

# INTRODUCTORY ACTIVITIES: ORIENTATION TO THE TRAINING WORKSHOP

## Session Objectives

By the end of this session, participants will have:

1. Introduced themselves.
2. Made their expectations for the workshop known.
3. Received a program overview (workshop timing and goals).
4. Established workshop guidelines.
5. Assessed their level of WASH knowledge.
6. Listed topics they would like to practice or learn more about during the workshop.

## SESSION AT A GLANCE: Orientation to the Training Workshop

Activity	Time	Materials
<p><b>A. Introductions/Welcome</b></p> <p>The trainers and participants introduce themselves—organizational welcome.</p>	15 minutes	<ul style="list-style-type: none"> <li>- Flipchart, tape, markers</li> <li>- Name tents</li> <li>- Welcome sign on door or wall</li> </ul>
<p><b>B. Expectations</b></p> <p>The participants explore their expectations for the workshop.</p>	20 minutes	<ul style="list-style-type: none"> <li>- Flipchart, tape, markers</li> <li>- <i>Outreach Worker's Handbook</i></li> </ul>
<p><b>C. Overview</b></p> <p>The trainers give an overview of the workshop flow, timing, and goals.</p>	10 minutes	<ul style="list-style-type: none"> <li>- Copies of the agenda/objectives for each individual and/or on flipchart</li> <li>- “Parking lot” chart</li> <li>- <i>Outreach Worker's Handbook</i> p. 3</li> </ul>
<p><b>D. Guidelines &amp; Objectives</b></p> <p>The trainer and participants explore workshop guidelines and review the first day's flow.</p>	20 minutes	<ul style="list-style-type: none"> <li>- Flipchart, tape, markers</li> <li>- Flipchart page with day one flow</li> </ul>
<p><b>E. Self-Assessment</b></p> <p>The participants, working individually and with partners, assess their level of knowledge of WASH and record where they'd like to improve.</p>	25 minutes	<ul style="list-style-type: none"> <li>- <i>Outreach Worker's Handbook</i> or <i>Collection of Resource Materials</i></li> </ul>



**90 minutes**

# PREPARING TO TEACH THIS SESSION:

## Orientation to the Training Workshop

Before you present Module 1, Session 1:

1. Read the session first and note where prewritten flipcharts are needed (welcome sign, introduction points, expectations for the workshop, agenda and objectives, day one's flow, parking lot\*, instructions for completing, correcting, and processing the assessment).
2. Gather supplies: a flipchart easel(s), markers, paper for the easel (no smaller than 2 x 2.5 feet [60 cm x 75 cm]), tape, and cardboard for name tents.
3. Make copies of the workshop agenda/objectives, one per participant, or put agenda/objectives on flipchart paper written large enough for everyone to see. (To save paper, a copy of the objectives can be found on p. 3 of *Outreach Worker's Handbook*.) The trainer and program manager will need to develop a custom-made agenda based on the program they wish to deliver.
4. Make one copy of the WASH self-assessment for each participant and a key for correcting the assessment. (To save paper, an alternative is to have the participants work in the *Outreach Worker's Handbook* pp. 3–5 where there is a copy of the assessment and the key. A copy is also available in the *Collection of Resource Materials*.)
5. Make sure participants have their *Outreach Worker's Handbook*.
6. Have a big, colorful WELCOME sign posted on the wall or training room door.
7. Have name tents or name tags ready for the participants to write their names (what they'd like to be called during the workshop), either at the tables as they come in, or give them out as participants introduce themselves.
8. List the first day's activities on flipchart paper with approximate times so the participants know how day one will flow. (The actual timing and the sessions delivered will depend on the programmatic decisions made by the organization.) The day should include breaks and lunch.



### \* Parking Lot:

A parking lot is a flipchart page hung in the room where everyone can see it and where the trainer records items that are brought up during a session that need to be addressed later.

# TRAINING ACTIVITIES:

## Orientation to the Training Workshop

### A. Introductions (15 minutes)

1. Welcome the participants and then introduce yourself (if co-facilitating, yourselves). Give enough background information for each trainer to establish professional credibility but without going on too long. Give any essential administrative or logistical information. Briefly explain why the participants are there.
2. Ask the participants to stand and introduce themselves, giving their name, organization, title, and one thing they like to do outside of work that most people don't know. (Put introduction points on a flipchart, if necessary.)



#### Trainer Note:

Do not let individual participants speak too long about why they wanted to be part of the workshop.

3. Recognize the variety of backgrounds and areas of expertise and congratulate the participants on their willingness to become outreach workers (or to take on new tasks).

### B. Expectations (20 minutes)

1. Explain that even though they don't know a lot of the details as yet, you would like to ask each participant to record in his/her *Outreach Worker's Handbook* on p. 65 (in the space for reflections/conclusions) what s/he would like to learn during the workshop. If writing in the guide is time consuming or difficult because of participants' comfort in writing, an alternative is to ask the participants to express their expectations while you record them on a flipchart.
2. After a few minutes, go from individual to individual, gathering expectations and recording them on a flipchart. If there are duplicates, simply show this by using check marks.



#### Trainer Note:

If participants have given their expectations orally, check off those that are mentioned more than once. Hang this flipchart where it can be seen by the participants.

3. Tell the participants as you review the objectives for the workshop and the workshop's agenda that they should be thinking whether or not their expectation(s) will be met. Explain that if they don't see where their expectation(s) will be met, they should raise their hands after the overview of the workshop.

## C. Workshop Overview (10 minutes)

1. Pass out the copies of the overall workshop agenda/objectives or post a copy on flipchart paper where everyone can see it.

This workshop will enable participants to:

- Describe the national and local WASH situation (using data support)
  - Define the role and responsibilities of an outreach worker
  - Describe the three key WASH practices
  - Explain and replicate in the community the various WASH activities demonstrated during the workshop
  - Select and negotiate the best options for improved practices with families in the community
  - Demonstrate effective communication skills
  - Use the appropriate monitoring tools to record their progress
  - Outline how they will move forward with activities once the workshop is over (prepare an action plan)
2. Review the objectives and the agenda of the entire workshop. Point out breaks, lunch, and ending time.

**Trainer Note:**

There is no need to go into too many details reviewing the objectives since specific learning objectives will be presented at the beginning of each session.

3. When you have finished the overview, ask the participants to look at their expectations. Ask if there are any that they feel won't be met. Give a rationale for those that can't be met.

**Trainer Note:**

If the participants have brought up an expectation that won't be met, it is important to explain why. If there are expectations that could be met later, for example outside of class, put them on the parking lot, making sure you get back to the items on the parking lot by the end of the workshop.

4. Explain the role of the *Outreach Worker's Handbook* and then have the participants look briefly at their copies.

**Trainer Note:**

Explain that the *Outreach Worker's Handbook* will serve as a technical reference during this workshop and again later when they are doing their sessions in the community. It is also a place where they can record what they've learned and their thoughts about being a WASH community outreach worker as the workshop goes forward. If writing in the *Outreach Worker's Handbook* is time consuming or uncomfortable for the participants, they should be offered the chance to share their learning, thoughts, and conclusions orally while you or a volunteer participant records them on flipchart. Explain how the *Outreach Worker's Handbook* contains both visual aids and resources for the training and for use in the community.

## D. Guidelines for the Workshop and Agenda for Day One (20 minutes)

1. Say that for any workshop to be a success, certain guidelines help establish an atmosphere for learning. Ask the participants what guidelines they would like to establish and record these on a flipchart.

**Trainer Note:**

You may need to "jump start" this exercise with a few guidelines of your own. Make sure they explore some of the less obvious guidelines, active listening, for example. Some other guidelines might be: be respectful of different opinions, let each person finish talking, be on time, and turn off cell phones. The trainer may want to cut off discussion because of time constraints.

2. Record and post these in sight.
3. Review the day's flow using the prepared flipchart.

## E. Self-Assessment in WASH (25 minutes)

1. Introduce the self-assessment tool by saying that it is not a test but a way for them to discover aspects of WASH that they might want to make an extra effort to learn about.

**Trainer Note:**

Make sure you emphasize the fact that this is a self-assessment and results will not be shared with others. If participants are unable to do this exercise in writing, read the questions and answer choices out loud, then ask for several participants' opinions on the correct answers.

2. Distribute the assessment and ask each participant to fill it out. When participants have finished, distribute the answer sheet or show where it is in the *Outreach Worker's Handbook* (p. 6) and have the participants self score. (To save paper, the participants can work directly on a copy of the assessment in the *Outreach Worker's Handbook* on p. 3.) If time allows, have the participants work in pairs to discuss their answers.
3. Ask the participants if doing this exercise makes them want to learn more about certain topics.
4. Finally, have individual participants record in their *Outreach Worker's Handbook* on p. 65 (space for conclusions/reflections), two or three *specific* things they'd like to work on during the training. If it would be easier for the participants, or in the interest of time, this can be done in open group discussion with the trainer recording on a flipchart.



**Trainer Note:**

If writing in the *Outreach Worker's Handbook* is not an option, have them report orally while you, the trainer, records the specific reflections on the flipchart, e.g. gain more knowledge about hand washing, improve my communication skills, etc.

5. Remind them that at the end of the workshop, they'll return to these items to assess how much they have improved their knowledge and skills during the workshop and to make sure all their answers were, in fact, correct.
6. Link to the next session: an introduction to WASH on the national and local levels. They will begin to get a picture of the WASH situation in their country and community.

## ASSESSMENT TOOL

### (Handout: Copy in the Outreach Worker's Handbook)

Please circle all correct response(s). When you have finished, wait for the trainer to tell you what to do. Those questions for which there is only one correct response are marked with \*. The other questions may have more than one correct response.

1. Which of the following, when used correctly, makes water safe to drink?
    - a. boiling it
    - b. adding chlorine or Clorox to it
    - c. filtering it
    - d. disinfecting it in sunlight
    - e. letting particles in the water settle to the bottom
  
  2. What is the best definition of diarrhea?\*
- a. passing loose or watery stools 3 or more times a day
- b. passing loose or watery stools once a day
- c. passing loose or watery stools at least 10 times a day
- 
3. Which of the following water sources may be contaminated?
  - a. river
  - b. lake
  - c. piped water
  - d. covered, hand-dug well
  - e. borehole
  - f. rain catchment
- 
4. What is the safest way to store drinking water?\*- a. in a clay pot
- b. in a clean oil drum
- c. in a bucket
- d. in a container with narrow mouth and lid
- e. in a container with a tight lid, narrow-neck, and spigot
- 
5. What are the essential things that somebody needs to wash their hands?
  - a. water
  - b. soap or ash or sand
  - c. running water
  - d. towel
- 
6. If soap is not available, what other products can be used as soap substitutes to wash your hands?
  - a. only water



- b. cinders/ash
  - c. sand
  - d. bleach
7. When should you wash your hands?
- a. before preparing or eating food
  - b. after using the latrine
  - c. after helping a young child use the latrine
  - d. when attending to someone who is sick
  - e. after scratching your head
  - f. after changing a baby's diaper
  - g. after using your *Outreach Worker's Handbook*
8. Which of these can help germs go from person to person?
- a. flies
  - b. cup/ gourd used for scooping water out of storage container
  - c. touching
  - d. uncovered containers
9. What is the safest way of disposing of fecal waste?\*
- a. leaving the waste in the open air
  - b. putting the waste in a covered latrine
  - c. dumping it in a stream
  - d. leaving the waste out in the rain
10. How far should a pit latrine be from a well?\*
- a. at least 3 meters
  - b. at least 6 meters
  - c. at least 15 meters downhill
  - d. it doesn't matter
11. When negotiating with a person(s) to help that person(s) adopt a new way of doing something, it is important to:
- a. establish rapport with the person(s)
  - b. ask questions to assess what they are doing now
  - c. let them determine what it is they might do
  - d. present some options
  - e. help them identify barriers for carrying out their new action
  - f. all of the above
12. When talking to a community member about preventing diarrhea, you should remember to:
- a. use appropriate gestures and eye contact
  - b. comment on the listener's clothes

- c. monopolize the conversation to get your point across
  - d. listen carefully to what is said
  - e. all of the above
-

## Key

Copy in the *Outreach Worker's Handbook* p. 6 and in the *Collection of Resource Materials*.

- |               |                  |
|---------------|------------------|
| 1. a, b, c, d | 7. a, b, c, d, f |
| 2. a          | 8. all           |
| 3. all        | 9. b             |
| 4. e          | 10. c            |
| 5. a, b       | 11. f            |
| 6. b, c       | 12. a, d         |

# AN INTRODUCTION TO WATER, SANITATION, AND HYGIENE (WASH)

## Session Objectives

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

1. Describe **briefly** the importance of WASH for combating diarrheal disease.
2. Relate some national and local statistics (or other relevant facts) on diarrheal disease from their country or community.
3. Describe what the local WASH issues mean for outreach workers, their work, and their communities.

## SESSION AT A GLANCE: Introduction to WASH

Activity	Time	Materials
<p><b>A. Introduction: WASH Snapshot</b></p> <p>Participants get a quick overview of the session and some highlights from the talking points so they understand the importance of WASH.</p>	10 minutes	<ul style="list-style-type: none"> <li>- Flipchart, markers, tape</li> <li>- Talking points prepared ahead of time on flipchart about the importance of diarrheal disease</li> </ul>
<p><b>B. Large Group Discussion</b></p> <p>Participants discuss local conditions using the guide questions.</p>	30 minutes	<ul style="list-style-type: none"> <li>- Flipchart, markers, tape</li> <li>- Guide questions on flipchart</li> </ul>
<p><b>C. Conclusions and Summary</b></p> <p>The participants record conclusions, thoughts, and new information they have learned in their <i>Outreach Worker's Handbook</i>, and the trainer does a quick summary.</p>	10 minutes	<ul style="list-style-type: none"> <li>- <i>Outreach Worker's Handbook</i>.</li> <li>- Drawing conclusions task on flipchart paper</li> <li>- Flipchart page of key points</li> </ul>



**50 minutes**

# PREPARING TO TEACH THIS SESSION:

## Introduction to WASH

Before you present Module 1, Session 2:

1. Familiarize yourself with some national and especially local statistics (if available). Some excellent sources: the Demographic and Health Survey, the *Outreach Worker's Handbook*, WHO websites, documents produced by the country's Ministry of Health, reports done by other organizations on WASH, and your own organization's files. Consult with your program manager. See "Some Talking Points" below for suggestions and examples of meaningful statistics to share with the participants. For those wanting even more details, check the various websites listed in Appendix 5.
2. From the menu of questions on p. 34 of this guide in the detailed trainer notes, select the most relevant ones for your program (and community) and put them on a flipchart, one per page. The discussion stimulated by the questions and the responses should serve to paint a "picture" of the local WASH situation based on the participants' own observations about what is happening in their community.
3. Be ready to summarize the exercise once the participants have completed their discussion. If appropriate, talk about the organization's commitment and/or programmatic focus related to diarrheal disease. This should complement the brief overview given during the organizational introduction in the first session.
4. Remember that the goal of this session is to provide a technical context for the work the outreach worker will be doing, and not to overwhelm the participants with data. Use statistics and data based on the participants' ability to deal with this kind of information.
5. Reference p. 65 in the *Outreach Worker's Handbook* where they record their thoughts about the importance of diarrheal disease and what the local information means for them and their communities.
6. Prepare a chart with summary points. You might need some statistics here.
7. *If appropriate* use the following talking points to make some introductory remarks about the importance of combating childhood diarrheal disease.

## SOME TALKING POINTS: Introduction to WASH

### Introduction to Diarrheal Disease and Children’s Health

Diarrheal diseases take a tremendous toll on children and their families in developing countries. “Diarrhea is one of the biggest killers of children under five worldwide, accounting alone for 17% of deaths in this age-group” (IYS Advocacy Kit, UN-Water 2008, Talking Points). Diarrhea kills children when it causes them to lose so much water that their vital organs can no longer function. This is called “dehydration,” which means losing water.

Diarrhea affects children’s nutritional status, how mothers spend their time, how much time pupils are absent from school, household expenses for treatment as well as the cost of lost work, wages, and productivity. It is estimated that 80 percent of all cases of diarrhea can be attributed to three major causes (WHO 2008\*):

- Inadequate sanitation
- Poor hygiene
- Unclean water

There are numerous ways that the germs that cause diarrhea can enter a person’s body:

- Fluids (through contaminated water)
- Fields (resulting from defecation outdoors)
- Flies (transmitting disease)
- Fingers (dirty hands to mouth)
- Food (infected by fluids, flies, or fingers and then ingested)

Certain hygiene practices have been proven to have the greatest potential for preventing diarrhea. These so-called **key practices** are:

- Safe disposal of feces
- Correct hand washing
- Safe drinking water

Studies show that, when performed correctly and consistently, each of these key practices can reduce diarrhea cases by 20 percent to 50 percent. Correct hand washing in particular has also been shown to prevent many cases of respiratory disease.

Almost *one-tenth* of the global disease burden (not limited to diarrheal diseases) could be prevented by improving water supply, sanitation, hygiene, and management of water resources (\*Prüss-Üstün, A., Bos, R., Gore, F., Bartram, J. 2008. *Safer water, better health: costs, benefits and sustainability of interventions to protect and promote health*. Geneva: World Health Organization.)

## TRAINING ACTIVITIES:

### Introduction to WASH

#### A. Introduction to the Session (10 minutes)

1. State that in the previous session, participants learned a little about the training program they are about to go through, and they took a self-assessment quiz to determine their present levels of knowledge about WASH. Explain that in this session, they will get a brief overview of the national and local situations with regard to diarrheal disease so they can better understand the significance of their work as WASH outreach workers.
2. State that diarrheal disease (diarrhea) takes a terrible toll on children and that over a million children die each year from diarrhea-related diseases. By improving the way we properly dispose of our waste (feces), by doing a better job of washing our hands, and by drinking safe water, we can greatly *reduce* the number of deaths due to diarrhea.

#### Trainer Note:

If appropriate for the audience, insert a few national and local statistics here, if such data are available. Examples of local statistics could be:



- % of children under five who had diarrhea in last two weeks
- Rank and % of diarrhea as a cause of childhood deaths
- % of households with a safe sanitary solution (latrine, etc.)
- % of households with "access to water" (within a 15 minute walk) and/or % that treat their drinking water
- Any data on hand washing (% of households with soap)

Refer to p. 7 in the *Outreach Worker's Handbook* for more information. Useful links for finding local and national statistics are also available in Appendix 5.

#### B. Large Group Discussion: The Local WASH Situation (20 minutes minimum)

1. Tell the participants they are going to discuss the local WASH situation by looking at some questions.
2. Open the discussion by revealing the first question on the flipchart and continue for as long as appropriate. Under each question, record the highlights of the discussion so that at the end of the time, you have a more or less complete picture of the local WASH situation.



## Diarrhea Questions:

- Is diarrhea common among children in your community?
- Are there more cases during certain times of the year?
- If so, when does the number of cases increase?
- Why do you think that the number of cases increases at certain times of the year?
- Are you aware of children in your community who have died from dehydration/diarrhea? If so, tell us about it.

## Water Questions:

- Where do most people get their water?
- How do they carry their water from the source?
- How do most people store their water at home?
- Do people treat the water in any way before drinking it? If so, how?
- Are there times of the year when water is scarce?
- How many different ways do people treat their water? (e.g. bleach, filters, boiling, sunlight, etc.)

## Feces Disposal Questions:

- Where do most people go to relieve themselves?
- How do mothers dispose of their children's feces?
- Do people relieve themselves near wells?
- How do most people manage animal feces near or in their houses?

## Hand Washing Questions:

- How often do people wash their hands?
- When are people most likely to wash their hands?
- What do they use?
- Do most houses have soap?
- What do people do when soap is not available?
- What do people do when water is scarce?

## B. Large Group Discussion: Implications (10 minutes)

1. In your own words, talk again about the importance of combating diarrheal disease (diarrhea) both nationally and locally. Use the information from the above discussion to illustrate your points.
2. Now ask the participants what the local information implies for them, their families, and their communities. Have them begin to think about some of the conditions, issues, and problems that exist locally with regard to access to potable water, correct hand washing, and

proper disposal of human waste. If time permits, record some of these implications on the flipchart. Keep these posted as reminders for the duration of the workshop.



**Trainer Note:**

The participants will have the chance to make more specific WASH observations during the sessions to follow. Remember this is a “first impressions” discussion. Care should be taken not to feel the need to defend or correct any of the observations made in response to the questions.

C. Conclusions and Summary (10 minutes)

1. Ask the participants to turn to p. 65 in the *Outreach Worker’s Handbook*. Have the following task on flipchart paper:

Looking back at the answers to the discussion questions, which are posted on the flipcharts:

- Write down two or three things that you learned during this exercise.
- What do you want to remember about local WASH conditions when you’re working as an outreach worker with individuals, families, and community groups?



**Trainer Note:**

If participants are uncomfortable with writing, this summary exercise may be done orally while you record answers on a piece of flipchart paper.

1. Summarize or ask for volunteers to summarize some of the key points especially with regard to local WASH conditions. (You will need some local information.)

Summary Points:

- Globally diarrhea causes *over a million* deaths per year.
- Nationally, diarrhea causes (fill in number) deaths per year.
- Locally, diarrhea causes (fill in number) illness per year.
- Based on the discussion, some important WASH issues for our community are....



**Trainer Note:**

Tell the participants that they should be ready to propose summary points for some of the following sessions. It is less passive and will help them remember the essential points.

2. Transition to the next session by saying that they will begin to learn more about their specific roles and tasks as outreach workers, having received this overview of the WASH situation.

# THE ROLE OF THE OUTREACH WORKER

## Session Objective

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

1. Describe in *general terms* their roles and duties as WASH community outreach workers in the context of their organization's present programs.

## SESSION AT A GLANCE: Role of the Outreach Worker

Activity	Time	Materials
<b>A. Large Group Brainstorm</b>  Participants brainstorm what it means to be a facilitator as distinct from a trainer.	10 minutes	- Flipchart, tape, markers
<b>B. Large Group Work</b>  Participants read the job description of a WASH outreach worker.	10 minutes	- Outreach worker job description developed by the program manager on flipchart - Options: Make copies or use <i>Outreach Worker's Handbook</i>
<b>C. Large Group Discussion</b>  Participants brainstorm questions they might have after reading the job description.	15 minutes	- Flipchart, tape, markers
<b>D. Summary</b>	10 minutes	- Prepared summary chart



**45 minutes**

# PREPARING TO TEACH THIS SESSION:

## Role of the Outreach Worker

Before you present Module 1, Session 3:

1. The programs that outreach workers work with are dedicated to improving a range of conditions, including families' incomes, agricultural productivity, social conditions, health status, and WASH conditions. Examine (or work with program staff to create) a job description of the outreach workers you are training. Then work with the project team to adjust the job description by adding or otherwise incorporating new or altered tasks that will allow the workers to effectively address WASH.
2. Once you've decided what tasks apply to your outreach workers, prepare a summary on a flipchart.

### Possible Tasks for Outreach Workers Related to Improving WASH

The following tasks are related to improving WASH and may not include broader responsibilities that the outreach workers in your program have. Considering only their duties related to WASH, select tasks relevant for the outreach workers of your program. Use those tasks to develop your program's own job description or incorporate them into your outreach workers' existing job description.

- Facilitate assessments of the WASH situation in the community using participatory exercises such as leading discussions of photos or drawings, creating a WASH map, leading a walk focusing on hygiene, or coordinating a community hygiene baseline survey.
- Advocate with community leaders and influential people to support WASH improvements.
- Help establish, support, and participate in a community health committee that focuses on or addresses WASH issues.
- Help establish, support, and participate in a community water committee (which monitors and/or maintains and repairs the water system and collects fees).
- Liaise with resource organizations: local health facilities, NGOs, private companies, and manufacturers and distributors of sanitation-related technology, hand washing, and water treatment supplies.
- Conduct regular home visits/counseling on diarrhea prevention, consisting of an assessment of current conditions and practices and joint problem-solving to assist with improvements.

- Lead participatory group discussions on WASH issues.
- Put on demonstrations to teach WASH-related actions (e.g., how to wash hands properly, how to construct a latrine, how to chlorinate water correctly).
- Organize events to promote improved WASH practices (health fairs, school-based WASH activities, contests, public demonstrations, etc.).
- Monitor or manage monitoring of WASH practices and conditions.

## TRAINING ACTIVITIES:

### Role of the Outreach Worker

#### A. Large Group Work: Brainstorm (10 minutes)

1. Review the main points from sessions one and two and remind the participants that they will be spending time as WASH outreach workers and that the goal of this workshop is to get them ready to perform that role. Say that in the last session they learned about the importance of combating diarrheal disease (diarrhea), especially locally, and that they talked about some of the local WASH conditions that they might address as they go into the community. They did this by answering and discussing some specific questions, which are posted on the wall.
2. Ask the participants to quickly brainstorm “what it means to be a facilitator rather than a trainer.” Record their responses on a flipchart. Use the notes below to discuss some of the differences very briefly. Tell the participants that they will be acting more as facilitators with the members of the community rather than educators. Also note that facilitating requires more skills than simply giving people information, but that the results are worth the effort.

#### Trainer Note:

A traditional trainer views the job as telling people information, and a participatory trainer sees the job as drawing out as much information and ideas from participants as possible before providing any key points that were missed. Facilitation means guiding experiential, participatory activities rather than talking to passive participants. It also means, in this program, that outreach workers will interact with their audiences to help them make their own best choices rather than just imparting knowledge. For the purposes of this workshop and related to the tasks of the outreach workers, the terms facilitation and joint planning seem most appropriate for what the outreach workers “do” with their audiences, remembering the overall goal is to promote healthy practices by addressing some of the causes of diarrhea.



## B. Large Group Work (10 minutes)

1. Ask for a volunteer (s) to read aloud the WASH tasks for an outreach worker (as amended by the program).

## C. Large Group Discussion (15 minutes)

1. Ask the large group to tell you what questions they have about their roles as outreach workers/facilitators. Record these on a flipchart. Explain that they will come back to these questions at the very end of the workshop and that by that time, many will be answered. Post the questions prominently so they are visible during the workshop. These questions might be posted next to the conclusions they drew about local WASH conditions in the areas where they will be working.
2. Close the session by saying that now they have a general idea of what they're expected to do, they will be spending the next couple of days getting ready. Say that they will have time together to learn technical information about WASH and will explore the *Outreach Worker's Handbook* and a *Collection of Resource Materials* that will help them in the field.

## D. Summarize the Key Points (10 minutes)

## Summary Points:

- Being a facilitator/outreach worker is different than being a trainer/educator.
- A WASH outreach worker's job is to help people decide how to adopt healthier behaviors, activities, and practices in the community to prevent diarrhea.
- The outreach worker plans together with the audience rather than telling them what to do.

**Trainer Note:**

If appropriate, ask a participant to summarize the key points. This technique can be used for any of the sessions. (This note will not be repeated.)

Thank participants for their participation and mention that in the next session they will be introduced to the best key practices for preventing diarrheal diseases in their communities.

# KEY PRACTICES FOR PREVENTING DIARRHEA

## Session Objectives

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

1. Describe the three key practices for reducing diarrheal disease.
2. Describe their role in helping people adopt healthy water, sanitation, and hand washing behaviors.



## SESSION AT A GLANCE: Key Practices, Improved Health, Diarrhea Prevention

Activity	Time	Materials
<p><b>A. Re-introduction</b></p> <p>The trainer, referring to the previous discussion on WASH, re-introduces the concept of 3 key practices from session 2.</p>	10 minutes	<ul style="list-style-type: none"> <li>- Flipchart, markers, tape, and flipcharts with each key practice on a page</li> <li>- <i>Outreach Worker's Handbook</i> for information on 3 key practices</li> </ul>
<p><b>B. Large Group Discussion/Brainstorm</b></p> <p>The participants learn key practices and some ways to achieve them.</p>	15 minutes	<ul style="list-style-type: none"> <li>- Information in the <i>Outreach Worker's Handbook</i> on 3 key practices</li> <li>- Pictures for the example (if needed)</li> <li>- <i>Collection of Resource Materials</i></li> </ul>
<p><b>C. Revisiting the Brainstorming</b></p> <p>Trainer complements the information offered by the participants during the brainstorming.</p>	20 minutes	<ul style="list-style-type: none"> <li>- Discussion tools for demonstration</li> </ul>
<p><b>D. Review and Summary</b></p> <p>Participants review the outreach worker job description and go over a summary of the session.</p>	10 minutes	<ul style="list-style-type: none"> <li>- The outreach worker job description from previous session</li> </ul>



**55 minutes**

## PREPARING TO TEACH THIS SESSION: Key Practices, Improved Health, Diarrhea Prevention

Before you present Module 1, Session 4:

1. Read the entire session and prepare any flipcharts (for example, one key practice per blank flipchart page for hanging).
2. Gather all necessary supplies.
3. Remind the participants to have their *Outreach Worker's Handbook* and *Collection of Resource Materials* handy.
4. Refresh your own memory regarding the three key practices. This session serves as a more concrete introduction to the ways in which the outreach workers can encourage important preventive practices.
5. Have the discussion tools available for demonstration.
6. Be ready to point out where in the *Outreach Worker's Handbook* participants can record additional information about their roles.
7. Prepare a summary chart of the key points made during the session.

## TRAINING ACTIVITIES: Key Practices, Improved Health, Diarrhea Prevention

- A. Re-introduction of the Three Key Practices (10 minutes)
1. Briefly revisit the discussion on the national and local WASH contexts by highlighting two or three of the important WASH issues faced in the community. Go back, if appropriate, to the flipcharts generated earlier in session 2. Tell the participants that they will be helping their communities by motivating and *facilitating* individuals, families, and groups to take steps necessary to carry out the three key practices in a way that will protect their children's and families' health.

2. Refer back to session 2 to the conclusions about WASH generated by the participants. Re-introduce and explain the three key practices. If appropriate, have the participants read aloud the important points about each of the *key practices*.

### Trainer Note:



The three key practices are: 1) correct washing of hands with soap; 2) proper disposal of feces; and 3) treating, storing, and retrieving water so it's potable (safe to drink). The goal of a key practice is to reduce the incidence and consequences of diarrhea and other illnesses. Achieving all the key practices can have a tremendous impact on reducing diarrhea. Taking small steps toward achieving the key practices can also have a positive impact. Additional information regarding key practices can be found in the *Outreach Worker's Handbook*.

It should also be noted that there are many other hygiene-related behaviors that are not covered under that three *key practices* in this manual. Such behaviors include: peeling and washing fresh food before eating, heating or reheating cooked foods at a high temperature before eating, keeping flies off food, and never consuming animal products that have been improperly stored or insufficiently cooked.

### B. Key Practices and How to Achieve Them: Brainstorming (15 minutes)

1. Put the prepared key practice flipchart(s) on the easel. Ask the participants to think of the basic things that families can do to achieve each key practice.
2. Record these suggestions as the group offers them. This is a brainstorming session, so accept all answers.

### Trainer Note:



For the key practice of drinking and using potable water, the water should be:

1. Treated using chlorination, filtration, sunlight (SODIS), or boiling.
2. Transported properly.
3. Stored safely.
4. Retrieved and served in ways that avoid recontaminating it.

For the key practice of correctly washing hands:

1. Soap (or another cleaning agent) should be used.
2. The person should rub fingers and hands together well (for 20 seconds if possible).
3. The hands should be rinsed with flowing water.
4. The hands should be air-dried or dried with a clean cloth, although clean cloths are often not available.
5. The hands should be washed at key times: after defecation or contact with feces, before eating or preparing food.

For the key practice of safely disposing of feces:

1. All feces (including that of infants and young children) should be put into a latrine and then the opening covered, and the latrine should be kept clean of fecal matter, OR
2. The feces should be deposited in a hole and then covered with dirt (less preferred but also acceptable).

3. Say that sometimes it is not possible for an individual, family, or group to do everything that is necessary to achieve the key practice right away. They may not have the resources, for example.
4. Give the following example in your own words. If appropriate, support your example with some pictures or drawings.
5. To reduce the risk of recontaminating treated water, the very best way is *to store* it in a narrow-neck container with a tight-fitting lid and a spigot. However, some families cannot afford to buy such a container or they are not available in the local market, so it is important to discuss with these families what they might be able to do to improve the way they currently store water. For instance, if they currently store their water in an open container (such as a big pot), a slightly safer (although not ideal) alternative is to keep a lid on the pot. This is not ideal because it is very easy to recontaminate the water by touching it with a dirty cup/bowl and fingers when serving the water. Retrieving the water using a ladle (long handled scoop) that is hanging inside the water container is recommended. An even safer alternative would be to store water in a narrow-neck container (like a clean jerry can) with a lid. Then people cannot dip anything into the water, thus reducing the risk of recontamination. Using the “Mikikir” (counseling) card for hygiene and sanitation p. 39, row E, in the *Outreach Worker’s Handbook*, draw or show the different options for storing water. Discuss which options are most likely and least likely to lead to contamination.
6. Use the narrative below to continue to shape the job description. If the participants are already experienced outreach workers, lead a discussion about how they currently help their audiences to adopt new behaviors, emphasizing the important points. If the participants are relatively new to outreach work, put important talking points on the flipchart.
7. Tell the participants that the job of an outreach worker is to ask questions and make observations about what each group, family, or individual is currently doing and to help them select “small doable actions” (which are also referred to as “improved practices”) that will move them closer to achieving the key practice. The individual or family members must be both willing and able to perform the new practice(s).
8. As an outreach worker, you should be aware that many factors enter into the picture when it comes to adopting new ways of doing things. Part of the job is to discover what some of those factors are and to reduce the number of *barriers* that stand in the way. For example, individuals who want to adopt a new practice will be surrounded by people who may or may not be supportive of their efforts, such as neighbors or family members. There may be cultural barriers, such as a strong belief that men and women should not share the same latrine. Your job is to make it as easy as possible for individuals to do something new. If the individuals or

family members are unable to implement a suggested new practice, you can help them find something they can do that will move them closer to the key practice. You will have the chance to explore how to do this in future sessions.

C. Revisiting the Brainstorming (20 minutes)

1. Using the flipchart sheets where the participants' suggestions on how to implement the key practices are recorded, revisit each one and make sure the suggestions are correct. Ask the group to comment on any idea that does not seem a step in the right direction. Add any items that are missing. Post these.
2. Ask the participants to look at the charts from session 2 with their description of local conditions. Lead a quick discussion about which of the key practices are priorities in their particular communities.
3. Leave the flipcharts on the wall so that the participants can see them.
4. Introduce the discussion tools by telling the participants that they will use these tools when they are working with their community members. The discussion tools will help them and their audiences identify what's happening now and what new practices they might undertake. The tools also serve as a way to track changes as people move toward adopting new and better practices on their way to achieving the key practices. The following discussion tools are found in the *Outreach Worker's Handbook*. See p. 35 for assessment of feces disposal, see p. 34 for assessment of hand washing, and see p. 33 for assessment of water source and storage.
5. Tell the participants that they will have the chance to practice using the cards later in the workshop.

D. Review of the Job Description and Summary (10 minutes)

1. Remind participants that their job is to help their audiences (individuals, families, and groups) do things differently, which will lead toward achieving a key practice. All of this is to prevent diarrhea. Ask them if they have any questions about their job.
2. Summarize Key Points (using a prepared flipchart page).

Summary Points:

- The three key practices
  - Their job is to help individuals improve their health by changing behaviors and thereby reducing diarrhea
  - The discussion tools will help them with their tasks
3. Tell them that in the next sessions they are going to explore ways to make water safe to drink.

# THE CONTAMINATION CYCLE AND DIARRHEA

## Session Objectives

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

1. Describe the contamination cycle.
2. Describe the connection between contamination and diarrhea.
3. Classify practices related to diarrhea as positive, negative, or neutral.
4. Optional: review some common local practices contributing to water contamination.

# SESSION AT A GLANCE: Contamination Cycle

Activity	Time	Materials
<p><b>A. Introduction</b></p> <p>Participants make the linkage between the previous session and this one. Review session objectives.</p>	5 minutes	- Flipchart, tape, markers
<p><b>B. Climate Setters</b></p> <p>Participants engage in two exercises that help them to see that even “clear” water might be contaminated.</p>	10 minutes + 10 minutes	<ul style="list-style-type: none"> <li>- 4 plastic bottles with clean water and a large measure of salt</li> <li>- 1 plastic bottle or glass with water; one long hair (or other long thin object like a blade of grass)</li> <li>- Feces sample</li> </ul>
<p><b>C. Large Group Activity</b></p> <p>Participants classify practices as positive, negative, or uncertain.</p>	30 minutes	<ul style="list-style-type: none"> <li>- 3 flipchart pages marked with positive, negative, uncertain faces</li> <li>- Illustrations—<i>Collection of Resource Materials</i></li> </ul>
<p><b>D. Demonstration</b></p> <p>Trainer uses the “contamination cycle” poster with labels to explain how germs travel and the consequences followed by a discussion of local situation.</p>	20 minutes	<ul style="list-style-type: none"> <li>- Labeled poster of the contamination cycle</li> <li>- If local data are available, put on poster</li> </ul>
<p><b>E. Reading in the Outreach Worker’s Handbook</b></p> <p>Participants read aloud about diarrhea.</p>	10 minutes	- <i>Outreach Worker’s Handbook</i> (more about diarrhea)
<p><b>F. Drawing Conclusions and Review</b></p> <p>Participants record new information they have learned and future plans in the <i>Outreach Worker’s Handbook</i> and trainer summarizes key points.</p>	10 minutes	<ul style="list-style-type: none"> <li>- <i>Outreach Worker’s Handbook</i></li> <li>- Prepared summary page</li> </ul>



**95 minutes**

# PREPARING TO TEACH THIS SESSION:

## Contamination Cycle

Before you present Module 1, Session 5:

1. Gather all materials (four clean plastic bottles filled with potable water; salt; a sample of feces; one bottle or glass with water in it; and one long, very thin object such as a human hair, blade of grass, or piece of thread). In two of the four bottles, dissolve lots of the salt so that the water is still clear but very salty to the taste.
2. Have three posters (on A4 or 8 1/2 x 11 paper) ready with the following titles: Diarrhea, No Diarrhea, and Uncertain. On the “diarrhea” sheet, draw a sad face, for the “no diarrhea” sheet draw a happy face, and for the “uncertain” sheet use a face with a horizontal line for the mouth. Tape these up in the room so that they aren’t visible to the participants.
3. Prepare the illustrations of positive, negative, and uncertain behaviors. Examples can be found in the *Collection of Resource Materials* in the section labeled Module 1, Session 5.
4. Mark p. 14 in the *Outreach Worker’s Handbook*, which provides more detail about diarrhea.
5. Prepare two posters for the routes of contamination, one with labels and one without. A sample poster can be found in the *Collection of Resource Materials* and p. 41 in the *Outreach Worker’s Handbook*.
6. Prepare a flipchart page with key points to summarize at the conclusion of the session.
7. Optional: review any information from Module 1, Session 4 that describes common local practices such as where children of different ages defecate and what happens to the feces afterwards.



# TRAINING ACTIVITIES:

## Contamination Cycle

### A. Introduction to the Session (5 minutes)

1. Introduce this session by saying that in the last four sessions participants learned about the workshop itself, received some information about the importance of WASH, began to sort out their roles, and in the last session looked at the three key practices and how they will help people in their communities adopt new behaviors.
2. Continue by saying that in this session, participants are going to begin to explore the WASH themes they will be addressing in their community: water, safe feces disposal, and hand washing.



#### Trainer's Note:

Explain that not only will they be learning all about hygiene but they will also have the chance to actually experience the very same activities they will carry out in their own communities.

3. Say that by the end of this session, they should be able to describe the contamination cycle (the various pathways that germs follow to get inside people and cause diarrhea), including the connection between the contamination of water and diarrhea. They should also be able to conduct the salt and the hair demonstrations in the field.
4. Say that they should remember that the goal is to create awareness about the three key practices and to help their audiences adopt better ways (practices) of ensuring they have potable water, that they are washing their hands properly, and that they are disposing of feces in a safe way. The purpose of these activities is to get people thinking about the key practices and what they are presently doing. In general, these activities are most appropriate prior to having more personal interactions with a smaller group of community members using the discussion tools.

### B. Climate Setter One (10 minutes)

#### Part One: Salty Water—Clear but Unpleasant

1. Show the participants the two bottles of water, one with dissolved salt in it. Ask them to look closely and see if they can tell any difference between the two. Take a couple of responses.
2. Ask for two volunteers to come forward. Show the two bottles again one at a time (salty and not salty) to the participants and ask them to raise their hands if they think the water in both bottles is “safe” to drink. Ask why.

3. Pour some of the not-salty water in two glasses. Now ask the volunteers to drink. Have the participants watch their faces. Pour some of the salty water into two glasses and ask the volunteers to drink. Again, have the participants watch their faces.
4. Reinforce the point that although water may appear clean, clear, and safe, it can contain things that you can't see that can make people ill.



**Trainer Note:**

You might want to introduce the local term “small bugs” or its equivalent if the word “germ” is not understood. In some areas, the words “dirt” or “dirtiness” work.

Part Two: Clear but Contaminated

1. Tell the participants that they are going to continue to look at water and possible ways it can become contaminated but still not look harmful.
2. Place the sample of the feces where everyone can see it. Hold one end of the hair, thread, or blade of grass in each hand and run it through the feces. Put the hair (or blade of grass) into the glass of water and then remove it.
3. Ask for a volunteer to drink the water—only to see their reaction. **DO NOT ALLOW ANYONE TO CONSUME THIS WATER.**
4. Conduct a discussion of the group’s reaction and stress that although the water looked clear, it is, in fact, contaminated with feces and that this is the reality in many of our communities—the water looks clean and clear (from the well, river, borehole, tap), but it has feces in it.



**Trainer Note:**

Be careful handling the feces—avoid touching it with your hand! Also, if this activity is not culturally appropriate, feel free to substitute using feces for other kinds of things that make water “dirty” like dirt. If you do choose to use a substitution, the idea that feces and open defecation leads to water contamination must still be discussed.

C. Large Group Activity: Classifying Practices/Actions (30 minutes)

1. Tell the participants that you are going to show them pictures (sample pictures located in the *Collection of Resource Materials*). Say that some of the pictures depict positive actions against diarrhea; some are negative ones that could put people at risk of getting diarrhea; and some actions you might be uncertain about (they may or may not lead to diarrhea). Tell them that as you show the pictures, they should go stand under the poster that they think best indicates how they feel about the picture.

**Trainer Note:**

Once everyone is under a poster, ask one person from the group to explain why s/he chose that poster. It is important to realize that although a picture may be considered “positive,” “negative,” or “uncertain,” there can be scenarios in which a practice might fit into another category. For example the picture of the kettle with boiling water is usually categorized as “positive” because boiling water kills germs. However, boiled water can easily become contaminated again (so a participant could choose to stand under the “uncertain”/ “straight mouth face” sign). It is not necessary for all participants to agree. What is important is that everyone understands which practices in each picture can protect a person against diarrhea or increase the risk of getting diarrhea.

2. Repeat with as many of the pictures as time allows. Move quickly but encourage discussion.

D. Demonstration with the labeled “Contamination Cycle” poster (20 minutes)

1. Show the Contamination Cycle poster (see *Collection of Resource Materials*, Module 1, Session 5) to the participants so that everyone can see it and review the key ideas:
  - The cycle starts with people defecating in the open.
  - The feces spread out on the ground and contaminate food crops, people, and animals.
  - Feces on the ground attract flies and flies contaminated with feces land on food that people eat.
  - Feces on the ground may be spread by rain or other water.
  - People who do not wash their hands after using the toilet spread germs.
  - Feces in the soil often contaminate the water supply and then we drink contaminated water.
2. Then lead a discussion about local sources of water. If local data are available, display the charts.
  - Where do most families get their water?
  - Could there be contamination even if the water appears “clear and clean”?
  - What might be some of the community sources of contamination?
  - What are their observations about how significant a problem diarrhea is?
3. Ask the group if they think children’s feces or adult feces have more germs or contamination that cause diarrhea. After responses, explain that children’s feces have more germs in them and are therefore more dangerous.

E. Reading More about Diarrhea (10 minutes)

1. Have the participants turn to p. 14 in the *Outreach Worker's Handbook*. Ask for a volunteer(s) to read aloud. Explain that they should not memorize this information but should know where to find it in the handbook. Emphasize that they SHOULD NOT read this information when conducting sessions in their communities.

***What is diarrhea?***

Liquid bowel movements that occur more than three times a day.

***Why do we get diarrhea?***

Because germs enter our body.

***How do germs enter our body?***

- When we consume food contaminated with feces (because the food has been contaminated by someone's hands, flies, water, soil, or was not well washed).
- When we drink untreated water.
- When we eat with dirty hands.
- When children put their dirty hands in their mouths.

***Why is diarrhea dangerous?***

Continuous diarrhea causes a loss of liquid in the body, resulting in dehydration and malnutrition.

***Who gets diarrhea and who does it affect the most?***

Children under five years of age are affected most. Old people and people who are already weakened by an illness (such as HIV/AIDS or cancer) are also very vulnerable to diarrhea. It is dangerous because the person with diarrhea can become dehydrated very quickly and die.

2. Ask if anyone has any questions.

F. Conclusions and Review of Key Points (10 minutes)

1. Have the participants turn to p. 66 in their *Outreach Worker's Handbook*. Have them answer the questions:
  - What have you learned today about diarrhea and the contamination cycle?
  - Are the salt and hair activities something you might be able to do in your community?
  - What might you have to change so that your participants grasp the concepts?
  - How might the demonstrations help your participants change their behavior?



**Trainer Note:**

This exercise can also be done orally.

## Summary Points:

- The cycle starts with people defecating in the open.
  - Feces can be spread through the ground to contaminate food crops, people, and animals.
  - Feces on the ground attract flies and flies contaminated with feces land on food that people eat.
  - Feces on the ground may be spread by rain or other water.
  - People who do not wash their hands after using the toilet spread germs.
  - Feces in the soil contaminate our water supply and then we drink contaminated water.
2. Tell them that in the next session, they are going to look at “dirty” water and ways to make it *look* clean. However, such “pretreatment” does not make water safe to drink. Even after pretreatment, people should treat the water in another recommended way before drinking it.