 p.m. | | Debrief from Field Visit |
| 1:45 – 2:00 p.m. | | General Discussion on Role of Community Mobilization Approaches for TBC |
| 2:00-2:15 p.m. | 4.1 | Community Organization Tool: Sanitation Clean-up Campaign |
| 2:15 – 2:35 p.m. | 4.2 | Community Organization Tool: The Village Pledge |
| 2:35-3:35 p.m. | 4.3 | Establish Community Organizations |
| 3:35-3:50 p.m. | 4.4 | Community Organization Tool: Community Conversation |
| 3:50-4:05 p.m. | | BREAK |
| 4:05 – 5:45 p.m. | 5.1 | Applying this to Your Work |
| 5:45-6:05 | | Closing Session |
| 6:05 p.m. | | Close of Training |

1. Preparation

.....

- Select volunteers with kebele administrator, manager and other kebele resource people
- Prepare to train volunteers
 - a. Prepare the necessary materials
 - b. Prepare venue
 - c. Review training guide
 - d. Prepare formats, exercise materials as directed in the Training Manual
- Agree on convenient season and date for training
- Arrange for two field visits – select sites, visit and prepare; arrange transportation if needed

2. Workshop Objectives

.....

At the end of the workshop, participants will be able to:

- Recognize and describe roots of faecal contamination
- Explain the importance of SAFE EXCRETA DISPOSAL, SAFE WATER AND HAND WASHING in breaking the cycle of Faecal contamination
- Conduct HOME VISITS to negotiate improved hygiene and sanitation practices.
- Identify (together with householders) ‘small do-able actions’, feasible and effective behaviors based on THEIR current context
- Use the MIKIKIR job aide for negotiating improved practice
- Describe how the MIKIKIR approach facilitates a focus on behaviors
- Identify major barriers and motivators to the 3 key practices from the householders’ point of view
- Build a tippy-tap, water saving device for hand washing that can serve as demonstration site for other community members
- Construct and improve traditional latrine from local materials that meet minimum standards
- Identify the tasks of a VCHP
- Support HEWs to discuss and raise issues of Hygiene and sanitation and other health issues in the communities
- Collect information on number of latrines constructed, hand washing stands, home visits compost pits etc.
- Develop ACTION PLANS for the next THREE months to conduct community conversations, Coffee for Health, and sanitation campaigns in the communities.

3. Workshop Organization

This training activity is divided into five units:

- **Unit One:** Introduction to the Cycle of Fecal Contamination and the importance of safe excreta disposal, safe water and hand washing in breaking the cycle of fecal contamination.
- **Unit Two:** An examination of the Three Key Behaviors of Hygiene and Sanitation Total Behavior Change
 - Hand washing with Soap or Soap Substitute
 - Safe Water Handling and Treatment
 - Feces Management

Exploring the Role of the Volunteer Community Health Promoter in breaking the cycle of fecal contamination and achieving TOTAL BEHAVIOR CHANGE IN HYGIENE AND SANITATION HW

- **Unit Three:** Tools and techniques for changing hygiene and sanitation behavior at the HOUSEHOLD LEVEL
 - Identifying Small Doable Actions to move people toward total behavior change
 - Negotiating Improved Practices using the MIKIKIR and GALIDRAA
 - How to wash hands correctly
 - How to build a hand washing station
 - How to build a household latrine
- **Unit Four:** Tools and techniques for changing hygiene and sanitation behavior at the COMMUNITY LEVEL
 - Coffee for Health meetings
 - Community Conversations
 - Sanitation Clean-up Campaigns
 - Community Declarations
- **Unit Five:** Roles and Responsibilities of the VCHW
 - How do you start?
 - What is your six month plan?
 - Who will you work with?
 - What help/support do you need?

4. MATERIALS NEEDED FOR HOLDING THE WORKSHOP

(According to the number of participants invited, with a maximum of 30 recommended)

| MATERIALS | QUANTITY |
|--|----------|
| Flip Chart | 3 |
| Markers (Four different colors, if possible) | 12 |
| Package of Index Cards | 3 |
| Ream of A4 Paper | 1 |
| Sanitation-related photos | set |
| Jar of Turmeric Spice | 2 |
| Bowl | 30 |
| Bars of Soap | 30 |
| Empty water bottles | 30 |
| Hollow pens or straws | 30 |
| Nails | 30 |
| Bottle of Clean Water | 3 |
| Bottle of Salted Water | 3 |
| Palm piece from hand brush | 10 |
| Disposable Cup | 30 |
| Animal or Human Feces | N/A |
| Posters | 30 |
| Roll of masking tape | 6 |
| Illustration Book: "How do We Protect Our Well?" | 10 |
| Ball | 30 |
| MIKIKIR Job Aid for Negotiating Improved Practices | 1 |
| MIKIKIR Cards | 30 |
| Guidelines for Visit | 30 |
| Illustration: "How do We Chlorinate Our Water?" | 15 |
| Bottle of Water Guard / Wuha Agar | 1 |
| Jericans | 6 |
| Buckets of water, each with a lid and a spout | 6 |
| Disposable cups or glasses, brought to the meeting by the participants | 30 |
| Illustration: "How do We Boil Our Water?" | 15 |
| Illustration: "SODIS method" | 15 |
| Transparent 2-liter bottles with lids | 30 |
| Pitcher of Water | 6 |
| Aide-Memoire: "SODIS Water Purification Method" | 30 |
| Coffee/Tea | 30 |
| Sample of Village Pledge | 1 |
| Colorful Balls of Yarn for Closing Exercise | 3 |

UNIT 1

UNIT ONE - INTRODUCTION

UNIT ONE OBJECTIVES

At the end of this unit, participants will be able to

- ✓ Recognize and describe the roots of fecal contamination
- ✓ Identify the relationship between open defecation and water contamination

ACTIVITY 1.1

INTRODUCTION/SETTING THE CONTEXT

PREPARATION

This session will help participants visualize the role of the Volunteer Community Health Promoters and the link between WASH and healthy living in their communities. Participants will observe, discuss and analyze the roots of fecal contamination and its effect on the health and identify barriers that can improve the well being of all community members

Write on the flipchart: Water, sanitation and hygiene improvements can improve everyone's health.

MATERIALS Flipchart

TIME 20 minutes

PROCEDURE

Ask participants: What is the most important cause of death among children under five in Ethiopia? Answer: Diarrhea

Refer to the statement on the flipchart

Ask participants to discuss the truth about the written statement

Possible answers:

- Adequate quantities of safe water can reduce diarrhea by one fifth and also reduce schistosomiasis by three quarters. Improved water supply also reduces the time and energy spent on collection of water, particularly for women and girls.
- Safe latrines can reduce diarrhea by one third and also reduces intestinal worm infections and malnutrition. Latrines give women and girls privacy and increase their dignity.
- Improved hygiene, particularly hand washing at critical times can reduce diarrhea by one third and reduce malnutrition.
- Face washing reduces trachoma

Tell Participants: People who drink safe water, and use clean latrines and practice hand washing at critical times will save money because they will not need to spend money to treat the diseases. They will also be able to work or study on the days that they would have been sick.

ACTIVITY 1.2

ROOTS OF FECAL CONTAMINATION

PREPARATION

MATERIALS Picture of man and open defecation
5 Index Cards
8 pieces of A4 paper cut in half
Flipchart

TIME 30 minutes

PROCEDURE

Facilitator: Before the session begins, write on the flipchart paper the following words:

1. Feet, 2. Flies; 3 Fingers (hand); 4. Fields, 5. Fluids (water supply)

Tell participants that we will discuss the behavior\ of open defecation.

Show participants Picture of OD

Ask What happens when someone defecates in the open?
Where do the feces go?
What happens when it rains?



Possible answers

- All excreta is dangerous and needs to be isolated from the environment, including that of children and infants.
- When someone defecates into the open, we are all at risk of eating the feces.
- Open Defecation is easily spread to contaminate food and water, making it easy to ingest. This in turn causes diarrhea.

Place OD picture above the 5 words written on the flipchart
Show flip chart with the 5 words written on them

Open defecation is most commonly spread by these “F”s:



Divide participants into groups of 5

Hand out 5 pieces of cut A4 paper and marker per group

Discuss Are people disposing of all excreta safely?” [Farmers in fields? Children and infants?]

What could make it easier for community members to stop open defecation?

What could prevent the spread of feces into our food and water supply?

Write One response per piece of paper

After the groups have finished their discussions, use the picture of OPEN DEFECATION and

Ask one group to select and place one prevention behavior written on the paper, under the OPEN DEFECATION picture

Tell other groups to place a different response under the OPEN DEFECATION picture

Possible Prevention Behaviors:

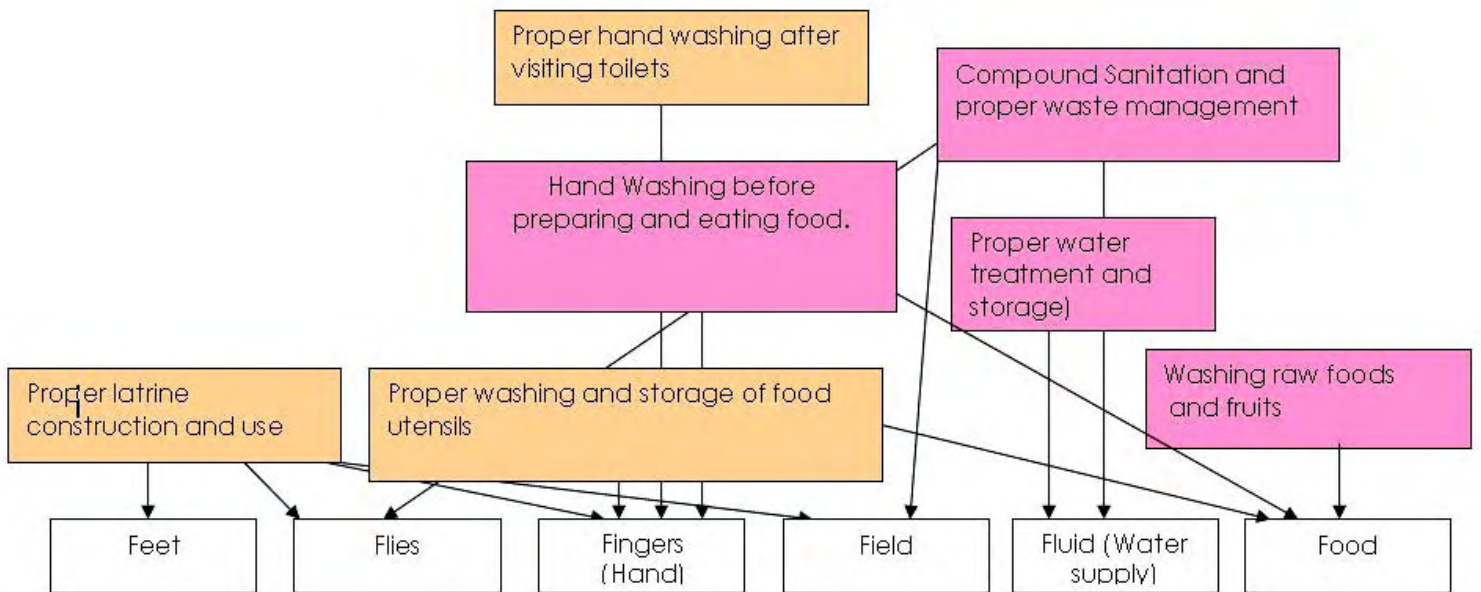
- Proper latrine construction and use
- Proper hand wash
- Proper water treatment and storage
- Compound sanitation and proper waste management
- Washing ray foods and fruits
- Proper washing and storage of food utensils
- Hand washing before preparing and eating food

Debrief:

- The first defense against open defecation is proper latrine use by every member of the family, hand washing and proper water storage and treatment.

- A safe latrine separates the excreta and people if it has a cover or some other kind of seal to prevent flies and people from coming into contact with the excreta.
- Latrines have the added advantage of providing privacy when they have superstructures (walls and a door or curtain). Women and girls in particular really appreciate the privacy that latrines provide. Knowing women have their privacy makes the whole family proud.
- After using the latrine the person can wash their hands so another barrier is to wash hands after using the latrine.
- Excreta can be made safe by burial in the ground. Even a cover or shallow covering of soil over the top of the excreta will prevent flies from walking and feeding off the excreta. Where no other type of excreta disposal system is available, burial is a clean and convenient way of disposal. For example, a person working in the fields can bury his/her excreta with a hoe. This is sometimes called the ‘cat method’.
- Care needs to be taken to make sure that all excreta, including the excreta of babies and children, is disposed of in a latrine or is buried. Infants’ feces actually contain more contaminants than even adult feces.
- Care must be taken to keep the latrine clean and strong.

**BREAKING THE CYCLE OF FECAL CONTAMINATION/
KEEPING FECES OUT OF THE ENVIRONMENT**



UNIT
 2

UNIT TWO – Introduction to Water Sanitation & Hygiene Key Practices

UNIT TWO OBJECTIVES

At the end of unit two, participants will be able to:

- ✓ Explain the links between WASH and healthy living.
- ✓ Describe critical hand washing practices
- ✓ Identify, discuss and demonstrate critical WASH practices that can help improve our health and community health
- ✓ Explain the links between WASH and health
- ✓ Describe critical hand washing practices
- ✓ Review exercise on hand washing
- ✓ Practice making a tippy tap water saving device
- ✓ Identify various options for making hand washing stations out of local materials
- ✓ Discussed ways to keep water safe.
- ✓ Observed and practiced using tools and techniques for changing hygiene and sanitation behavior at the HOUSEHOLD LEVEL
- ✓ Practiced skills to build a hand washing station
- ✓ Practiced steps to build a household latrine

PREPARATION

Read preparations for each activity thoroughly. Extensive preparation is needed for some. This unit also ends with a field visit to build a latrine, which requires preparation. Guidance is provided in the Activity Preparation section.

Introduction to Unit:

Ask Participants: What could you do, in your role as VCHP, to help make it easier for people to dispose of feces safely?

Possible Responses: Help community start safe excreta disposal practices to make a huge difference in people's health and well-being. Reducing diarrhea among children and reduce death from diarrhea as it is the main cause of death in children under 5.

Safe excreta disposal, hand washing and safe and secure water will break the cycle of fecal contamination all VCHP play a critical role in their communities to help community members practice these behaviors that will improve their health and well being.

VCHW will be involved in:

Demonstration Latrines, Hand washing Stations, and other Hygiene-related products

- Demonstrate how local skills and materials can be used to construct an approved traditional latrine
- Introduce hand washing station made from local materials
- Introduce local detergents such as ash (amed or indod).

Community mobilization and household visits are essential for TOTAL BEHAVIOR CHANGE. The Regional Behavior Change Strategy identifies the critical role of COMMUNITY MOBILIZATION AND HOME VISITS in achieving the ambitious goals of hygiene and Sanitation Improvement.

Each workshop participant is here because you have a particular role in achieving the goal, and each of you has a specific role within the behavior change strategy, primarily around community and household visits.

Say Now we will focus on Hand Washing

ACTIVITY 2.1 REVIEW HAND WASHING PRACTICES

OBJECTIVE By the end of this activity, participants should be able to

- describe how “invisible feces” easily passes and spreads
- explain importance of hand washing at critical moments like after defecation, before and after food preparation in order to prevent contamination

MATERIALS Turmeric Spice and bowl

TIME 20 minutes

PROCEDURE

- Facilitator dips hands into a bowl filled with Ethiopian turmeric spice powder.
- Shake hands with some participants, refilling your hands with the turmeric as necessary.
- Participants shake hands with each other too.
- Touch other surfaces in the classroom, leaving a trail of turmeric.

Ask Based on the turmeric, how fast does contamination occur?

Possible answers highlight these key points:

- People exchange germs when they touch each other, surfaces or food.
- Contamination enters the body through mostly through the mouth.
- Contamination on hands *soars* after using the toilet.

Tell the group

Imagine you were about to sit down and enjoy a meal. Just before you started to eat, you noticed your hands were covered with turmeric.

Would you continue eating? What would you do?

Say The turmeric represents just a fraction of the germs present on our hands. Imagine that we could see our hands covered with millions of germs. Would you want to eat food with hands that look like that?”

Ask What might happen if you eat food without washing their hands while their hands were covered with germs (turmeric).
What might happen if you prepared food with germ-filled hands?

Tell the Group

Summarize these key points on germs enter our bodies

- Contact spreads contamination.
- Germs can enter the body through the mouth.
- Germs clinging to unclean hands can easily transfer to food and from food to mouths
- The number of germs on hands soars after using the toilet.

The most dangerous germs enter the body from hands that have not been cleaned after using the toilet.

Washing hands with soap or ash after defecation and before handling food

Say: This project thinks that hand washing will make a huge difference to people's health and well-being. Hands are used for anal cleansing after defecation. No matter what material is used for anal cleansing, hands still get dirty from the feces, even if the dirt can not be seen or smelled. For this reason, both hands should always be washed using soap or ash after defecation or after going to a latrine.

Hands should also be washed before handling any kind of food, including dry food like roasted maize.

Both hands should be washed with water and a cleansing agent.

- Soap is the most pleasant (and effective) hand washing agent.

When soap is too expensive or is not available, alternative can be effective:

- Wood ash will also rub off any dirt and smells. The slight irritation you feel when you wash your hands with ash shows the cleansing power of ash.
- Local seeds such as 'Indod' which are known to be good cleaning agents can also be used for regular hand washing.
- Clean sand with water can be used for hand washing to help to rub off dirt.

It is important that everyone always washes their hands after defecation and before handling food. However, most people do not wash their hands often enough.

Hand washing should be made as easy as possible by keeping hand washing water and the cleansing agent beside the latrine, and if possible also outside the kitchen or food eating area.

Conclude: Hand washing with soap or ash after defecation and before handling food will improve everyone's health

Ask: What are the WASH practices that can help improve our health?

- Safe excreta disposal
- Hand washing at four critical times
 - a. Before eating
 - b. Before cooking
 - c. After washing child bottom or performance of any cleaning job
 - d. After toilet use.
- Keeping water safe for drinking

Tell participants that we have already discussed about Safe Excretal Disposal

Tell participants that they will have the opportunity to practice latrine construction later in the workshop.

ACTIVITY 2.2

HOW MUCH WATER WILL IT TAKE?

OBJECTIVE

At the end of this activity, participants will have

- calculated amount of water needed by a household during one day to carry out “ideal behavior” of hand washing
- demonstrated correct hand washing technique
- explained importance of hand washing and how soap or cleaning agents help to release germs
- identified when households should wash throughout the day
- articulated some barriers to washing hands

MATERIALS

Bucket and Pitcher
Soap

TIME

40 minutes

Facilitator, note.... You DO NOT want to try to save water in this demonstration. You pour water over the volunteers' hands, and use as much as reasonably possible. This contrasts later with the savings using the tippy tap.

Emphasize the importance of soap or agents to break down and lift contamination, feces. So water can wash it off. It is similar to cleaning grain, separating the chaff from wheat.

Emphasize that it does not have to be clean water, it could be flowing water

Procedure:

Ask for 1 volunteer to demonstrate correct hand washing. Have the group coach them on ‘correct hand washing’, correcting the technique if needed. All the time, waste water should be caught in the bucket below.

Facilitator: Encourage the group to focus now on CORRECT technique

Direct participants to the correct hand washing instruction in the Footsteps Guide, on page 41.

At the end of the wash, measure the water in the bucket.

Write down this number on a flipchart.

Tell the group

We just used XX liters of water for ONE correct hand washing...

Say Now take the worksheet and we'll continue examining the behavior of hand washing.

Have them fill the amount of water used on their worksheets

Amount of water required to wash hands CORRECTLY ____500ml__ (or whatever amount it was)

Say **Now we're going to figure out how many times a day a family needs to wash their hands**

I'm going to ask you to think of a family of six,
and calculate how many times a day this means you'll wash...

Break into groups of three, and calculate how many times a day the family needs to wash. You have a worksheet in your notebooks on page 33.

Say there are no correct answers. Just make assumptions and proceed. For instance, a family of six probably has one or two infants under two. You decide, make decisions on all the undetermined possibilities, and proceed.

| EXAMPLE | Number of times a day/ each person | Number of family members doing this | Total number of times a day |
|--------------------------------|-------------------------------------|---|-----------------------------|
| After defecation | 2 | 4 (babies and young children don't wash THEIR hands) | 8 |
| After cleaning a baby's bottom | 8 | 1 2 | 8 |
| Before preparing food/cooking | 4 | 1 (mother and daughter) | 8 |
| Before eating | 2 plus washing before breastfeeding | 4 (one baby will be BF, the other is fed) | 8 plus 4 BF |
| TOTAL | | | 36 |

Facilitator: Groups often estimate a range of 25-60 washes. The example is just to make a point, so do not be concerned with precise number.

Probably there will be a need to help the groups with the math.

Say Now, multiply this number of washes a family must do per day...by the amount of water it takes to do a wash

Estimated amount of water to wash hands CORRECTLY (in ml) _____

Multiply by number of washings _____

TOTAL AMOUNT OF WATER FOR A FAMILY TO WASH CORRECTLY FOR ONE DAY _____

Ask groups to call out how much water. Total number of liters will vary. Ask the 'high' and the 'lowest' group to explain the 'assumptions' of how they got to their totals. There is no "right" answer.

Conclude that it is difficult for families to do the 'ideal' behaviors.

Each 20 litres means another trip to the well.

A family washing hands properly could mean keeping the girl child out of school, just to carry out this task of bringing water for hand washing!!!!

Ask: What makes it difficult for people to wash their hands?

What could they do to make it easier?

What could you do, in your role, to help make it easier for people to wash their hands correctly at the 4 critical times?

ACTIVITY 2.3

PREPARING WATER SAVING DEVICES

OBJECTIVE

By the end of this activity, participants will have

- Identified local materials that can be used to save water.
- Built a tippy tap

MATERIALS

Empty water bottles
 Old hollow pens or straws
 Nail
 Flipchart
 Hand washing supplies from previous exercise

TIME **55 minutes**

Procedure:

Facilitator: using the materials described above, do a demonstration and follow the steps to prepare a water saving device that can be used for hand washing. Invite participants to help during the steps.

Practice Preparing water saving device

- Use any vessel or bottle
- Make a hole three fingers up the bottom
- Insert a short stem of bamboo or Bic ball point pen
- Seal the space between the bamboo and the hole in the vessel with gum
- Make a plug for the bamboo or the bic
- Prepare a container for ash or hang soap nearby the hand washing stand
- Wash hands and feel the difference in water saving and convenience.

For additional options on making tippy taps from locally available materials, see handouts found in trainers manual and Gott Ignition Guide, pages 37-40.

Conclude: Installing a hand washing station makes it easier to wash hands and reminds people of the critical moments. If you set one outside the latrine and near where people cook and eat, they will be more likely to remember hand washing and more likely to do it because there are fewer barriers.

If water is scarce and or running water is not available, the tippy tap addresses these problems so is the best kind of hand washing station to set up.

Say: I need another volunteer to washing their hands using with the tippy tap, and we'll measure how much water it takes for one wash.

How much water does this take?

Let's think back to the handwashing calculation.

If a family changes and installs a tippy tap for washing, how much water will it NOW take to wash?

How much of a savings is this?

What impact will this have on the families behaviors? And their health?

Discuss and Conclude

ACTIVITY 2.4

CRITICAL WASH PRACTICES : KEEP WATER SAFE
SAFE-LOOKING WATER

OBJECTIVE

By the end of this activity, participants will be able to:

- Explain the importance of safe water collection, handling and storage of water
- Identify water that may contain feces and other matters and can make a person ill
- Name at least three actions to protect/make water safer to drink like Chlorination, Boiling water, SODIS method

TIME

20 minutes

MATERIALS

1 bottle with clean water
 1 bottle with clean salted water
 1 palm piece from an old hand broom
 1 disposable cup
 Animal or human feces

PROCEDURE

Part one

- **Show the participants 2 bottles** (1 bottle WITH water and salt and the other bottle with water WITHOUT salt) and ask them to look at them closely. **Ask them if they see any difference in the water in the two bottles.**
 - Hold up one of the bottles and ask those who think that the water in that bottle is safe to drink to raise their hands.
 - Hold up the other bottle and ask those who think that the water in that bottle is safe to drink to raise their hands.
- **Assure everyone that the water used for this activity will not make them sick, that you assure them it is from a safe, new Highland bottle. Ask 2 volunteers to taste the sample of water WITHOUT salt.** It is better if both drink the water at the same time and the other participants can see their faces when they taste the water. Repeat this process with the same volunteers using the water WITH salt.
 - Give the volunteers the opportunity to give a brief explanation of the difference between the two bottles of water.
- **Ask the observers** what they learned from the volunteers' experience drinking the water. **Reinforce the idea that although water appears clear and "clean", it may have germs** that can make a person ill.
- Find out if anyone has any questions about this exercise or on how are they going to teach households or community groups, and respond appropriately.

Part two

- Ask a participant to help you, by holding the hand brush made of palm and removing one piece of palm from it.
- Place the sample of feces, which you collected before the meeting, where everyone can see it. Hold one end of the palm from the hand brush and run it through the feces. Submerge the palm piece with feces on it, into a glass or bottle of water and then remove the palm piece of the hand brush.
- Ask for a volunteer who dares to drink the water from the glass / bottle (only to see their reaction). **No one should consume this water.**
- Conduct a discussion on the group's reaction and be sure to stress the idea that the community's water has feces just like the glass of water used in the activity.

ACTIVITY 2.5

KEEPING WATER SAFE FROM SOURCE TO MOUTH

- OBJECTIVE** By the end of this activity, participants will have
- reviewed the Water Chain and
 - identified the many places where water must be protected from contamination- “from source to mouth”.

TIME 30 minutes

MATERIALS Pictures and diagrams in handbook

PROCEDURE

Emphasize that even when water starts out from a safe source, such as a protected well or pipe, OUR actions in collecting, storing and handling it can add a LOT of contamination, that causes diarrhea for our children, our elders and ourselves!

A lot of water starts out from a contaminated source, but we have OPTIONS for drawing it in safer ways, and avoiding improper handling which makes it even less safe.

- **Obtain** information from the participants:
 - Ask for two volunteers to tell how they transport water to their houses.
 - Ask two different volunteers to tell how they serve water in their homes.
 - Ask two different volunteers to tell how they store drinking water.
 - **Place the illustration book titled “How we take care of drinking and cooking water”** in front of the participants in the central part of the room, so that everyone can see it.

The Water Chain

Discuss the many “links” in the water chain where water needs to be protected.

Ask people to discuss:

1. Source of water: Discuss the water sources where the volunteers are getting their water supply. Some water sources such as rivers, unprotected springs or wells are already contaminated or have the potential to be contaminated.



Your goal is to keep human and animal feces out of the drinking water

If a river is the only source, water should be collected upstream from any activity the washing or bathing of people or animals

A well or spring should be fenced to keep animals away. The collection bucket should be kept off the ground

1. Cleaning or washing water fetching vessels:

Ask how often and what methods people use to clean their containers. Water can also be contaminated if water containers such as ensira, jerricans etc. are not properly washed.

Explain proper washing. Containers should be washed every time they are filled. See handout on proper cleaning of containers.

2. Safe transport to the homes- Even if it is fetched from safe and protected source, water could also be contaminated during transportation. Be certain to cover all containers properly using clean covers or screw caps.



- A covered jerrican is the best
- A covered ensira can also protect the water
- Open buckets are very often easy to contaminate and should be replaced by small neck covered containers.

3. **Storing water at home in a narrow necked container:** Water can also be contaminated at home when it is left open for animals to drink, children to dip their hands in. The safe way is to store it in a narrow necked container that can be covered with a screw cup.



This chain of events in the process of selecting safe water, transportation and storage are very important to safeguard our family from adverse health problem.

ACTIVITY 2.6 SAFEGUARD WATER FOR DRINKING

OBJECTIVE

By the end of this activity, participants will have:

- Discussed importance of make water safe for consumption
- Identified and described procedures used to make water safe for consumption
 - Chlorine solution
 - Boiling water
 - SODIS method

At the end of this activity, participants should be able to describe ways in which they can take care of their water.

TIME 15 minutes

MATERIALS Illustration from Peru book: “How do we take care of drinking and cooking water?”

Tell participant that the ultimate safeguard to make water for consumption safe is the use of safeguard at point of use-

Ask participants what are some ways to make water more fit and safe for drinking and cooking?

Possible answers:

- Boiling water,
- use chlorine solution,
- *SODIS method*,
- *sieve*,
- *keep from animals and children....*

Ask: How do we make water safe for drinking and cooking?

Place the illustration book titled “How we take care of drinking and cooking water” in front of the participants in the central part of the room so that everyone can see it.

Key ideas:

- Transport water in a covered, well-sealed container
- Serve water using the spout on a container with a lid and a spout or serve it with a clean, long-handled dipper
- Store treated water in a container with a lid and a spout

Indicate that there are 3 situations that we must consider in taking care of our water:

- transportation
- how we serve it,
- how we store it

Explain that in:

- The first section we can see that the ideal situation is **transporting water in a container with a lid that is tightly sealed**. Water should **never** be **transported** in a container **without a lid**.
- The second section of the material indicates that **servicing water, using the spout**, from a container with a spout and a lid is ideal, but if there is no container with a spout and a lid available, the best alternative is to serve water by pouring it from a pitcher or to serve it with a **clean, long-handled dipper** and well washed hands. **A bowl** should **never** be used to dip water from a container because it can be contaminated very easily. What is most important when serving water is that nothing dirty – such as hands, a bowl, or a cup – comes into contact with the water.
- The third section of the material indicates that the ideal situation for **storing** water is to use a **container with a lid and, preferably, a spout**. It is important **to have a lid that seals tightly** on the container in which treated water is stored. Water should **never** be **stored** in a **container with a lid that is not well sealed**.

ACTIVITY 2.7 MAKING WATER SAFER FOR DRINKING

OBJECTIVE

- Participants should be able to explain the advantages of chlorinating, boiling and using the SODIS method of treating water and describe how to use each method.
- Participants should be able to explain the advantages of chlorinating, boiling and using the SODIS methods of treating water.
- Participants should be able to explain how to treat water by chlorinating it, boiling it or using SODIS.

TIME 1 hour

MATERIALS

- Posters
- Markers
- Masking tape
- 2 Jericans
- 3 Highland bottles
- 2 Bottles of Water Guard
- Tea Kettle

Preparation prior to the session

- Create a poster with the title “Chlorination” and write “advantages” in one section and “procedure” in a second section of the poster.
- Create a poster with the title “Boiling” and write “advantages” in one section and “procedure” in a second section of the poster.
- Create a poster with the title “SODIS” and write “advantages” in one section and “procedure” in a second section of the poster.

PROCEDURE

Part 1: Group work

- **Divide** the participants into three working groups
- **Assign** a method to each group, so that the first group works on chlorination, the second group works on boiling water and the third group works on SODIS.
- **Tell them** they have 20 minutes to identify and write (in large letters that everyone can read) the advantages of their method and steps involved in their method on their posters.

Part 2: Group presentations

- **Ask** a member of each group to explain the advantages of their method and the steps involved to the entire group of participants at the meeting. During the presentation, the group’s poster should be hung where everyone can read it.
- Following each group’s presentation, **hang** the illustration of that method next to the poster. (For example, if the chlorination group has just made their presentation, hang the illustration of the chlorination method next to the chlorination poster made by the group.)
- **Ask** the participants in the other two groups to compare the poster with the illustration and to comment on differences in how they suggest using the method. (For example, if the chlorination group has just made their presentation, members of the boiling and

SODIS groups comment on the differences between the steps identified in the chlorination illustration and on the chlorination poster.)

- **Resolve** questions about each method by the end of the discussion on that method.
- **Repeat** this process until all 3 groups have presented their information.

DEMONSTRATION

How do we chlorinate our water?

OBJECTIVE By the end of this activity, participants should be able to chlorinate their water following the chlorination procedure promoted through this strategy.

TIME

- 15 minutes

MATERIALS

- Illustration: “How do we chlorinate our water?”
- 1 bottle Water Guard / Wuha Agar
- 6 Jerricans
- Disposable cups or glasses brought to the meeting by the participants

Key ideas

- Community residents can chlorinate their water.

Procedure

REVIEW THE ILLUSTRATION, “HOW DO WE CHLORINATE OUR WATER?”, pointing to each step and reading the text out loud

መጠጥ : ለማብሰያም ሆነ ለመፀዳጃ የሚጠቀሙበትን ውሃ ለማጥፋት ስንት መለኪያ (ክዳን) ይጠቀማሉ?

1. ከቧንቧም ሆነ ከእጅ ውሃ መሳቢያ የሚተዱ ከሆነ ወደ ማጠራቀሚያ ሲገለበጥም ሆነ ሲጠራቀም ሊበከል ስለሚችል እንደ መለኪያ (ክዳን) ውሃአጋር ለ20 ሊትር ውሃ ይጠቀሙ።

2. ከተሸፈነ የውሃ ጉድጓድ ወይንም ከተከለለ ምንጭ የሚተዱ ከሆነ እንደ መለኪያ (ክዳን) ውሃአጋር ለ20 ሊትር ውሃ ይጠቀሙ።

3. ካልተሸፈነ ወይንም ካልተከለለ የውሃ ጉድጓድ የሚተዱ ከሆነ በመጀመሪያ ውሃውን በጨርቅ ካጣሩ በኋላ ሁለት መለኪያ (ክዳን) ውሃአጋር ለ20 ሊትር ውሃ ይጠቀሙ።

4. ከወራጅ ወንዝ ወይንም ካልተከለለ ምንጭ የሚተዱ ከሆነ በመጀመሪያ ውሃውን በጨርቅ ካጣሩ በኋላ ሁለት መለኪያ (ክዳን) ውሃአጋር ለ20 ሊትር ውሃ ይጠቀሙ።



ውሃገደር

ከዚህ በታች የተገለጸውን መመሪያ በሚገባ ይከተሉ።

| | | | |
|---|---|--|--|
| <p>1.</p>  <p>በ20 ለታር ጅረትን ጠቅሞ የሚገባውን ጠቃ ይዘልም። ሌላው ጅግ ለታር ጠቃ ይደባል።</p> | <p>2.</p>  <p>የጠቃውን ጠቃን በመጠቀም ለጊዜ መላኪያ ይቆያል።</p> | <p>3.</p>  <p>በዘጸኑ የቀድሞውን ጠቃ ለታር በጊዜው ጅረትን ጠቅሞ ይዘልም።</p> | <p>4.</p>  <p>ጅረትን ከዘጸኑ በኋላ በሚገባበት/በሚገባበት ለጊዜ ይቆያል።</p> |
| <p>5.</p>  <p>ጠቃው በጠቃው ጠቃ የሚገባበት ጅረት ለከፊት ጅረት ለ 30 ደቂቃ ይጠቃል። ከ30 ደቂቃ በኋላ ጠቃው ለመጠቀም ይጠቃል።</p> | <p>6.</p>  <p>ለጠቃው ጠቃ ማጠራቀሚያ ባልደረገ ሆኖ ጠቃው መገልበጥ ይችላል።</p> | <p>7.</p>  <p>ጠቃውን የሚያጠራቅሙበትን ባልደረገ ሆኖ ጠቃው ወይንም ጠቃውን ጠቃው ለጊዜ ይገልጻል።</p> | <p>8.</p>  <p>ጠቃውን ለመጠቀም የሚጠቀሙበት ጊዜ በአጭር ጊዜ ለጊዜ ይገልጻል። ለጊዜው ጠቃውን ጠቃው ለጊዜ ይገልጻል።</p> |

የታይደደደና የተቆጣጣሪ ሰነድ የሚያስከትሉትን ጅረቶች ይገድላል።

DEMONSTRATION

How do we boil water?

OBJECTIVE By the end of this activity, participants should be able to boil their water following the boiling procedure promoted through this training.

TIME

- 15 minutes

MATERIALS

- Illustration: How do we boil water?

Key ideas

Community residents can boil their water

Science has confirmed a new procedure for boiling that takes less time and fuel

Procedure

Review the illustration, pointing to each step and reading the text aloud.

- **Inform** the participants that if their water is (sometimes or always) **very, very turbid or muddy** (as dark as chocolate), they can
 - Clarify it with Alum:
 - **Removing the turbidity using alum**
If you have alum in solid form (in small chunks), crush it until it turns into a powder. Dissolve a tablespoon and a half of alum in 20 liters of water (this is equivalent to adding 32 grams of powdered alum per 20 liters of water), stir it 100 times and let it sit for 3 hours.
 - Boil the clarified water with the alum until large bubbles appear.
 - Clarify it without Alum:
 - **Leave the water sitting for 12 hours** so that the dirt can settle; then put the clarified water into another container (leaving the dirt behind).
 - **Boil** the water until large bubbles appear.
 - Add **2 bottle capfuls** of water-and-bleach solution (this is optional, but is recommended).

Discuss the amount of time needed to boil water that is safe for drinking.

Ask how long people currently boil.

Explain that water is safe after the first big bubble.

Ask and discuss if people are comfortable with this 'new' time guideline.

Highlight that boiling is only one step to making water more fit and healthy for drinking. Explain that water must be stored in a clean, covered container, and extracted by a tap or clean dipper.

Find out if anyone has **any questions or concerns** and respond to them during the meeting with the entire group.

DEMONSTRATION**SODIS method of purifying water**

OBJECTIVE By the end of this activity, participants should be able to treat their water using the SODIS method.

TIME

- 20 minutes

MATERIALS

- **Illustration: "SODIS method" DOES THIS EXIST ALREADY IN AMHARIC/**
- Transparent 1 liter Highland-type bottles with their lids
- Pitcher of water
- Aide memoire: "SODIS water purification method"

Key ideas

- Community residents will learn the SODIS method, which they can use to treat their water.

Procedure

- **Explain** that SODIS is a method of disinfecting water **using sunlight**. With this method, ultraviolet light from the sun and high temperature water (as a result of the heat) destroy germs in the water.
- **Review the SODIS" illustration**, pointing to each step and reading the text aloud.
- **Demonstrate** how to fill the plastic bottle with water from the pitcher.
- **Demonstrate** how the bottle should be laid on its side in a safe place.
- **Explain** that this water is safe to consume after the bottle is exposed to sunlight (where no shadow falls)
 - **for 6 hours if it is sunny** or
 - **for two days if it is cloudy**

Remind the participants that:

- The only **materials** needed for SODIS are:
 - ◆ **Clean transparent plastic bottles with their lids.**
 - The **bottles** should hold **no more than 2.5 liters each**
 - Use only **transparent plastic** mineral water or soda **bottles**. You should not use green, brown, blue etc. bottles or glass bottles (because the color and glass do not allow the sun's rays to disinfect the water).
 - **Lay** bottles of water down on their sides (rather than standing).
 - If your bottles **are very opaque or scratched**, discard them and use others.
 - **Remove the labels** on the bottles because the labels block the sun's rays from disinfecting the water.

◆ Clear water

- **You can only use the SODIS method with clear water**
 - **You can not treat turbid water with the SODIS method.** Even if it was clarified first, it still can not be treated with SODIS because there are many natural particles floating in the water and the sunlight cannot penetrate enough to kill germs. (If the water is turbid, the chlorination method [see Activity 1.4] or the boiling method [see Activity 1.5] should be used).
 - A piece of **corrugated metal is optional**, but it is a good idea (though not absolutely necessary) to lay the bottles on something that reflects sunlight (such as metal).
 - Water treated with SODIS **should be stored in the same bottles.**
 - After opening a bottle of water treated with SODIS, it should only be kept **for 24 hours**. After that, it should be discarded.
- You should not drink water treated with SODIS directly from the bottle, putting your mouth on the bottle. To consume the water, **pour some in a clean glass**, since we can contaminate the water by having direct contact between the bottle and mouth.
 - You cannot use the SODIS method if it is raining ALL day long, because there is not enough sunlight to reach the water.

It is also important to inform people that when they used chlorine to treat water, chlorine remains in the water and helps protect it from becoming recontaminated easily, in contrast with the SODIS or boiling methods that do not have any elements that remain in the water and protect it from contamination.

Therefore, the **chlorination method is considered to be the "ideal" method (as residual chlorine protects the water)**. While boiling and SODIS treat water just as well as chlorine, they are considered "less than ideal" (because there is no element that remains in the water to protect it from recontamination).



Therefore, you should try to encourage people in the communities to chlorinate water, but if they are unable or unwilling, they can boil water or use the SODIS method (but they need to take precautions against recontamination).

ACTIVITY 2.8

HOW DO WE PROTECT OUR WELL?

OBJECTIVE The participants should be able to identify 5-7 measures that they can implement to protect their water sources.

TIME 20 minutes

MATERIALS

- Illustration book: “How do we protect our well?” [NEED IN AMHARIC]
- A ball (either paper or plastic)

Key ideas:

- Protect water wells from rain and floods.
- Keep the area around the well clean.
- Build a structure in the well to prevent contamination of the bucket and rope.
- Ensure adequate distance between the well and the latrine.

PROCEDURE

- **Ask** all of the participants to **stand up and form a circle**.
- **Explain** that we are going to **play a game called "The question ball"** which consists of tossing the ball to someone in the group and then the person who receives it must answer the question: **How can we protect our water sources?**
- Once the person has given his/her advice, he/she **throws the ball to another person** (not to the person right beside to him/her) to answer the same question and so on.

When several possible responses have been heard, we ask them to take their seats again.

- **Place the "How do we protect our well?" illustration book** in the central part of the room, so that everyone can see it.
- **Review the illustration book** with the entire group. During the process, ask a round of questions to reinforce the ideas they mentioned during the game, highlighting that the main areas of the well that should be protected are those in the illustration book.

Debriefing from the activity:

Ask participants to discuss what has happened in the activities during this unit?

Possible answers:

- Safe water is usually clean and clear, but just because water is clear does not mean that it is safe to drink.
- There are poisons and germs that cause diseases that we can not see but that are harmful to us if we drink them.
- There is often feces in the water we drink

Ask participants: What are some additional ways we could protect our water from contamination?

- Water that is safe at a public tap or well needs to be cared for in order to keep it safe from the source to the consumer's mouth.
- The well or tap should be fenced so animals can not defecate near by
- Clean water containers need to be used for collection and storage of water, and any covers used to prevent water from spilling also need to be clean.
- **The hands of the person collecting the water should also be washed and preferably should not come in contact with the water.**
- Any water stored in the home needs to be covered so that no dust, dirt or feces gets into the water.
- A narrow neck container is the best
- Care needs to be taken when pouring water for drinking, so that dirt does not get into the water. Best is to pour directly from the container to a drinking glass or cook pot. If a scoop is used to get water out of a large container for drinking, it should be clean, used only for dipping and kept in a clean place off the floor.

ACTIVITY 2.9 MAKING WATER SAFER: FECES MANAGEMENT**OBJECTIVES**

By the end of the unit, participants will be able to:

1. Follow the steps to successfully reach an ignition moment with communities
2. Apply all the pertinent tools used for community-led total behavior change in hygiene and sanitation
3. Validate the power of this community-led approach to mobilize for total behavior change

PREPARATION**MATERIALS**

- ✓ Feces Calculation worksheets
- ✓ Glass
- ✓ Bottled Water
- ✓ Feces in a cup, plate, or contained space

TIME

40 Minutes

PROCEDURE

Ask: Where do people go to defecate?

Is it the same for everyone?

- Women
- Men
- Children
- Elders
- People with HIV or chronic illness

Welcome everyone back.

Make any new introductions of newcomers.

Ask how everyone rested, if there are any general questions.

Ask the volunteer to give a 5 minute review of key points yesterday.

Supplement their summary as needed.

Turn back to the agenda, and review the day ahead.

General introduction to the day:

Say **Today, we're going to start at another place on the pathway.** Yesterday, we saw that a number of advocacy, planning and budgeting activities take place before we can do 'our' part in communities and households. We focused on the three key behaviors for hygiene and sanitation improvement, we learned about the components of the Regional

Behavior Change Strategy, and explored together some of the factors that most influence the key behaviors.

Today, we are going to the Gott Ignition and Action Step. We're going to focus on an approach to start the process of Community-led Total Behavior Change.

First, we'll learn how to Ignite! communities to change, and then we'll practice it with each other and finally with nearby communities.

After this, we'll review some familiar ways to change behavior, and introduce some new ways.

If awareness campaigns aren't enough to change people's behavior, how can we support total behavior change?? This unit will teach you the steps, techniques and tools to mobilize communities to commit to total behavior change; and the following unit will introduce ways that health extension workers, development agents, community volunteers and others can work at the community and household levels to support behavior change.

So first, let's turn to techniques for mobilizing communities to commit to total behavior change.

Say, I'm thirsty... excuse me.
Pour a glass of water from a bottle.

Drink it down
Be dramatic ...

Say things like..."the blessing of fresh water. There's nothing like it."

Now:

- **Take a hair** from your head and show it to the participants. Ask them can they see it? They can't see it unless they are very close to you.
- **Use the hair to touch feces** with it and put it in the water
- Offer the glass to the group
- **Ask**, anyone care for a drink??
- Usually people are not willing **DON'T LET ANYONE DRINK THIS WATER**
- Ask why he/she refused to drink

No one wants to consume their own feces, and certainly not anyone else's!

Say **This is the underlying principle to the approach we are about to learn, Community-led Total Sanitation and Hygiene. That NO ONE wants to drink or eat their own feces, much less their neighbors. The techniques we are about to learn are part of the Ignition Step central to our Community-led Total Behavior Change.**

As outside facilitators, we help people to see that current practices result in eating our own shit! Even if our own practices are good, if EVERYONE in the gott is not disposing safely of feces, washing hands, handling food and water safely, none of us can avoid eating feces. We build on this, and as facilitators, help communities COMMIT to ending open defecation, to using latrines and washing hands.

Then together will newly trained volunteers, who emerge from this ignition process, we follow-up the commitment with support, community activities, and house-to-house visits.

But let's go slowly.

[THE INTRODUCTION ABOVE IS THE 'SET UP' FOR THE FOLLOWING:]

During our introductions, we asked you to honestly tell us when the last time you defecated in the open was. Anyone who spends any time in villages knows how common a practice this is. When crossing fields, it's hard NOT to encounter feces.

Say Just how much feces does a village generate? We're going to figure this out.

Turn to your worksheet on page 34 of the Participant Sourcebook.

Divide the participants into the same groups as made the tippy taps.

Explain that they can just assume that there are 6 people to a family, as before, and 40 families to a gott.

Take 10 minutes in groups to calculate the amount of feces generated in a gott.

Sample answers from the group work. Note that there can be variation in the answers, depending on some assumptions you bring to the assignment, and that's 'okay'.

Emphasize that it is the 'big picture' that matters in this exercise, the impression of the large volume of shit, imagining it a donkey cart, thinking about where it all goes!

Feces Calculation Worksheet

A. How many times a day do YOU defecate? _____

B. Volume of feces per evacuation (per shit) _____.

C. Volume of feces per day A X B _____

D. Number of people per family _____

E. Volume of feces per family per day C X D _____

F. Volume of feces per family per month (E X 30) _____

G. And how many families in the village?? _____

**TOTAL AMOUNT OF FECES GENERATED
PER MONTH BY A GOTT (F x G)** _____

Number of donkey carts produced by each gott per month _____

Say *Let's think, Where does that feces go?*

Generate a brainstorm, following the flow of feces from fields and defecation spots..

Some probes: And when it rains?

Conclude: *That with open defecation, feces ends up in our rivers, our fields, our hands and feet, our drinking water...*

Say This exercise, together with the glass of water exercise, are the same ones we suggest you bring to gotts, to Ignite! a commitment to total behavior change. We say ignite! because when communities are led to realize that they are eating each others shit, there is usually a ground swell of commitment to stop the practice.

Ask if there is any one in the group that is trained and used Community-led Total Sanitation approaches or tools. Ask him/her to share their experiences.

Ask the group to BRIEFLY to share other community-mobilization techniques for sanitation, hygiene or other health issues.

Facilitator, really control these responses to keep them brief and focuses. Work to extract significant elements of the mobilization approaches.

Say **How does Gott Ignition work?**

An outside facilitator, someone such as yourself, leads the community though as series of activities that helps them realize they are eating their own shit. By going through these exercises, people not only realize they are consuming feces, they also start 'feeling' some very strong emotions. They often feel:

Disgust
Shame
Pride and potential

You'll harness the emotions around open defecation to positive community action, to a commitment to change. Then, you help facilitate that change by supporting community activities and through house to house visits to negotiate improved practices.

SHOW DVD "AWAKENING" (AVAILABILITY AND EQUIPMENT PERMITTING)

Running Time – 25 minutes

After the video, ask people first, what did they think?

Do you feel ready to Ignite Change?

You need to learn the steps, outlined in detail in your Pathway Guide.

You'll need to know how to use the Ignition Exercises, or Tools.

You just practiced two of those tools, the shit calculation and glass of water.

Say Let's take a short break, and then come back to review the steps we just saw in the video.

Refer back to first exercise

Say: We reviewed what happens when people defecate in the open, and agreed that improved pit latrines are the minimum technology for protecting households from eating and drinking feces!

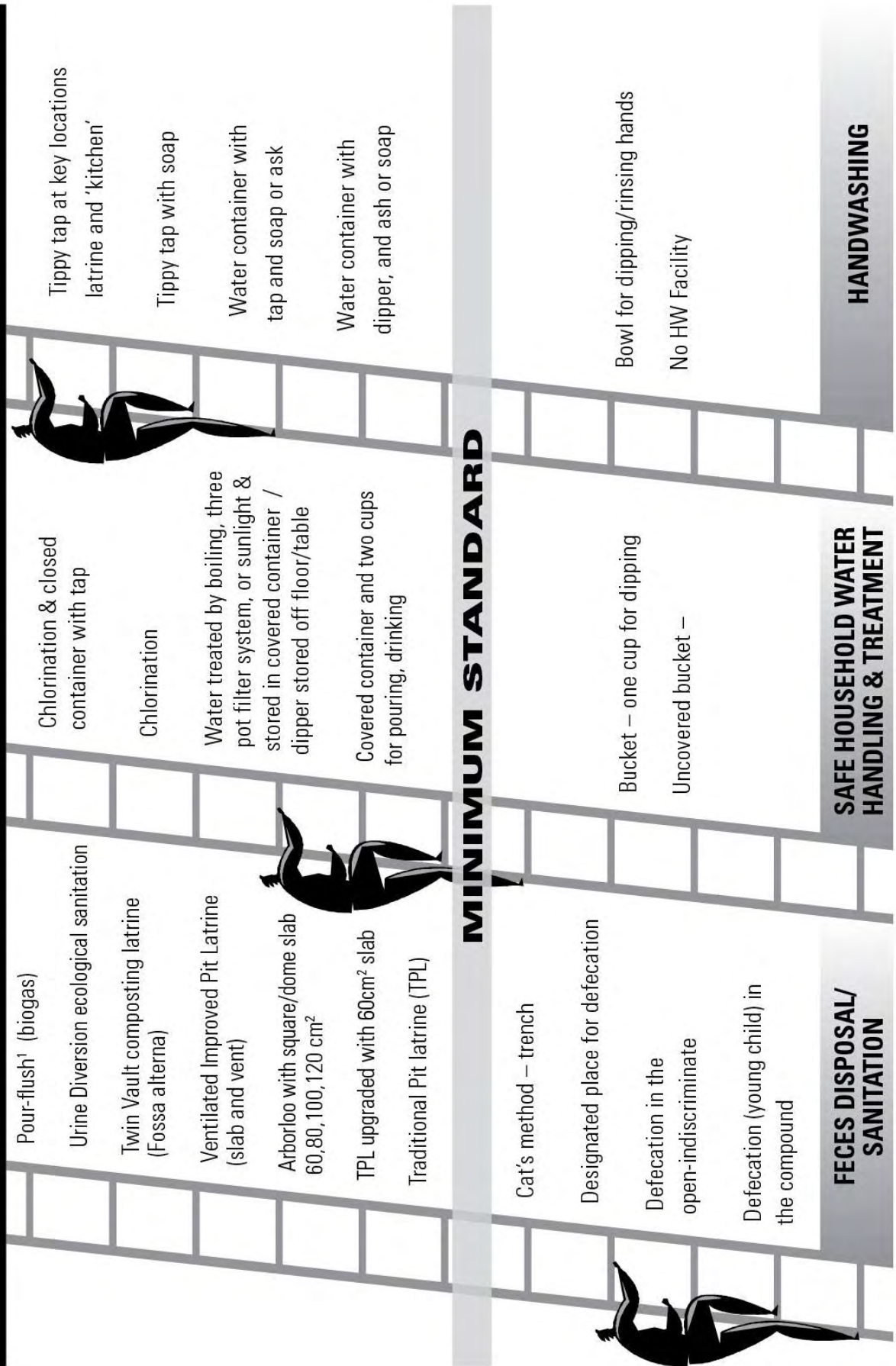
Say: The minimum technology for safe disposal of feces is an improved pit latrine

Review Sanitation Ladder:

Explain that there are options, but that the minimum safe standard is an improved pit latrine

Hygiene & Sanitation Ladder of Options

Climbing towards feces-free communities, one small do-able action at a time



Pour-flush can either be linked to septic tanks or via small bore sewerage to biogas digesters.

LECTURE AND DEMONSTRATION (This lecture can take place DURING THE FIELD VISIT if conditions permit)

Field Practice

Helping households to build latrines that meet minimum standards

This information can be used during the demonstration to help VCHP construct one latrine and handwashing station by themselves. All participants will be involved in this practice.

Before going out to the field discuss pertinent criteria for a good and functional latrine.

- The latrine should have adequate depth to last the family for more than 2 years
- The latrine should be dug away from kitchen or dwelling house and be placed at the back of the house
- The latrine floor should be sealed and dark to discourage fly attraction and breeding
- It should provide ample comfort and privacy

The next two activities can both be combined into a practical field visit. Be certain all participants review the reference materials contained in their participant materials for future use.

ACTIVITY 2.10

LATRINE CONSTRUCTION

Traditional Pit Latrine Construction

During the practical exercise consider that:

- constructing the latrine to a person that is old, sick or unable to construct one for himself
- Prepare the necessary tools, building materials such as log of wood, grass, ropes etc I advance
- Invite others in the village to come and participate in constructing a latrine in the neighborhoods.

Prepare beforehand to have in place:

- tools for digging
- shovel or other local material to cart away dug out dirt
- wood for latrine covers and constructing the superstructure
- grass, plastic, others for the walls and roof covers)
- Select a house where the owner is old, very poor or handicapped to construct his own latrine

Start Construction

In the process let trainees do the work and invite other community members to participate

Locating and sizing

1. Show them where to locate the latrines. Latrines should be located:
 - a. Six meters away from kitchen or homestead
 - b. Thirty meters from water sources
 - c. Latrine should be located at the back of a dwelling house not in front for privacy purposes
2. Show them how to measure sizes. Size could be measured using the arm length, a rope could be used to draw circles,

Digging and casing

3. Dig the latrines to a depth of at least 3-4 arms length (1.5-2 meter)
4. Remove about 1/2 arms length (50cm) of the top soil
5. Put stones and mud mortar on the rim where the top soil is removed.

Covering the latrine hole

6. Cut thick and strong logs of wood and put across it.
7. Cover the space between the logs of wood with smaller and thinner woods, branches etc
8. Cover the wood with dirt and ram, smoothen leaving the squat hole which is 25x35 cm

Constructing the superstructure (walls and roofs)

9. Bring 4 moderately strong wood and put in the ground at 4 corners of the pit
10. Tie beams on top so that all 4 logs are framed
11. Make the walls with any material but should be made to give the necessary privacy
12. Cover the roof with plastic or thatch/grass

Select the site for the latrine: The site should be selected in such a way that it will not cause water pollution or become a nuisance to the household. It should therefore be located 6 meters (12 arms length) from the house and 30 meters (60 arms length) from any well. It should also be located downhill from the well and behind the house.



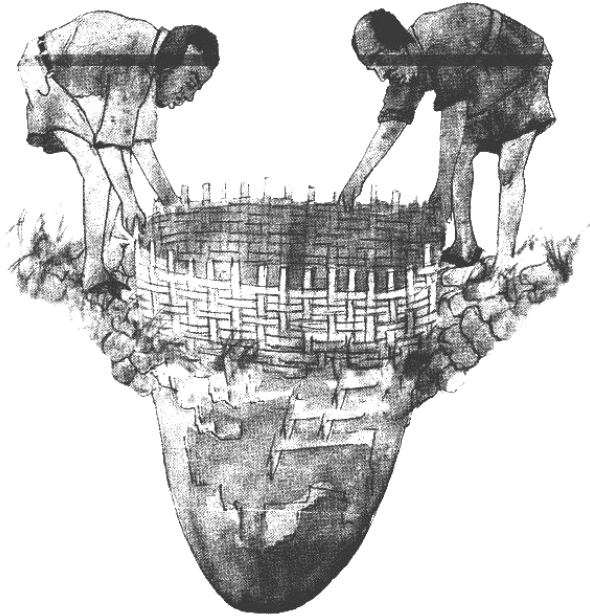
Mark the spot and make a circle. To do this put a peg in the ground and tie a rope on it. Measure the diameter of the pit on the rope. Tie a small pointed wood on the rope and make mark by moving the pointed wood around the circle. You now have a perfect circle. You can do this and the digging with your wife, children or other family member.



Dig down 1.5-3 meters deep to last a family of five from 3-5 years. The shape of the pit is preferred to be wider at the top and slightly narrower at the bottom to void caving.

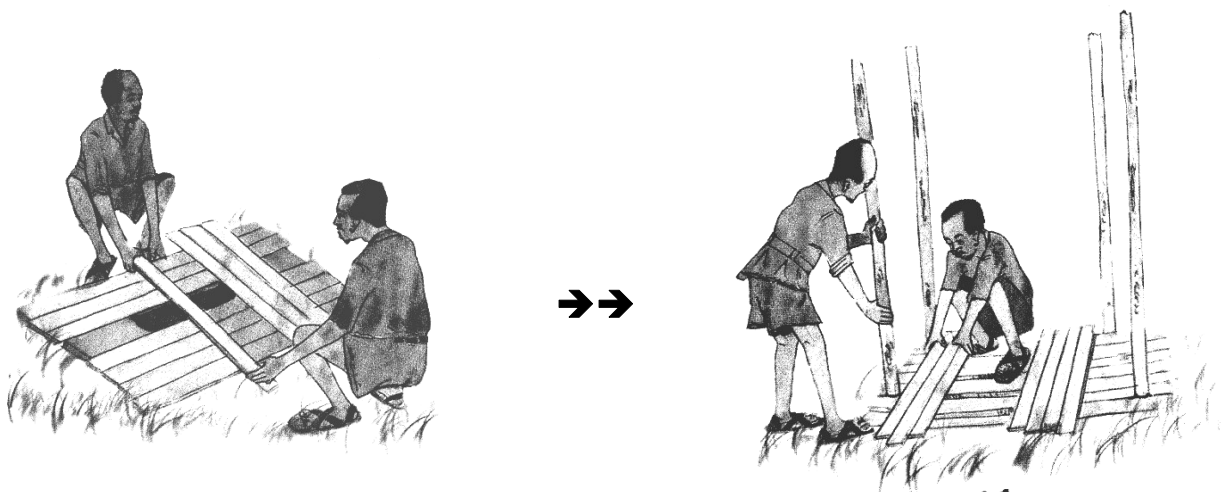
Construct casing: Constructing casing is especially important in loamy soil or black cotton soil to avoid collapse during the rainy season. This can be done by taking off the top 50cm of the soil and:

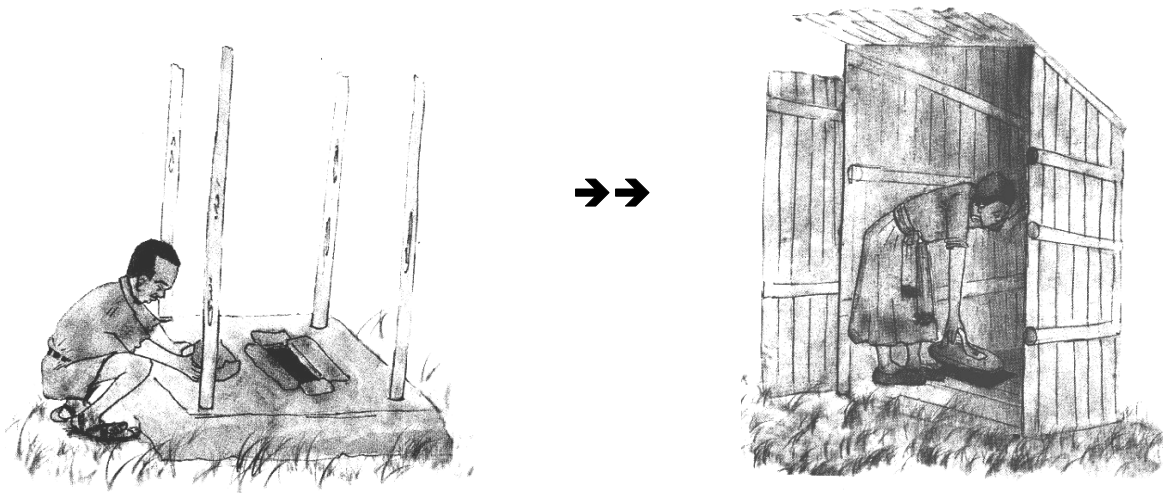
- a. Build a stone masonry with mud mortar or
- b. If available use bamboo matt to place around the top as shown in the following drawing.



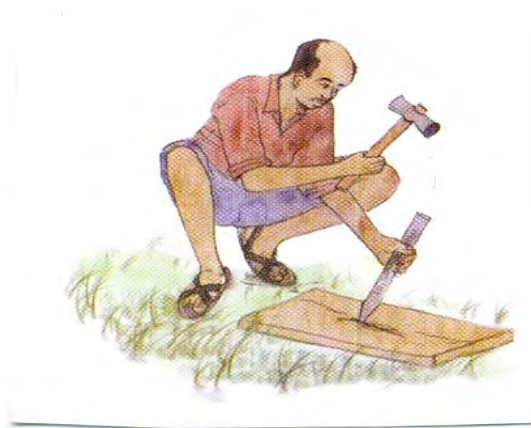
Diversion ditch: Additional measure to take in such type of soil is to dig a diversion ditch around the pit latrine to avoid flood water coming into the pit.

Cover the pit. After the casing is constructed and after the pit area is cleaned covering the pit with strong wood can proceed. To do this prepare in advance logs of wood (eucalyptus or other indigenous wood) which is 50 cm longer on both sides of the pit which means that if the pit is 80 cm you need to cut wood which is 1 meter and 80 cm long. Once the pit is covered with wood and the opening are also covered with tree branches put the dug out dirt on top of the wood and branches, ram and smoothen the surface. Now the pit is completely covered with wood and dirt except the squat hole left in the middle of the pit. (see the picture below)





Leave 15x30 cm squat hole: Squat holes should not be very small or very large. Leave only 15x30 cm as shown in the above picture and cover the whole pit with smaller logs, tree branches etc.



Prepare squat hole cover. The squat hole must be covered after each use or else flies will have the chance to go in and breed and later become a health hazard to the family. You can prepare the cover from tin, wood (lumber or home made). It is better to put a handle for convenience in removing and covering the pit before and after use.

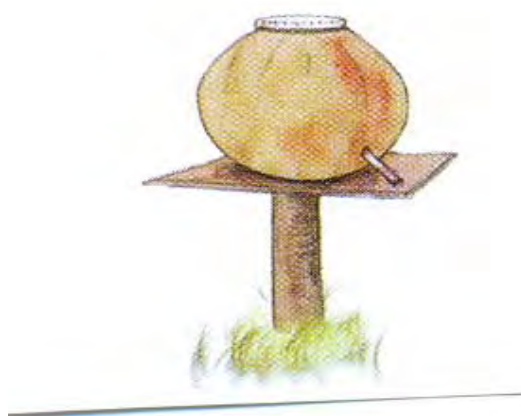


Construct superstructure for privacy: One of the important uses of a latrine is that it provides privacy and comfortable use in adverse condition-night or rain. It is therefore necessary to construct a superstructure from any available local materials such as tree branches and grass, plastic, hide or skin if available, corrugated iron sheet if available.

To construct the superstructure you need to have strong poles in the four corners of the pit as shown above. Make the roof slightly slanted for rain water to fall off easily

Activity 2.11 Building a hand washing device can help to wash hands at the critical times even when water is scarce

DEMONSTRATION



Prepare a hand washing stand: Water saving devices such as what is shown in the above picture can be made from calabash, plastic or clay pot. The important thing to consider is that a hand washing facility must be available near the latrine so that latrine users will be able to access it easily. It should be located in the compound where it is easily accessed and remind the user of the need for hand washing either after defecation, cleaning the baby, after cleaning or before cooking and eating food.



BUILD A HAND WASHING DEVICE TO HELP WASH HANDS AT THE CRITICAL TIMES

even when water is scarce

follow the easy steps below....

FIND AN AVAILABLE **VESSEL**

- An empty Highland bottle
- A gourd
- An old jerrican

AND A **HOLLOW TUBE** to make the spout....

...you can use a pen casing, a madewuria, a pawpaw stem ...anything that is hollow.

You will also need a sharp knife, a nail, or a screw driver to make a hole in the vessel for the tube.

1. Decide on the design of your hand washing station before you begin working. Will your tippy tap sit, hang, hang and tip?
2. Wash the container and tube so they are free from visible dirt. Heat the knife, nail or screwdriver to make piercing a hole for the tube easier.



3. Make a small hole for inserting the tube. Make it as low on the container as you can, about 2 cm. (two finger widths) from the bottom. Be careful to make it smaller than the tube.



4. Slowly and carefully push the tube into the hole. Be very careful not to push the hole so big that it leaks.

5. Test the water flow

When using a Highland bottle: Water is delivered when the cap is unscrewed and stops flowing when the cap is tightly shut.

When using a Jerry can or gourd: Water comes out when the cap on the pen or plug in the tub is removed. If you don't have the original cap, just find an old stick to 'plug' the flow.

Building a HAND WASHING STATION

- Set up the station right by the latrine. Make another near where you cook and eat, if possible!

After you have tested your hand washing bottle to make sure it functions, "set it up" by hanging it from a string around the neck, or setting it on a stable platform.

- Hang or place an old, shallow can or plastic bowl for soap or ash for washing.



HOW TO WASH

1. To wash, wet hands with running water.
2. Rub your hands with the soap or ash for about 30 seconds, about the time it would take to sing the Happy Birthday song.
3. Clean between the fingers, under your fingernails, and up to your wrists to help control germs.
4. It is the soap or ash combined with the scrubbing action that helps dislodge and remove germs.
5. Rinse your hands well with running water (pour from a jug or tap)
6. Dry them in the air to avoid recontamination on a dirty towel.

IMPORTANT INFORMATION: You can wash your hands with 'dirty' water, and still get clean hands, as long as you POUR it over your hands (no dipping in a bowl!) The soap or ash "lifts" the dirt, and the water then washes off the visible and invisible germs, much like shaking your dried teff to clean off the husk.



Tippy-Tap

A simple low-cost technology for handwashing when water is scarce

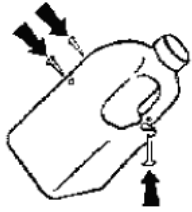
Studies have shown that proper hand-washing with soap or ash can reduce the incidence of diarrhoeal disease by 42-47 percent¹. However, lack of access to both piped water supply and soap, is a barrier to hand washing. “Tippy Taps” are simple and economical hand-washing stations, made with commonly available materials and not dependent on a piped water supply. This publication describes how to construct and maintain a Tippy Tap.

TIPPY TAPS CAN BE MADE FROM A VARIETY OF LOCAL MATERIALS, INCLUDING CAST OFF PLASTIC CONTAINERS, JERRY CANS OR GOURDS. BE CREATIVE! BELOW ARE INSTRUCTIONS USING A 5 LITRE JUG.

Tippy Tap Construction

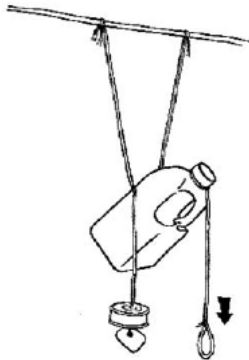


1. First, select a plastic container of approximately 5 liters, or 1.5 gallons, with a handle.
2. Then, warm the base of the handle with a candle until the plastic is soft.
3. When the base is soft, pinch the base closed with a pair of pliers and then let it cool. Make sure that no water can flow through the pinch-closed base.



- Heat the point of a small nail over a candle. Use the hot nail to make a small hole on the outside edge of the handle, just above the sealed area. Heat the nail again and make two larger holes on the back of the bottle. The holes should be about half way up the bottle and about a thumb-width apart. These holes will be used to thread string to hang the tippy tap. The holes need to be wide enough to hold the string and to be positioned so that the "full" bottle hangs at a 45 degree angle. (This picture shows a 45 degree angle.)

To Install and Use a Tippy Tap



- Hang the Tippy Tap near a latrine, kitchen, or school. Thread the string through the two holes and tie the ends of the string to a stick, a tree or stable support.

Thread a bar of soap and an empty tin can (the lid facing upwards) through another piece of string. The tin will protect the soap from rain and sun. Attach the "soap and tin" string to one of the top supporting strings. Tie a separate piece of string to the bottle cap and leave the string hanging. This string can be pulled to tip the tippy tap over for water to come out the hole in the handle.

- Pour water into the tippy tap until the water is almost level with the holes in the back of the bottle. **The tippy tap is now ready for use.**
- Use the handle or the cap to tip the container and allow water to flow out of the hole onto your hands.

Always wash with soap or ash!

Recommendations for Tippy Tap Maintenance



- Clean the outside of the Tippy Tap with a brush and soap daily, and clean the inside of the Tippy Tap once per week with clean water and disinfectant.

The above was adapted from the CDC website, www.cdc.gov/safewater. The original gourd tippy tap was designed by Dr. Jim Watt and Jackson Masawi at the University of Zimbabwe's rural centre. The plastic tippy tap was designed by Ralph Garnet and Dr. Jim Watt in Canada. We would like to thank CIDEPTA and PAHO for the figures and source material.

1. Curtis, Val and Sandy Cairncross (2003). "Effect of washing hands with soap on diarrhoea risk in the community, a systemic review." *The Lancet: Infectious Diseases*, Volume 3, May 2003.

HOW TO WASH YOUR HANDS





- First wet your hands with water and lather with a bar of soap.
- Next rub your hands together vigorously and scrub all surfaces up to your wrists.
- Clean under your fingernails to help control germs and keep them trimmed and short.
- Continue for at least 30 seconds or about the length of a little tune (for example: the "Happy Birthday" song). It is the soap combined with the scrubbing action that helps dislodge and remove germs.
- Rinse your hands well with running water (pour from a jug or tap)
- Dry them in the air to avoid recontamination on a dirty towel.

WHEN DO YOU WASH:

- After defecating in the field or latrine
- Before eating
- Before cooking or food handling
- Before feeding a child or breastfeeding
- After cleaning a baby

IMPORTANT INFORMATION

 You can wash your hands with 'dirty' water, and still get clean hands, as long as you POUR it over your hands (no dipping in a bowl!) The soap or ash "lifts" the dirt, and the water then washes off the visible and invisible germs, much like shaking your dried teff to clean off the husk.

 If you don't have soap, you can use ash instead. It serves the same purpose as the soap, to help 'scrub' what is stuck on your hands, so the running water can brush it off.



Set up a hand washing station to make washing easier! Set one up by your latrine, and near where food is prepared and eaten. Making a hand washing device like the one pictured saves water, and makes the task easier. See additional brochures with directions for making a water saving device for hand washing.

UNIT

3

UNIT THREE: Tools and techniques for changing hygiene and sanitation behavior at the HOUSEHOLD level

HOME VISITS AND THE MIKIKIR PROGRAM

This is an important activity for VCHP and the HEW. The HEW or the VCHP should visit homes regularly and discuss with the home owners on aspects of behaviors that are exposing the family to adverse health conditions. The following techniques and organizations should be in place in a locality (GOTT) to successfully communicate individually and collectively

UNIT THREE OBJECTIVES

By the end of this unit, participants will be able to:

- ✓ Conduct HOME VISITS to negotiate improved hygiene and sanitation practices.
- ✓ Identify (together with householders) the ‘small do-able actions’ they are willing to try, feasible and effective behaviors based on THEIR current context
- ✓ Use the MIKIKIR job aide for negotiating improved practice
- ✓ Describe how the MIKIKIR approach facilitates a focus on behaviors
- ✓ Identify major barriers and motivators to the 3 key practices from the householders’ point of view

ACTIVITY 3.1

SMALL DO-ABLE ACTIONS

OBJECTIVE

By the end of this activity participants will be able to

- Describe several behaviors that lead to ideal practices.
- Identify feasible steps or small doable actions that lead to ideal behaviors

MATERIALS

A4 paper or index cards
 Flipcharts
 MIKIKIR Job Aid for Negotiating Improved Practices

TIME

30 minutes

PREPARATION

Facilitator notes: Before this session begins,

1. Write the following behaviors on A4 papers or index cards:
 - Carve a sculpture of a mother and two children in clay
 - Cook a five course meal for ferengi
 - Attend a medical school class on brain surgery
2. Prepare flipchart that says Small Doable Actions
 - feasible, effective, and a stepping stone to even more effective practice

3. Prepare a second flipchart that says: MIKIKIR

- Assessing current practice
- Identifying with the household a small doable action to try to improve
- Working with them to identify and solve problems on the spot...

PROCEDURE

Say, now that we have discussed the WASH practices that will help improve health in the community

We will talk about specific activities that the VCHP will have to carry out in their own community to mobilize a gott to commit to end open defecation, hand washing and safe water. Commitment is vital, but there is a lot of intensive work that follows in gotts, at the community and household level. And each of us has our role in supporting the community in ending open defecation.

This unit will focus on some techniques to make our interactions with communities and households more effective, to focus on changing behaviors. Health extension workers, together with volunteer community health promoters, have the responsibility of house-to-house visits. Development agents interact with people in the community too.

Ask participants : Why are some people sometimes reluctant or resistant to change?

Lead a brainstorm in plenary:

What do you currently do to persuade families to “do the right thing”???

Brainstorm for about 5-10 minutes

Ask a participant “pick a card” from your pack of cards, and read it out loud:

Carve a sculpture of a mother and two children in clay
Cook a five course meal for ferengi
Attend a medical school class on brain surgery

Make it fun.

Ask the participant: Are you ready to begin doing any of these activities????

Conclude that often, before you can go to medical school, you have to first graduate primary. That before you can cook a banquet, you need to learn to make shiro.

So the same thing will apply when talking with our community members on ways to improve hygiene and sanitation practice.

We assume that people can't always jump from what they are currently doing to the ideal practice.

SMALL DO-ABLE ACTION**Define small-doable action**

A Small do-able action is a behavior that, when practiced consistent and correctly, will lead to household and public health improvement.

It is considered feasible by the household, from THEIR point of view, considering their current practice, their available resources, and their particular social context.

Although the behavior falls short of an “ideal practice”, it is more likely to be adopted by a broader number of households because it is considered ‘feasible’ within the local context.

Say

It’s feasible – people FEEL they can DO it NOW, given existing resources in the house
[they can make shiro, but not bake a wedding cake or a five course ferengi meal]

It’s effective – it makes a difference to the household and the community

It’s a building block, a stepping stone to the IDEAL practice

Ask:

How do you identify small doable actions??

The only way is to carefully examine current behaviors, resources, social pressures and beliefs... and make some decisions....

We assess where they are now.

We break down behaviors in to smaller ‘baby steps’, and identify small doable actions, things that are feasible. Effective, ‘fun, easy and popular’

Say: We’re going to break into groups and start to identify small doable actions for our key hygiene and sanitation behaviors.

ACTIVITY 3.2 CHANGING BEHAVIOR THROUGH SMALL DO-ABLE ACTIONS

OBJECTIVE By the end of this exercise, participants should be able to identify small do-able actions that lead from current behaviors to ideal behaviors.

TIME 45 minutes

MATERIALS MIKIKIR Cards

PREPARATION Create Flipchart with IDEAL BEHAVIORS

- Dispose infant feces safely in a latrine
- Dispose of adult feces in a sanitary ventilated pit latrine with a ceramic slab platform and a vent pipe
- Wash hands with soap at 4 critical times
- Manage and protect water safety, from source to mouth

PROCEDURE

Divide into groups of 5

Each group takes one assigned “ideal” behavior (some groups will do the same behavior)

- First identify the ‘ideal’ behavior
- “Break down” the behavior into any component parts, note the various sub-behaviors
- Consider ‘approximations’, existing practices related to the ideal behavior
- Identify at least 3 “small doable actions” for each “ideal” behavior, specifically, a behavior that is feasible for the householder and still has a personal and public health impact, even if not ideal.

Each group reports back their findings specifically: small do-able actions

In plenary ask participants to comment:

... are these small doable actions? What else would you add? Does it meet the criteria?

Is it feasible? – people FEEL they can DO it NOW, given existing resources in the house

Is it effective? – it makes a difference to the household and the community

Is it a building block? a stepping stone to the IDEAL practice

Conclude if we want to see behavior change, we may need to ‘settle’ for small doable actions rather than starting with the ideal. Try to lead a thoughtful discussion out the implications of focusing on small doable actions...

Lead a short discussion As trained professionals, how do they ‘feel’ about promoting less than ideal practice? Does this ‘fit’ with what you are doing now?

ACTIVITY 3.3

TOOL: MIKIKIR CARD

OBJECTIVE

By the end of this activity, participants will be able to

- Describe the MIKIKIR Card as a tool for the VCHP
- Summarize the technique to use the MIKIKIR Card during household visits
- Recognize the MIKIKIR Card as a job aid for the VCHP to identify problems and negotiate small do-able actions at the household level to improve health and sanitation.

MATERIALS

MIKIKIR Job Aid for Negotiating Improved Practices
Provide all participants with a copy of the MIKIKIR cards (pp. 48-49, ahead)

TIME

60 minutes

PREPARATION

TOOL: THE MIKIKIR CARD

PROCEDURE

Ask: What is the MIKIKIR Card?

Describe the MIKIKIR Card

Is a job aid that will help HEW and VCHP during their house hold visits to first identify current WASH practices and then “negotiate” a range of improved practices related to target behaviors, rather than “educate” or promote fixed “ideal” practices that are often not feasible from the householder’s point of view.

USING THE MIKIKIR CARD

Tell participants that

Household visits or group sessions focus on identifying feasible and effective practices; promoters work with households to help “solve problems” and reduce any barriers to the consistent and correct practice of hygiene, safe water and sanitation behaviors at the household-level.

Ask participants to look at the pictures in the MIKIKIR Card and describe what they see

When one of the volunteers does not know what the picture is or has not got the right meaning ask “Can anyone else suggest something (else)?”

When they have gone through the pictures, Ask “Can you think of a way of showing a household’s current excreta disposal practices on this form?” Show them how to mark the form.

Ask participants to focus on range of actions per behavior and describe small doable actions.

MIKIKIR TECHNIQUE

Tell participants that we will describe the MIKIKIR Technique:

These feasible and effective actions identified by this MIKIKIR Technique are termed “**small do-able actions**” to reflect that while not necessarily the complete and ideal set of behaviors leading to maximum public health outcomes, they reduce risk and move towards the ideal.

Detailed information and tools on MIKIKIR are found on pages 55-60 in the Footprints Guide.

The Negotiation of Improved Practices or MIKIKIR Technique is an innovative strategy that combines counseling and behavior change promotion techniques. MIKIKIR Technique builds on existing practices, beliefs, customs, and available resources to “negotiate” with householders to identify and adopt effective and feasible practices for feces disposal, hand washing and water handling and treatment practices to prevent contamination and reduce disease-causing agents in the household environment.

The MIKIKIR Technique is driven by a strong behavior change component that, instead of promoting only one ideal practice or approach, focuses on instituting a process of interchange and negotiation between the HEW (or community promoters) and households. This process allows households to select the most appropriate options for their situations and also permits households to work with the community promoters to confront and solve other problems they face in incorporating new practices. With this community support, and because actions are selected by the households themselves, the MIKIKIR approach makes rapid integration of new behaviors possible.

To practice the MIKIKIR Technique, HEW and other community promoters must be armed with a range of feasible WASH options for various contexts (water availability and sources, seasonality, place on the sanitation ladder, available containers). They must be able to practice techniques that identify problems, possible solutions, and get commitment to try a new, effective practice that brings the household closer to consistent and correct practice of water treatment, safe water handling, sanitation, and general hygiene.

To do this, previous research must identify the range of common options, problems, and solutions under a range of household conditions. Outreach workers are then trained to implement the range of options and solutions.

የምክክር ካርድ ለንፅህና አጠባበቅ

የአባወራ/የአማወራ ስም _____ የጤና ሰራተኛው ስም _____

መንደር _____ የጉብኝት ቀን _____

1. በአያንዳንዱ ርዕስ ሥር ከተቀመጡት ቁልፍ ባህሪያት መካከል በአሁኑ ጊዜ ቤተሰብ እየተሻሻረ ያለውን ባህሪ ልዩ ያላልከት (✓ወይም X) ያድርጉበት።
2. በአያንዳንዱ ርዕስ እቡን ካሉበት የባህሪ ደረጃ ወደቀኝ በኩል ያሉትን የተሻሉ ባህሪያትን መሠረት በማድረግ ውይይት ወይም ምክክር ያድርጉ። በምክክርም ወቅት፡
 - ወደተሻለው ባህሪ ለመለወጥ ቤተሰብ ምን ችግር ይገጥመዋል?
 - ነባሩን ባህሪ ለመለወጥ የክፍል ወይም በሌላ ምክንያት የሚቃወም የቤተሰብ አባል ካለ ተወያይ።
3. በአያንዳንዱ ርዕስ ከተወያየችሁበት ባህሪያት ውስጥ በተላላ ሊተገባሯቸው የተስማማችሁባቸውን አንድ፣ ሁለት ወይም ሦስት ባህሪያትን ይከበባቸው።
4. እነዚህን ባህሪያት ተለውጠው ወይም ተሻሽለው ማየት እንደሚችሉ የቀን ቀጠሮ ይውሰዱ።
5. በመጨረሻም የምክክር ካርዱን በዚህ ቅጽ ውስጥ ከቤተሰብ ካርድ ውስጥ እንዲያስቀምጡት ወይም ገድገዳ ላይ እንዲለጥፉት ሰጥተው ተሰናብተው ይሂዱ።

“ሜዳ ላይ በመፀዳዳትና ንፅህና በጉደለው ልምድ የሚመጡ በሽታዎችን መከላከል የኛ ኃላፊነት ነው!”

ሀ. አይነ ምድርን ማስወገድ



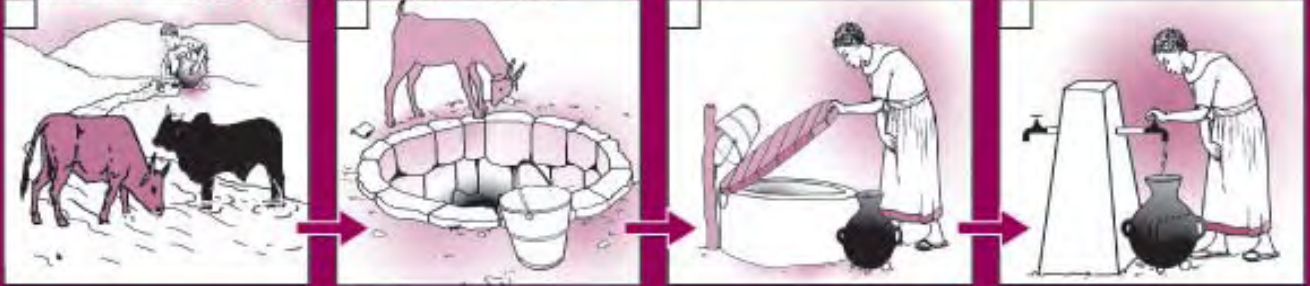
ለ. የልጆችን አይነ ምድር በጥንቃቄ ማስወገድ



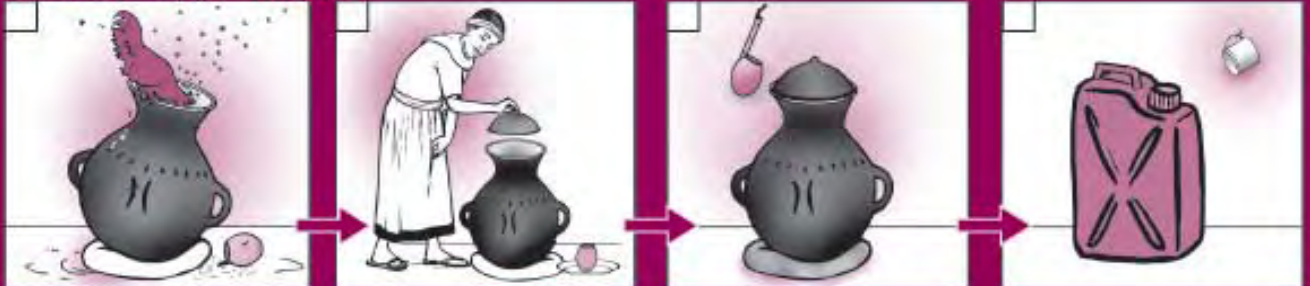
ሐ. ከተፀዳዳን በኋላ እጃችንን በሰውና ወይም በአመድ መታጠብ



መ. የውሃ መገኛ ቦታዎችን ንፅህና መጠበቅ



ሠ. የውሃ ንፅህና አጠባበቅ



ረ. የቤት እና የአካባቢ ንፅህና አጠባበቅ



ሰ. የፊት ንፅህና



አስፈላጊ የእጅ መታጠቢያ ጊዜያት



ACTIVITY 3.4

ORGANIZING A GOOD DISCUSSION ON WASH

OBJECTIVE

By the end of this activity, participants will have

- Described the chatting technique that can be used by the VCHP during household visits to negotiate behavior change
- Identified and followed GALIDRAA method as a guide to the steps of negotiating doable actions
- Used the MIKIKIR Card during several steps of the process to identify problems and negotiate small do-able actions at the household level to improve health and sanitation.

MATERIALS

MIKIKIR Job Aid for Negotiating Improved Practices
Provide all participants with a copy of the MIKIKIR cards.

TIME

20 minutes

PREPARATION

Tell participants that we will now discuss a chatting technique that they can use during household visits as they negotiate behavior change. It is called **GALIDRAA**¹

Describe the GALIDRAA Method

It can be used to guide a good household visit, which leads to household commitment to improve sanitation and hygiene practices.

Serves as an entry point to the household, and guides the steps of negotiating doable actions. The MIKIKIR Card is job aid that can be easily used during several steps of this process.

The GALIDRAA steps help organize the VCHP home visit.

Explain the steps included in GALIDRAA

- G-** **GREET** the household; ask about the family, its work, the farm, current events, etc. to put household members at ease. Tell the household where you come from and your intension. Ask permission to stay for a few minutes and discuss issues while they are working.
- A-** **ASK** about current hygiene and sanitation practices and other health issues. Show the pictures in the **MIKIKIR Card** or start from an actual happening in the house to start a conversation.
- L-** **LISTEN** to what the women/men in the house say.
- I-** **IDENTIFY** potential problems from what is said by the women/men. (Barriers for change include unavailability of products, shortage of supplies, money, or knowledge.)
- D-** **DISCUSS** and suggest with the women/men different options to overcome the barriers, using the MIKIKIR card to remind you and the household of safer options.
- R-** **RECOMMEND and NEGOTIATE** small doable actions. Using the card, present options and ask if they are willing to try a new practice to improve the situation and help them to select one, two, three, etc. that can be tried.

- A- If the women/men **AGREE** to try one or more of the options, **ASK** them to repeat the agreed upon actions.
- A- Make an **APPOINTMENT** for a follow-up visit.

Ask participants

How can the steps help during the VCHP Home Visit?

Tell participants that now we will have a chance to follow the GALIDRA Steps during the Role Play exercise.

ACTIVITY 3.5 USING THE GALIDRAA Steps TO DISCUSS WASH

OBJECTIVE By the end of this exercise, participants should be able to follow the GALIDRAA steps and the MIKIKIR Card during a household visit.

TIME 30 minutes

MATERIALS MIKIKIR Cards

PROCEDURE Role play.

Divide VCHP in pairs. One of the pair is the Volunteer Community Health Promoter visiting a household visit, the other is the householder.

During the role play, the VCHP uses the GALIDRAA steps and the MIKIKIR Card to identify the most critical problems and possible behaviors the householder must be willing to try.

Swap round so that the householder gets a chance to try out the role of the VCHP.

After all the pairs have tried this role play invite **a pair to demonstrate in-front of the whole group.**

At the end of the role play, discuss with participants:

Ask: *What technique was used by the VCHP to get into the house and to get interest and attention?"*

How did the MIKIKIR job aid work to assess the current practices, and identify risk?

What could be improved?

What worked best to identify the small doable action the household would try to change?

What could be improved?

If there is resistance by the householder, stop the action and ask "*What happened?*" And then ask "*What other approach might be used?*"

Continue this process of stop-start role play until the group have identified the factors and strategies involved in getting into a home, creating some interest and trust, identifying feasible behavior(s) for change; and negotiating with the householder to make the changes

ACTIVITY 3.6 VCHP FIELD VISIT PRACTICE

OBJECTIVE At the end of this activity, VCHP will have

- Practiced the new skills during a household visit:
- Completed introductions,
- Utilized WASH tool to identify small do-able actions,
- Negotiated change using MIKIKIR

TIME Half Day

MATERIALS MIKIKIR Card
Guidelines for Visit

PREPARATION

Facilitator notes: Use the GUIDELINES (CRITERIA) FOR CONDUCTING THE HOME VISIT described below with participants. Mention that these guidelines can be used to self-assess or constructively review peers.

PROCEDURE**FIELD VISIT PRACTICE**

- Divide participants into teams of 3 or 4 ... fan out, go to houses...
- Each team member should take the lead on one house
- Between each house visit, group should provide feedback on the visit
 - Use the criteria in the worksheet to specifically critique the visit
 - Was a small doable action (or two) identified?
 - Was it an appropriate choice? (Was it risky, changeable? At the 'right' stage of change?)

After each visit:

- Each group should be prepared to give a 10 minute 'report out' after the session.
- The report will be conducted like a radio interview, with one interviewer interviewing a spokesperson(s).
- Questions should include the following, but need not be limited to these questions, as long as you stay within the time allocation. (You may paraphrase the questions, of course, in true radio personality style.)

List of Questions for the Interview:

- How was it, trying out this new job aid... Using the MIKIKIR Job Aid for Negotiating Improved Practices as a tool??
- How was the interaction / conversation when using the tool?
- What small do-able actions did you identify??
- How did you feel when you were able to negotiate households to try small doable actions??
- How was the receptiveness of the community?
- What barriers to cooperation did you find?
- What was different this time from previous home visits, before you had the MIKIKIR card and the concepts of small doable actions and negotiating improved practice? How?

GUIDELINES (CRITERIA) FOR CONDUCTING THE HOME VISIT*THIS CAN BE USED TO SELF-ASSESS OR CONSTRUCTIVELY REVIEW PEERS*

| | |
|---|---|
| Greeting | Identify yourself (be honest, and be motivating) <i>I'm from the Woreda Health Desk, Volunteer Community Health Promoter or Health Extension worker and we've come to see how we can help reduce diarrhea in the household...</i> |
| ‘preach’ | Build rapport Be mindful of tone... be open, friendly; Do not scold or Consider gender, context (men shouldn't try to enter the home on first visit if the man of the house isn't present. Ask where he is, or if the mother in law might join... |
| Identify purpose | Be clear Be motivating Suggest partnership, problem-solving |
| Ask/Assess/Observe | Use the MIKIKIR CARD Ask questions? Listen |
| Identify Options for Small Doable Actions | Find practices that are risky, changeable, and appropriate to the context |
| MIKIRIR | Negotiate Problem solve Have them try/model the behavior Ask about reservations, doubts Try to resolve Get commitment to try until next visit Set next appointment |

REMEMBER THE GALIDRAA STEPS:

- G- Greet the household
- A- Ask and observe current practice
- L - Listen to what householder says
- I - Identify the problems with them
- D -Discuss the problem and together come up with feasible options for improvement
- R -Recommend and negotiate small do-able actions
- A -Ask whether householder agrees with it, and have them repeat their agreement
- A -Appointment made with householder for follow-up

BACK FROM FIELD: In plenary debrief

Ask participants ...

- How was the field visit?
- Identifying small doables??
- Using the MIKIKIR Job Aid for Negotiating Improved Practices as a tool??
 - Did it feel like a questionnaire, using the tool... or was there interactive conversation?
- Negotiating?? (ask peers to comment on each other...)
- How was the receptiveness?
- Any barriers to cooperation?

- Do you think you can go out on your own, and work with households?

- What will make it difficult? What would make it easier?

UNIT 4

UNIT FOUR: Tools and techniques for changing hygiene and sanitation behavior at the COMMUNITY level

Community-led mobilization to monitor and support total behavior change in the households

UNIT FOUR OBJECTIVES

By the end of this unit, participants will have discussed and identify skills needed to

- Establish “Coffee for Health Club”
- Program and carry out a “Sanitation Clean up Campaign”
- Mobilize the community to agree and sign “Village pledge”
- Start and to maintain improved hygiene and sanitation practices at the community level.
- Explained the tasks of Volunteer Community Health Promoters at the community level
- Described VCHP’s supporting role to HEWs in community organization in WASH and healthy living.

The VCHP are responsible for organizing sustainable behavior change at the household level and also at the neighborhood and community level. When people feel pressure and support from all their neighbors, from elders, from leaders and loved ones, they are more likely to start and to maintain improved hygiene and sanitation practices.

ACTIVITY 4.1 COMMUNITY ORGANIZATION TOOL: “Sanitation Clean – up campaign

- OBJECTIVE** By the end of this activity, participants will have
- Discussed other tool that can help VCHP keep momentum after Gott ignition
 - Identified “Sanitation –Clean up Campaign ” with community members and get them involved in actions to improve hygiene and sanitation in their houses and communities and environment

TIME 15 minutes

MATERIALS none

PROCEDURE

Ask: What is a sanitation clean up campaign?

Tell: The “Sanitation Clean-Up Campaign” is another community action that should be programmed for the Gott—children, women, men, religious leaders, etc. to clean up their communities once a month.

Ask What does the VCHP need to do prior to the sanitation campaign?

Possible answers

- Try to identify focus areas that need to be cleaned.
- Discuss what needs to be done with other key people such as school directors and government team members.
- Set the date on days that people are staying at home (religious holidays, not a market day, etc.).
- Remind schools and the general community people about the date, time, and particular place they have to be and what they need to come with—shovels, pickaxe, sickles, etc.
- Make certain to involve school children in publicizing the event in their loud and enthusiastic voices; as well as involving them in the actual event.

Describe:

- Clean-up days can also serve to informally monitor (hopefully a reduction in) open defecation in community.
- Clean-up campaigns can be combined with other community events like drama, music, or parades to call attention to the issues, create social pressure, foment competition, and add an element of creativity and fun.

ACTIVITY 4.2 COMMUNITY ORGANIZATION TOOL: The “Village Pledge”

OBJECTIVE By the end of this activity, participants will have

- Discussed other tool that can help VCHP keep momentum after Gott ignition
- Identify the Village Pledge as an agreement of leaders that by a certain date, their village will end open defecation, wash their hands consistently at critical times and protect drinking water.

TIME 20 minutes

MATERIALS Sample of Village Pledge

Ask: What is a Village Pledge?

Tell An agreement that leaders sign with the promise that by a certain date the village will have ended open defecation, be consistently washing their hands at critical times, and protect drinking water (always).

Ask participants to read and review the Village Pledge included in the manual

Tell them discuss the content and ask what other things should to be included in the contents of the Village Pledge

Explain: “Village Pledge Ceremony” is an important meeting or ceremony with all village residents present, where the leaders sign their pledge that by a certain date the village will have ended open defecation, be consistently washing their hands at critical times, and protect drinking water (always).

Describe: The Volunteer Community Health Promoter, with assistance from the Health Extension Worker

pledges his/her commitment to build demonstration latrines.
 pledges to visit households with support of the leadership.
 Additional public pledges should be encouraged.

| | |
|--|--|
| <p>VILLAGE PLEDGE (Example)</p> | <p>Village (insert name) will:</p> <ul style="list-style-type: none"> ▪ End the practice of open defecation. ▪ Build and use traditional latrines. ▪ Set up “tippy taps” and wash hands at critical times. ▪ Make drinking water safe from source to mouth, <p>We will achieve “sanitary and hygienic” status by (insert date).</p> <p>Signed by:..... (Village Leaders – all sections)</p> <p>Witnessed by:..... (Religious leader)</p> |
| <p>Support</p> | <p>The HEW and Community Health Promoter will arrange construction of demonstration latrines and hand washing facilities and visit houses with leadership to overcome difficulties.</p> |
| | <p>Signed:.....Leader</p> <p>.....HEW</p> <p>.....CHP</p> |

|

ACTIVITY 4.3

ESTABLISH COMMUNITY ORGANIZATIONS

- OBJECTIVE** At the end of this activity, VCHP will have:
- Assessed the potential of using the traditional coffee breaks to discuss hygiene and sanitation behaviors and design an action plan.
 - Identified Coffee for Health as a tool to help VCHP to discuss hygiene and sanitation behaviors and design action plan

PREPARATION Give the brief introduction that follows, and then let participants take their coffee break. Before taking their break, ask participants to and discuss this potential of using “coffee for health” as a tool to discuss health and sanitation with community members

MATERIALS Flipchart

TIME 60 minutes

PROCEDURE**Tell participants**

Sustainability of any behavior change is assured only if households, neighborhoods and communities at large are empowered to direct their own futures and act to change conditions.

The role of the volunteer community health promoter or the HEW should be to motivate and mobilize their communities to take action.

Effective community mobilization approaches include: establishing Coffee for Health Clubs, planning a “Sanitation Clean up Campaign” and mobilizing the community and leaders to sign the “Village Pledge” to support end of open defecation, be consistently washing their hands at critical times and protect drinking water.

TAKE YOUR COFFEE /TEA BREAK NOW

Ask : What topics are discussed during coffee ceremonies?

- Tell participants to break for coffee and tea
- During the break they will discuss: How can health and sanitation be discussed during coffee ceremonies?
- After the break, participants present their ideas about what happened during the coffee break discussion.

Ask participants for their ideas about the potential of discussing health and sanitation topics during a Coffee for Health Club?

Tell

Establishing a **“Coffee for Health Club”** program for neighborhoods is another community support mechanism to enable neighbors to discuss their hygiene and sanitation behaviors and design an action plan.

The role of social norms in motivating and maintaining change has been discussed in various steps of this Resource Guide,

“Coffee for Health Clubs” can maintain peer support and peer pressure, help establish a competitive spirit among neighborhoods in the gott, and lastly identify “early adopters,” eager pioneers from among the group to model and motivate new behaviors.

ACTIVITY 4.4 COMMUNITY ORGANIZATION TOOL: Community Conversation**OBJECTIVE**

By the end of this activity, participants will have

- Discussed other tool that can help VCHP keep momentum after Gott ignition
- Identified “community conversation” with neighbors to discussing improvement in hygiene and sanitation in their houses and communities

TIME

15 minutes

MATERIALS

None

PROCEDURE

Explain: that at this juncture gott members should be discussing the ignition and the MIKIKIR; some have already started changing behaviors or constructing latrines.

This momentum can be reinforced by conducting a meeting with 10–15 neighbors on improving hygiene and sanitation in their houses and neighborhoods.

Tell: **Community conversation** is another tool that communities can use to develop their own action plan with clear targets and institute a follow-up mechanism.

Note: The Community Conversation Program is in principle the same as Coffee for Health neighborhood clubs.

Ask What are the similarities or differences between: “Coffee for Health” and “Community Conversations”?

Explain: The key elements and differences are highlighted below (possible answers):

| Community conversation | Coffee for Health Club |
|--|---|
| Community conversation includes community members from the whole Gott that meet to discuss an issue or the status of an action plan. | Coffee for Health is for neighborhoods to discuss do-able actions. |
| Community conversation is conducted once a month. | Coffee for Health is conducted once every 15 days. |
| Community conversation is facilitated, with the Kebele administrator/ manager participating | Coffee for Health is facilitated mainly by the Volunteer Community Health Promoter. |
| Community conversation prepares the Gotts to compete with other Gotts. | Coffee for Health prepares neighborhoods to compete with other neighborhoods. |

UNIT 5

UNIT FIVE: Getting Ready to Do YOUR Part in Achieving Total Behavior Change

YOUR ROLE AND RESPONSIBILITIES AS A VOLUNTEER COMMUNITY HEALTH WORKER

TOTAL TIME 1 hour, 45 minutes
Part 1: One hour
Part 2: 45 minutes

MATERIALS Notebook Worksheets pp. 81 and 83

PROCEDURE

ACTIVITY 5.1 OPPORTUNITIES AND OBSTACLES

Have the group work in pairs, working with the person beside them. Talk together for 15 minutes about the questions on the worksheet, then **each person** should answer the worksheet individually.

1. What community activities are you currently involved in?
2. Which of the workshop concepts and tools will be most helpful to you as you set out to support total behaviour change in hygiene and sanitation?
3. Which opportunities do you see to integrate these concepts and tools into your work?
4. What barriers or resistance do you see to integrating community led behaviour change tools and approaches in your community? What will make it hard to do?

Give participants 45 minutes. Then lead a report out, taking a sampling from a few workshop participants.

ACTIVITY 5.2 ACTION PLANNING

After the report out, have participants start to write an action plan for the next six months.

They may work in pairs, but should each fill out their own action plan.

Take 30 minutes.

Then have a sampling of participants review their workplans.

Ask participants if they had similar activities planned as the volunteers sharing their action plans. Encourage them to add activities when they hear something good.

Then ask them to hand you all the plans, and explain that the health extension worker will come back to work with them to review their activities for the next six months.

Conclusion and wrap-up

Use the energy and forward thinking to close the workshop.

Praise the Community Volunteers for their commitment, and leave them with excitement for the task ahead, to end open defecation forever.

Have the group do a playful skit or song, sharing the vision of feces free communities, of everyone handwashing, of children living well and thriving.

One possible closing exercise is to lead the group in a closing ritual, which consists of throwing balls of colored yarn around the room for everyone to catch and hold a piece, and then throw the ball onwards creating a huge colourful web that connects everyone together.

When the entire room and all participants are woven together into a net of brightly colored yarn, the facilitator asks, **What does this demonstrate or stand for?**

Possible answers include: connections, networks, strength, cooperation, working together, collaboration.

End on an upbeat note, hand out certificates, and close the workshop.

Participant Worksheets

**Additional companion resources available in
Footsteps on the Pathway to Total Behavior Change in Hygiene and
Sanitation: Guide to Kebele and Gott Action**

THE FECAL CONTAMINATION CYCLE
 And barriers to fecal contamination



Feet

Flies

Fingers
(Hand)

Field

Fluid
(Water supply)

Food

**Activity
Worksheet**

**HOW MUCH WATER WILL THAT TAKE??
HOW MANY TIMES A DAY DOES A FAMILY NEED TO WASH?**

Estimated amount of water to wash hands CORRECTLY (in ml) _____

| HAND WASHING | Number of times a day/ each person | Number of family members doing this | Total number of times a day |
|--------------------------------|------------------------------------|-------------------------------------|-----------------------------|
| After defecation | | | |
| After cleaning a baby's bottom | | | |
| Before preparing food/cooking | | | |
| Before eating | | | |
| TOTAL | | | |

Estimated amount of water to wash hands CORRECTLY (in ml) _____

Multiply by number of washings _____

TOTAL AMOUNT OF WATER FOR A FAMILY

WASH CORRECTLY FOR ONE DAY _____

Feces Calculation Worksheet

G. How many times a day do YOU defecate? _____

H. Volume of feces per evacuation (per shit) _____.

I. Volume of feces per day $A \times B$ _____

J. Number of people per family _____

K. Volume of feces per family per day $C \times D$ _____

L. Volume of feces per family per month $(E \times 30)$ _____

G. And how many families in the village?? _____

**TOTAL AMOUNT OF FECES GENERATED
PER MONTH BY A GOTT $(F \times G)$** _____

Number of donkey carts produced by each gott per month _____

Final Worksheet

YOUR ROLE AND RESPONSIBILITIES AS A VOLUNTEER COMMUNITY HEALTH WORKER

Work with the person sitting next to you... talk together for 15 minutes, then answer the questions individually.

Your name: _____

Your Gott: _____ Your kebele: _____

What community activities are you currently involved in?

Which of the workshop concepts and tools will be most helpful to you as you set out to support total behaviour change in hygiene and sanitation?

Which opportunities do you see to integrate these concepts and tools into your work?

What barriers or resistance do you see to integrating community led behaviour change tools and approaches in your community? What will make it hard to do?

How will you work with the health extension worker?

Part 2:

45 minutes

Make an action plan for the next six months, including any activities related to hygiene and sanitation behaviour change.

| ACTIVITY | START DATE | FREQUENCY (How often will you do this?) | WHAT MATERIALS ARE NEED TO CARRY OUT THE ACTIVITY? | Who will you work with? |
|----------|------------|--|--|-------------------------|
| | | | | |
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