

WASH & HIV/AIDS INTEGRATION: TRAINING AND SUPPORT SAFE FECES MANAGEMENT

This document was taken from the comprehensive training package: Global WASH Training Package for the Prevention of Diarrheal Disease. The sections contained in this document are from the "Outreach Workers Handbook" and contain only those pieces that pertain to SAFE FECES MANAGEMENT and/or provide a general overview to WASH and orientation to the use of the materials. *Please note that because it was taken from a bigger document and some sections have been removed, the numbering of the various sections matches the original document and is therefore not always consecutive.* To access the entire "Outreach Workers Handbook" and/or the entire training package, please visit: <u>http://www.hip.watsan.net/page/3396</u> Water, Sanitation, and Hygiene Improvement Training Package for the Prevention of Diarrheal Disease

OUTREACH WORKER'S HANDBOOK FECES MANAGEMENT

- Guide for Training Outreach Workers
- Collection of Resource Materials
- Outreach Worker's Handbook

2009

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A. Purpose of the Handbook During and Following the Training

This Handbook has a dual purpose: 1) to serve as a support for the outreach worker during her/his training, and 2) as a resource during the outreach worker's activities in the community.

The Outreach Worker's Handbook has been developed with one primary audience in mind: the outreach worker. Other audiences might include program managers and trainers as well as other interested parties involved in the improvement of water, sanitation, and hygiene (WASH) conditions, either as part of their official mandate or because of their desire to incorporate WASH activities into an ongoing program/project.

During the Training

During the training, the Handbook will serve as a learning support and resource in a number of ways:

- The space for reflections/conclusions will serve as a place where the participant can record his/her reactions to the training program, conclusions, newly acquired knowledge, reminders, and back-home action steps as the training unfolds. This is normally called a "journal."
- The WASH information section contains technical information that will supplement the technical information explored during the training. This section can also be used as a quick resource for information after the training. The outreach worker should know where this information is found in the Handbook so s/he can access it in the field when necessary.
- The Handbook also contains copies of the handouts and forms used during the training. These handouts are also available in the *Collection of Resource Materials*.

Following the Training

Following the training, the Handbook will be useful in a number of ways:

• The monitoring/tracking section contains more information, suggestions, and recommendations for helping outreach workers with their monitoring tasks, including how to track behavior changes and how to report those changes to program management.

Program managers should make decisions about whether or not their outreach workers will be responsible for monitoring.

- The opportunities/techniques section of the Handbook contains tips, suggestions, and recommendations for conducting successful motivational activities such as demonstrations, role plays, skits, etc. as well as for managing group meetings. This section also contains a self-appraisal form that the outreach worker can use to continually monitor and upgrade his/her skills.
- The behavior change planning forms are worksheets that will assist the outreach workers to plan behavior change activities in each community.
- The job aids section contains a variety of materials. Three of the materials can be used to facilitate the discussion, assessment, and planning of improved behaviors relating to feces disposal, water treatment, and hand washing. The interpersonal communication materials can be used to remind the worker of important behaviors and steps in the joint planning process.
- Additional visual aids, resources, and copies of handouts can be found in the *Collection of Resource Materials*. The section on adapting visual aids should be consulted before using these visuals.

B. Objectives and Self Assessment: Module 1, Session 1

Upon completion of their training, participants should be able 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)

Assessment Tool

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 an asterisk (*). 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

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

C. Some Guidance on WASH Statistics: Module 1, Session 2

Statistics help one to better understand a situation. Comparing statistics internationally, nationally, and locally can then further highlight the severity of an issue and its effect within our own communities. Below are some statistics on international WASH-related situations. Please add some of your own national and local statistics on similar issues.

• Nearly 2 million children die every year from diarrheal diseases (WHO 2007)

National Statistic_____

Local Statistic	

• **2.5 billion** people still lack access to improved sanitation, including 1.2 billion who have no facilities at all (*Progress on Drinking Water and Sanitation: Special Focus on Sanitation*. UNICEF, New York and WHO, Geneva, 2008)

National Statistic	

Local Statistic_____

• **1.1 billion** people in developing countries have inadequate access to water (2006 *United Nations Human Development Report*)

National Statistic_____

Local Statistic_____

• **Close to half** of all people in developing countries are suffering at any given time from a health problem caused by water and sanitation deficits (2006 *United Nations Human Development Report*)

National Statistic	

Local Statistic_____

Providing access to a toilet can reduce child diarrheal deaths by over **30%**, hand washing by more than **40%** (IYS Advocacy Kit, UN-Water 2008, Talking Points).

D. WASH Tasks for an Outreach Worker: Module 1, Session 3

Possible Tasks for Outreach Worker Related to Improving WASH

The following tasks are related to improving WASH and do not include broader responsibilities that you may have as an outreach worker. Considering only your duties related to WASH, select those tasks relevant for your program. Use those tasks to develop your own job description.

- Facilitate assessments of the WASH situation in the community using participatory exercises such as leading discussions of photos or drawings, doing 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 water committee (which monitors and/or maintains and repairs the water system, collects fees).
- Help establish, support, and participate in a community health committee that focuses on or addresses WASH issues.
- Liaise with resource organizations: local health facilities, NGOs, private companies, and distributors of sanitation-related technology, hand washing, and water treatment supplies.
- Do 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., proper hand washing, how to construct a latrine, how to chlorinate water correctly).
- Organize events to promote improved WASH practices (health fairs, contests, public demonstrations, etc.)
- Monitor or manage monitoring of WASH practices and conditions.

A. Key Points on Feces Disposal

Key Points on Safe Feces Disposal: Module 4

Common reasons why people dept	What an outreach worker can do to
Common reasons why people don't	
dispose of feces safely (barriers)	address this barrier
People don't know how important the practice is. They don't connect where they defecate with their	Explain and show to the community the most likely
	ways that germs or contamination can go from feces
children getting sick, and/or they consider	into people to make them sick. To explain the effects of diarrhea, mention what happens to crops
diarrhea a "normal" and not dangerous condition.	
	when they don't get enough water. Acknowledge that it should not be common for children to get
	diarrhea and that one of the key ways to reduce it is
	for everyone to dispose of their feces safely.
People accept open defecation as normal or	Outreach workers can work with the families using
traditional.	some of the exercises in this training, teaching about
traditional.	how feces on the ground eventually cause illness.
	In some settings, creating a sense of disgust or even
	shame (using the Community-Led Total Sanitation
	methodology) has worked.
Families don't have latrines. Some, especially in	On their own, outreach workers cannot address all
urban slums, may not have space far enough from	of these problems. They must have strong back-up
the house. Some may live on land where only a	from an organization or program. The organization
hole lined with rock or cement would work. Some	should do a technical assessment to decide the best
don't understand the importance or otherwise are	couple of options for the conditions and should link
not sufficiently motivated to have a latrine. Some	program participants with loans, materials, or skilled
don't know how to build one. They may lack	labor to facilitate construction.
tools and basic materials. Some cannot afford the	
materials and/or labor necessary to construct a	
latrine.	
Latrine is not situated within 10m from the home	Advise a new location if a better one is available;
and at least 15m downhill from a water source.	explore access to a public or neighbor's latrine if it
	is not possible to build one.
People don't use the latrine at night: too dark, too	Suggest using candles or flashlights, but if such
many bugs and vermin, dangerous to be walking	ideas do not solve the problem, explore the
around at night, especially for women.	possibility of using chamber pots, with ash in the
	bottom (and put additional ash on top of feces),
	which can be emptied in the latrine or in a hole in
	the morning.
Latrine is not well-cleaned, so there are feces or	Try to problem-solve with the family how it can be
urine stains on the floor and seat.	kept clean; advocate that the family members share

	the responsibilities—it shouldn't just be added to the mother's burdens. If multiple families share the latrine, discuss how to improve maintenance.
Latrine is used for storage or other purposes.	Motivate owners to use the latrine as intended; suggest other possibilities for storage.
Latrine is not well-used because it stinks.	Consult with the local environmental health officer. Quicklime or ash should be used to clean the slab daily. Sprinkle a handful or two on the slab to soak up any moisture around the hole and then sweep into the pit. Add an appropriate chimney to the slab to ventilate the pit; or add small, high windows for ventilation of the structure. Covering the hole also helps to reduce smell.
Latrine is not well-used because it is infested with worms or bugs.	Consult with the local environmental health officer.
Latrine hole is filling up with water.	Move the latrine location if that is feasible and will solve the problem, or build a rock-lined or cement walled hole if feasible.
Latrine is not well-used because there is no wiping material.	Buy toilet paper or have children collect paper trash or leaves for wiping. Once used, it can be burned or buried. In places where water is used to clean, a bucket with clean water must also be made available at or in the latrine.
Family cannot/will not build latrine because they have no tools to dig hole.	Community can facilitate the shared use of appropriate digging tools.
In some cultures, it is not acceptable for men and women to share the same latrine.	A family could either build a second latrine, or could negotiate with their neighbor so that one family's latrine could be designated for the women and one for the men.
Children up to age 6 or 8 do not use the latrine because they are afraid of falling in the hole. They are allowed to defecate anywhere.	Explain that children's feces have even more germs and contamination than adults', so they must defecate either in a chamber pot (with ashes if possible) or a latrine. Keep a sanded board in the latrine to cover part of the hole when a child uses it.

B. Question and Answer Section

Module 1, Session 5: Contamination Cycle

A. What is diarrhea?

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

- **B.** *Why do we get diarrhea?* Because germs enter our body.
- C. 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.

D. Why is diarrhea dangerous?

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

E. Who gets diarrhea and who does it affect the most?

Children under five years of age are affected the 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.

Module 4, Session 1: Oral-Fecal Route

- A. *Do all feces contain germs that cause diarrhea and other illnesses?* Yes. Feces from adults, children, babies, or animals may contain contamination that causes diarrhea or illness in other persons, which is why *all* feces should be handled with care.
- **B.** *What can I do to keep human feces from contaminating the environment?* Put all feces in the latrine. If you have to defecate outside, then you should bury your feces (the way cats bury their feces).
- **C.** *Where can I dispose of my baby's feces?* You should put them in the latrine or bury them.
- **D.** *What can we do to keep animal feces from contaminating the environment?* Feces that are in and around the house and near your source of water should be picked up and put in the latrine or buried (the way cats bury their feces).
- E. *Where can I build my latrine?* You should build it at least 15 meters downhill from your source of water (well, river, creek, etc.).

F. What supplies do I need to clean the latrine?

- Bleach (to disinfect it)
- Broom and rag
- Water

G. How should I clean the latrine?

• The latrine or septic tank should be swept inside and out.

- It is best to use water with some bleach to disinfect the hard surfaces (e.g. floor, if not dirt; platform with a hole through which urine and feces falls; seat, if there is one; and lower portions of the interior walls).
- Quicklime or ash can also be sprinkled on the slab to soak up water and swept into the pit.

D. Sanitation Ladder: Module 4, Session 1

The most detailed steps on the sanitation ladder are:

- A. Defecation in the compound by young children.
- B. Defecation in the open-indiscriminately.
- C. A designated place in the open for defecation (not an acceptable option unless in an emergency setting).
- D. Cat's method (burying feces in a small hole and covered with earth).
- E. A traditional pit latrine or basic ecosan solution. (This option meets the Millennium Development Goal criteria for feces disposal.)
- F. An improved pit latrine (generally means improved slab) or ecosan solution.
- G. An improved pit latrine with ventilation.
- H. Flush toilet with onsite disposal.
- I. Flush toilet with sewerage and wastewater treatment.

E. Latrine Information: Module 4, Session 3

Locating and Sizing Latrines

Latrines should ideally be located:

- Within 10 meters from kitchen or homestead
- At least 15 meters downhill from a water source
- At the back of a dwelling/house for privacy purposes
- At least 1.5 meters above highest seasonal groundwater table

Size could be measured using the arm length (about 50 cm). A rope with a stake can be used to draw circles.

If families will not accept these standards, or physical conditions do not permit them to be followed, the best advice may be to locate the latrine as far away as possible without discouraging people from using it because it's too far away.

Digging the pit:

- Dig the latrines to a depth of at least 4 arm lengths (2 meters), but 3 or 4 meters is preferable. Some places with very favorable soil conditions even go deeper. Or, dig as deep as soil conditions allow.
- The pit should be more than 1.5 meters above the highest groundwater table and free of cracks.
- If there is water in your latrine from an underground water source, put soil into the pit until there is no visible standing water. If the pit is deep, put soil into the pit until you do not hear a splash when you throw in a pebble.
- See instructions below for building a pit that is lined or a pit that is not lined.

If you are constructing a pit <u>that will not be lined</u>:

- 1. Mark the spot and make a circle that has a diameter of two arm lengths (1 meter). You can lay out the circle by marking the diameter of the hole on the ground.
- 2. Put a peg in the middle of these marks and tie a rope onto the peg.
- 3. Stretch out the rope from the peg to one of the marks you made and tie a small pointed piece of wood onto the rope at that point. By moving this pointed piece of wood around and marking the ground, you will have a perfect circle that is 1 meter in diameter

<u>If you will be installing a casing (lining) for the pit</u>, you need to make the hole wider. For many soil conditions, you will only have to line the top 50 cm of the pit. For very poor soils, you will have to line the entire pit from the bottom to the top.

- 1. Lengthen your measuring rope by the width of the casing.
- 2. To install a 50 cm lining at the top of the pit, dig about 1 arm length (50 cm) straight down inside this wider circle.
- 3. Build a stone masonry or mud and grass mortar or use a bamboo mat around the wall of the 50 cm deep pit.
- 4. When this casing is installed, complete the excavation by digging down from the wall of the casing.
- 5. If the casing is stone, it is likely that the pit will now have a diameter of about two arm lengths (about 1 meter).
- 6. If the lining is to cover the entire pit, you will have to dig the wide hole all the way to the bottom, and install the casing from the bottom to the top of the hole.

If you are going to install a round concrete slab, no matter what the soil conditions, you will need to make sure that it has something strong to sit on:

- 1. Make sure that you dig a pit that is about half an arm length narrower than the diameter of the slab.
- 2. Make sure that you build a stone or mud mortar rim (not a bamboo one) around the top of the hole that supports the slab.
- 3. The rim is built the same as the casing described above, except it can be only half an arm length (25 cm) deep.

One basic option for covering the latrine hole:

- Cut thick and strong logs of wood and put across the hole.
- Cover the space between the logs with smaller and thinner pieces of wood.
- Cover the wood with dirt then pound and smooth the surface, leaving a squat hole that is 25x35 cm.
- The slab should be above the surrounding ground level so that water will not drain into it.

Constructing the superstructure (walls and roofs):

Refer to local construction practices, noting that the walls must afford privacy; a door is preferred, as is a roof to keep rain out.

Minimum Quality Standards for Latrine Construction

- Given the limited economic resources of the average family, hardware for sanitation and hygiene should be selected with a focus on "appropriate technologies" that are locally sustainable and have an impact on protecting health.
- The generally accepted definition of "sanitation coverage" requires that a household have access to a sealed, cleaned, and maintained latrine. "Sealed" means that there are covers for the hole in the slab and that any ventilation pipe is screened. This is a minimum standard for a pit latrine.
- Improved traditional pit latrines meet these minimum standards and may be the most appropriate design in many settings.
- Sanitation systems should not be constructed if they will contaminate ground or surface water or otherwise compromise human health or environmental quality. The construction of systems that dispose of raw sewage into a surface water source or into groundwater is not permitted.
- All latrines, household or institutional, should have access to a hand washing station with sufficient water for multiple hand washings and a cleansing agent (soap, ash, sand).
- Appropriate low-cost hardware for hand washing that consumes little water is easily furnished (see session on tippy taps) or locally available.
- Institutional latrines and toilets that see high usage (compared to the household latrine) should maintain minimum standards for a pit latrine, but must also have a slab that is easily covered and cleaned—concrete SanPlats (sanitation platforms) are a low-cost and reasonable technology.

The use of local materials to build slabs and superstructures is encouraged as a strategy to reduce or eliminate external subsidies. Adverse conditions for construction of pit latrines (high groundwater tables, soils that cannot be excavated, or soils that collapse easily) limit low-cost options for sanitation and may require a program to offer subsidies for adequate feces disposal options.

F. Interpersonal Communication Checklist: Module 5, Session 1

	Yes	No
Using appropriate body language (eye contact, smile, gestures)		
Maintaining respectful social distance between speakers		
Asking lots of questions		
Showing interest by leaning forward		
Using active listening		
Removing obstacles in the way (no barriers)		
Paraphrasing to signal you've heard and understood (taking care not		
to tell someone what they think or interpreting them)		
Making appropriate use of silence		
Using nodding or verbal signals to demonstrate listening and		
encourage the speaker to continue		

G. Steps in the Joint Planning Process for Improving WASH Practices: Module 5, Session 2

- Greet and get permission to enter into dialogue
- Assess the WASH situation through observation and asking questions
- Give feedback on what they are doing well and what areas they might improve
- Mention one or two current practices that the person(s) might do differently
- Ask your community members for ideas on what changes they could make
- As needed, make additional suggestions and mention the positive benefits (aided by a job aid with a menu of ideas and their benefits)
- Ask community members questions with the objective of getting them to commit to trying one or two specific new (and improved) practices
- Together explore some difficulties that they might face and how they might overcome them
- Ask the community members to repeat what they've agreed to try and the general steps they plan on following to do it
- Congratulate them
- Promise follow-up with a date and time

H. More Information on Interpersonal Communication Practices: Module 5, Session 1

Interpersonal Communication

Interpersonal communication (IPC) is direct, face-to-face conversation between two or more people to exchange experiences and share ideas, beliefs, fears and doubts about a specific topic. This form of communication is an important means of promoting healthy practices, such as safe water consumption, washing one's hands with soap, and proper feces disposal.

Channels for Interpersonal Communication

Two communication channels are used in interpersonal communication:

- **Verbal** (when we use spoken language)
- Nonverbal (when we use gestures, mime, signals, etc.)

Verbal Communication:

Verbal communication is when you use spoken language. For example: Juanita says to her daughter, Lupita, "It's always a good idea to chlorinate water to avoid getting sick." Juanita is transmitting a message verbally, and Lupita is hearing the message through Juanita's words.

Recommendations for Good Verbal Communication:

- *1. The way you say something can be interpreted in a variety of ways by the listener.* For example:
 - Tone of voice can indicate that you feel angry, incredulous, doubtful, happy, etc.
 - *Volume* (speaking loudly or softly) can indicate emotions. For example: speaking loudly can be interpreted as being angry.
 - *The speed* with which you say something can indicate several things. For example: speaking very quickly can indicate that you are nervous or want to end the conversation soon.
 - *Message*: What you say should be simple, clear, and easy to understand. For example: Rather than saying, "The crux of the issue is drinking safe water," it is better to say, "It's best to drink safe water."

In order to improve your verbal communication (in which you use your voice), keep the aforementioned elements in mind. Leaders who use the same tone or voice/volume/speaking speed are perceived as boring and do not motivate listeners. For this reason, it is important to vary the intensity of your voice.

2. To show that you are listening and understand you can:

- Use the "mirroring" technique. Repeat in your own words what the other person has just said.
- Repeat what the other person says, but in the form of a question. Is that right? Is that correct?

3. Ask open, probing, and closed questions:

- **Open questions** obtain longer, well thought out answers: "What have you heard about the need to treat your water?"
- **Probing questions** are for following up on an answer to gain a better understanding as to why the person responded in a certain manner, or to obtain more information.

The other person's answer to your first question:	Possible probing question to get more information:
"It's good."	"Could you tell me more about that?"
"I like the flavor."	"What do you like about the flavor?"
"It's difficult to do it."	"What are some of the reasons why you feel that way?"

- **Closed questions** obtain short, precise answers. For example, "How many times have you had diarrhea this week?"
- Avoid asking questions that begin with "Why" because they put people on the "defensive." It is better to ask, "What do you think about that?" or "Can you say more about that?"

4. How to respond to questions:

You can:

- Motivate the person who asked the question, saying:
 - o "That's a good question."
 - o "What an interesting question!"
 - o "Many people would like to know the answer to your question."
- Ask for clarification if you did not understand the question.
- Respond to the question.
- If you do not know the answer, say, "That's a good question, and I don't have an answer for you. However, if it's all right with you, I'll check into it and give you an answer at another time." Check with other members of your team/organization or the health center personnel to see if you can obtain an answer.

Nonverbal Communication:

• Nonverbal communication consists of transmitting messages between two or more people through gestures, mime, signals, and other forms of expression that do not involve using one's voice. For example: The hand movements and facial expression that Juanita used when she was talking with Lupita transmit messages without the use of words.

Recommendations for Achieving Good Nonverbal Communication:

1. Maintain eye contact with the other person.

When you look at the other person when speaking to them, it makes them feel that they are noticed and they will take an interest in the subject. In addition, it creates an atmosphere of trust and increases the credibility of the person who is transmitting a message. (Note: There are some cultures where eye contact is considered inappropriate under some circumstances, such as when a subordinate is speaking to a superior, so use eye contact in a culturally sensitive way.)

2. Use facial expressions.

Smiling is a powerful signal that transmits happiness, friendship, warmth, enthusiasm, and affinity. If you smile frequently, you will be perceived as being more pleasant, friendly, warm, and accessible. Smiling is contagious and the participants will react favorably and learn more.

3. Use gestures.

In order to attract the participants' attention, obtain their interest, and encourage them, it is important to use appropriate gestures. If you do not use gestures when you are speaking, you may seem boring, stiff, and dull. Nodding your head can indicate that you are accepting or affirming something.

4. Have appropriate posture and bodily orientation.

You communicate a number of messages by the way you walk, stand, and sit. By standing up straight, but not rigidly, and leaning forward a bit, you communicate to the participants that you are accessible, receptive, and friendly. Interpersonal closeness is maintained when you and the participants are face-to-face. You should avoid speaking to them with your back to them or looking at the floor or the ceiling because this will communicate that you are not interested in them.

5. Maintain an appropriate distance (proximity).

Cultural norms determine what is considered a comfortable distance between people. A sign that you are too near another person is when he or she does not look you directly in the eye or leans back a bit. For communication to be effective there must be an appropriate distance between the person who is speaking and the listener. When you are addressing a group, you can move and walk among the participants to facilitate eye contact when you are speaking with them.

6. Have a sense of humor.

Humor should be used as a learning tool. Laughing generates confidence and helps to diminish stress and tension for the speaker as well as the listeners. You should develop your ability to laugh at yourself and encourage listeners to do the same. Humor helps to create an atmosphere that facilitates learning.

Recommendations for Interpersonal Communication:

- Interpersonal communication for the purpose of **informing**: Informing is imparting essential information. For example, when offering a jug for storing water, first explain that the water jug is made of plastic, it has a lid, it holds 20 liters of water, it has a carrying handle, it is lightweight, and it is easy to clean. This will provide information about this water jug. However, this does not mean that the person is already convinced and wants to acquire one.
- Interpersonal communication for the purpose of **promotion**: This involves linking a behavior or product with the advantages or benefits that it offers, so that a person will want to do or acquire it. Continuing with the water jug example, explain that the jug will hold enough water for the entire family, its lid ensures that the water will stay hygienic so that they will not become ill, and its handles make it easy to transport.
- Interpersonal communication for the purpose of **negotiation**:

This is to encourage a person to adopt a practice that will benefit him/her personally or his/her family by adapting the message to the specific circumstances of that person or family and giving reasons why it would be beneficial or important. This action takes place by means of negotiation and ends with a commitment. Use the other types of communication in this process: inform the person, analyze his/her concerns, listen to his/her questions, and take advantage of every opportunity to reaffirm the advantages and benefits, offer alternatives, help him/her to make a decision, and establish agreements.

Behavior Change Planning Forms

C. Planning Form for Feces Disposal: Module 4

Major issues in the community about disposal of feces	Community One	Community Two	Community Three
Possible community members for mutual planning or group activities			
Behaviors now prevalent			
Alternatives to current behaviors			
Barriers to adopting new practices			
Enablers to adopting new practices			
Potential activities for the outreach workers			

Job Aids

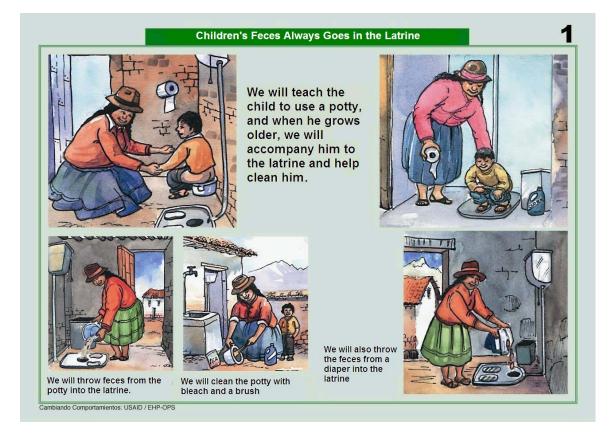
A. Discussion Tools

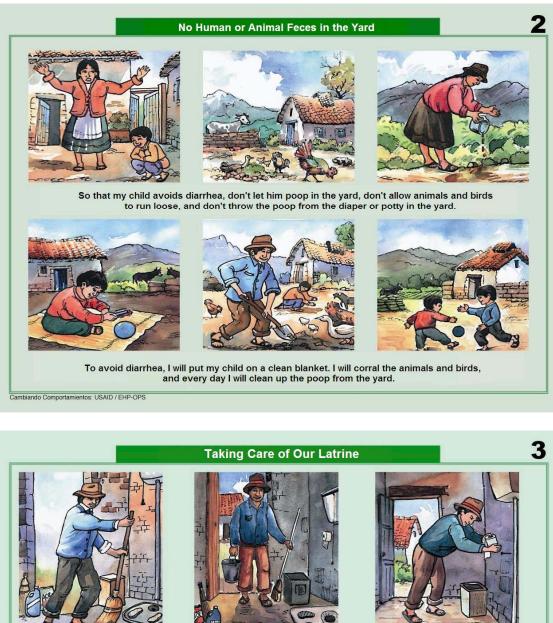
Discussion tools usually come in the form of counseling cards or a flipchart. There are often two types of cards or pages in these tools: 1) assessment or diagnostic cards or pages and 2) counseling/discussion or joint planning cards or pages. The assessment cards usually contain various questions that the outreach worker can ask in order to learn about the mother's or family's current practices. There may be drawings so that the mother can point to her response. After giving positive feedback and pointing out practices that could be improved, the outreach worker moves to the appropriate counseling or joint planning cards. The worker and mother discuss possible solutions to practices that need improvement and eventually reach agreement on one or a few new practices that the mother will try. The counseling/joint planning cards facilitate this part of the dialogue. Shown first below are three assessment cards, followed by three counseling information on the same card. Additional examples of assessment tools/cards are available in the *Collection of Resource Materials*.

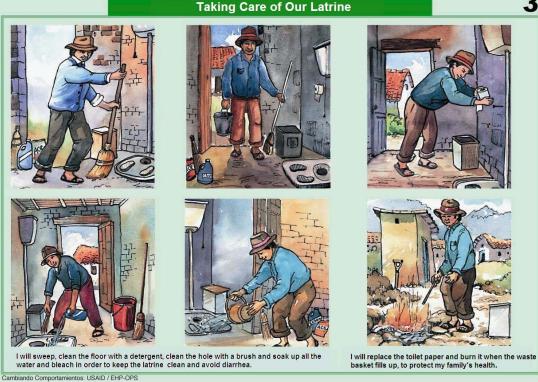
Assessment Cards:

Who uses the latrine?			
	Dad always uses it	Mom always uses it	The kids always use i
Where do two-year olds defecate?		JAN .	
	In a potty	In the yard	In a latrine
Where do three-year olds defecate?			
	In the latrine alone	In the latrine with mo	m In the yard
Who cleans the baby?			
	Mom	No one	Older brother or sister
Where do you empty the potty?			
	In the latrine	Outside on the ground	In the irrigation ditch
Where do you empty the diaper?			
	In the latrine	In a bucket with Chloro and water	× Outside on the grour
How do you clean the potty?			
	With bleach and deter	gent With only water	With bleach
What happens to animal poop?			
	It stays in the yard	It is picked up daily In	a pile far from the hous

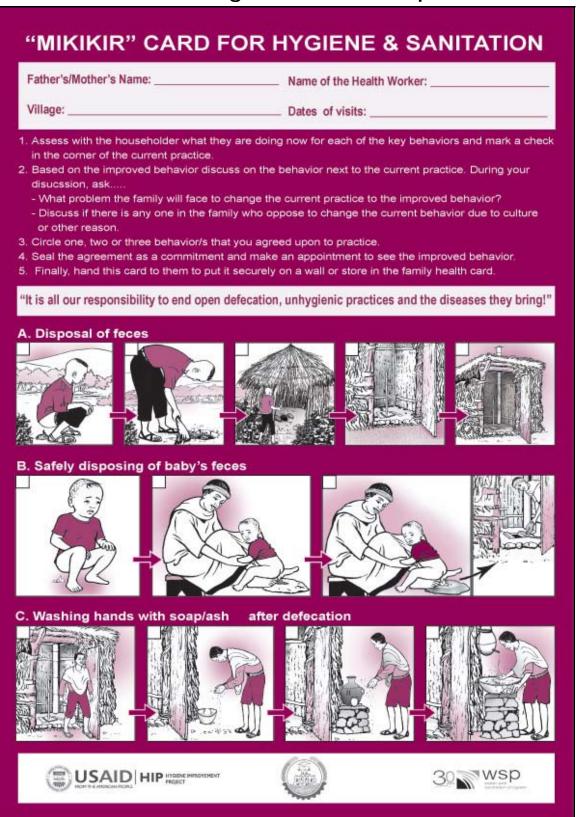
Counseling Cards:







Assessment/Counseling Cards from Ethiopia:

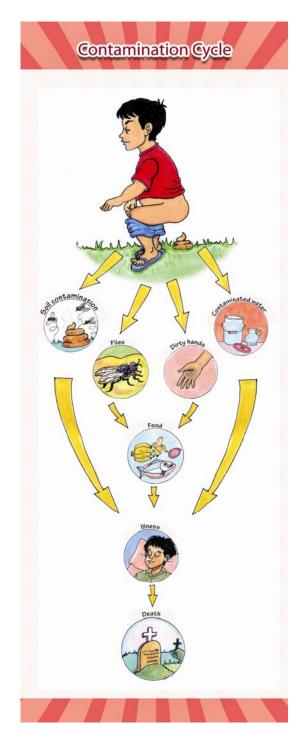


JOB AIDS



Outreach Worker's Handbook

B. The Contamination Cycle: Module 1, Session 5



Credit: USAID/HIP and MSH/Peru

H. Feces Management Poster: Module 4



Note: This drawing is meant to be illustrative. In step 2, water and quicklime, or water and ash can also be used to clean the latrine. In step 3, it should also be noted that open defecation is especially dangerous when shallow wells are in use. In all cases, to be safe, a latrine should be situated at least 15 meters downhill from the water source, and the pit of the pit latrine should be located 2 meters above the groundwater table.

Credit: USAID/HIP and MSH/Peru

Opportunities/ Techniques for Joint Planning

A. Tips on Conducting Promotional Activities in the Community: Module 5, Session 3

In general, outreach workers will be working with three kinds of audiences: individuals; families; and general or specific groups such as mothers' clubs, cooperatives, and school teachers. When conducting activities, mainly for creating awareness and sharing information about WASH issues, the outreach worker will primarily be working with groups of people. The activities below are generally appropriate for groups of more than 10 people. When the outreach worker is conducting activities with an individual or family (to negotiate changes in behavior) he or she will be using IPC and the discussion tools.

Tips for Conducting Successful Demonstrations

When you are planning a demonstration for an individual, family, or group:

- Make sure you have assembled all the necessary materials and equipment. Have these readily at hand. Audiences don't like to wait while you look for your props.
- Explain to the audience what you are about to do and why you are doing it, then give them time to move where they can see exactly what you are doing.
- It can help to have pictures for each step, or, if the audience is literate, a written point by point description of the steps. You can also tell the audience what you are doing as you demonstrate.
- Once the demonstration is over, ask the audience to comment on what they've seen (what was new, useful, important, feasible or not?). Generally you will have no trouble getting them to comment.

- If there's time, you might want to repeat the demonstration with audience participation, or have someone repeat it.
- Ask the audience members what they might do differently as a result of having seen the demonstration.
- Follow up with some negotiation (using the assessment tools and counseling cards) to get the audience members to commit to new behaviors and to talk about what would be easy or difficult for them.

Tips for Conducting Successful Role Plays

The following are tips for when you are planning a role play using members of your audience (or fellow outreach workers).

Be aware that in many cultures, people are reluctant to participate in anything that makes them "stand out." Other cultures use role plays (skits) willingly. Know your audience beforehand.

- Make sure you've thought about what you'd like to achieve as a result of the role play. Role plays are a technique that's best suited for exploring skills (like the steps in a counseling session) and/or attitudes (like feelings about the level of cleanliness of the village). They are also good for showing what is "normal" or common in the community, without embarrassing any particular individual.
- Prepare the players by giving them enough information about the characters they will play. Give the players a couple of minutes to "get in role."
- Have them play their roles for a determined length of time. Five minutes is a good length of time. Do not let the role play go on too long. If the role play goes in the wrong direction, stop the action, regroup, and start again.
- Tell the actors to step out of their roles and talk about what it was like to play the parts. This will help them to talk about the role play as a member of the audience and not the character they were playing.
- Discuss the role play with the audience members. How did it go? Was it realistic?
- Talk about what they learned from watching the role play and what they plan to do as a result of having seen the role play. Transition to a role play to negotiate a new behavior, if appropriate.

Tips for Managing a Group Meeting/Discussion

Here are some tips for when you might have to run a meeting with a large number of participants.

- When preparing, have a clear idea of what you want to accomplish. Is the meeting primarily for discussion, or will you need to reach agreement or a decision?
- Once everyone has assembled, explain some of the ground rules and go over the agenda, making sure you emphasize the timing.
- Facilitate by paraphrasing (saying back to the speaker what you've heard) and summarizing (stopping from time to time to capture the important points that have been made) as the discussion moves forward.
- Pay attention to body language and level of participation. Don't let people monopolize the floor.
- Encourage cross-participant dialogue and try to limit how much you yourself talk.
- Use visual aids.

B. Self-Assessment Form for Outreach Workers: Module 6

Instructions: The program or project should modify this form as needed. For example, the outreach workers could assess each practice with yes/no or give a score (for example, 1, 2, or 3). The desired practices should also be modified if needed.

The outreach worker should complete this form honestly. The purpose is not to evaluate, but rather to give you and your supervisor feedback so you can improve over time. If all of your scores are perfect from the beginning, there is no room to improve!

Self-Assessment Form

Self-Assessment Form for Outreach Workers Counseling Families to Promote Hygiene Improvement

Name of Worker: Name of Community:		-			Name of Or Year:							
Desired Practice	Jan.	Feb.	Mar.	Apr.	Мау	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
I was friendly and polite.												
I asked a lot of questions, both for assessing and planning.												
I observed practices and conditions to compare what I saw with what people said.												
I encouraged people to talk; I was a good listener.												
I used my visual aids and other materials effectively.												
I respected and tried to incorporate people's ideas.												
At the end of counseling, people clearly understand what they will try to do.												
Community members are able to make the improvements we discussed.												
Follow-up Steps:												

Instructions: The program or project should modify this form as needed (before the training). For example, the project could ask each outreach worker to write "yes" or "no" for each practice at the end of each month. Or the outreach worker could be asked to use a scoring system, for example, 1 = always, 2 = usually, 3 = sometimes. The purpose of the follow-up step boxes is to give space for the outreach worker to write a few words about what he or she will try to do to improve during the next month. The project may decide to eliminate that section.

You, the outreach worker, should complete this form honestly. The purpose is not to evaluate but rather to give you and your supervisor feedback so you can improve the way in which you counsel community members on how to improve their WASH practices. If all of your scores are perfect from the beginning, there is no room to improve!

Data Management

These following tools are intended to be used as examples of data tracking forms. The examples were created for a specific context cover only water treatment and handling behavior. These data tracking tools should be adapted to fit your particular program.

If you have a pre-existing process for data management, continue with the pre-existing process. If not, the use of a data management system is recommended. These Family Data Tracking Sheets are examples of such a system and can be adapted to cover all the behaviors included in your organization's program (water treatment, hand washing, and feces disposal), enlarged, and used if one chooses to do so. Some of the forms in this section may be difficult to read. These forms can be found in clearer formats and in Excel versions in the *Collection of Resource Materials*.

A. Family Data Tracking Sheet: Module 7

The Family Data Tracking Sheet is used by the outreach workers to write down the current behaviors and commitments to try "improved" behaviors that are reported by each family after reviewing the Assessment Tool: Household Water. The Family Data Tracking Sheets are found in this Handbook (p. 58) and in the *Collection of Resource Materials*.

Steps for filling in the Family Data Tracking Sheet:

- 1. Write the meeting number in the title (for example, if it is the first meeting with the community, you put number one, if it is the second meeting, you put number two).
- 2. In the upper left hand section, write the name of the community member (i.e., the name of the person who is the leader of the subgroup).
- 3. Put the date in the upper left hand side of the sheet.
- 4. Write the name of the family in the column on the left titled "Surname." Information for each family will be recorded on the row with their name.
- 5. When talking with each family individually, the group leader copies the information from their Reminder Brochure of the Assessment Tool: Household Water onto the Family Data Tracking Sheet. For example, in the columns representing the options under "How Do We Treat Water?" if the family has put an "X" (for their current behavior) on the "I don't treat it" picture of their Reminder Brochure, then put an "X" on the "We don't treat it" column of that family's row on the Family Data Tracking Sheet. Similarly, if the same family draws a circle around the "Boiling" picture (which means that they are agreeing to boil their water), then in that family's row on the Family Data Tracking Sheet, draw a circle in the "Boiling" column.
- 6. At the end of the meeting, the total number of "X's" is added up for each column and written in the box on the last line titled, "Total."

7. Immediately after completing the Family Data Tracking Sheet, all of the small subgroup leaders meet with the outreach worker to review everyone's Family Data Tracking Sheets. The Family Data Tracking Sheet is the source for the data to complete the Data Consolidation Sheet.

B. Data Consolidation Sheet: Module 7

The Data Consolidation Sheet helps the outreach worker put the totals from all of the small subgroup Family Data Tracking Sheets in one place so that it is possible to better understand the changes in behaviors of all of the families that participated in the group meetings.

Steps for filling in the Data Consolidation Sheet:

- 1. Put the meeting number in the title (for example, if it is the first meeting with the community, put number one, if it is the second meeting, put number two, etc.).
- 2. Write the name of the community on the upper right hand side of the sheet.
- 3. Under the name of the community, write the name of the district.
- 4. On the upper left hand side, write the name of the person responsible for filling in the information (the outreach worker).
- 5. Put the date under the name of the leader.
- 6. Immediately after each community meeting, the leaders of the small subgroups should gather to share their Family Data Tracking Sheets and use the information on these sheets to fill in the Data Consolidation Sheet, as follows:
 - The name of the small group leader is taken from the upper left hand corner of the Family Data Tracking Sheet and written in the column labeled "Small Group Leader's Name."
 - The number of families that participated in the subgroup at each meeting in the lefthand column of the Family Data Tracking Sheet is written on the Data Consolidation Sheet in the column labeled "No. of Families Who Participated in the Small Group."
 - The columns titled, "How do we treat our water?"; "How do we store our drinking water?"; "How do we serve drinking water?"; "When do we drink treated water?"; and "Who drinks the treated water in our family?" have sub-columns. In these sub-columns you should write the TOTAL NUMBER that appears in the last line of the Family Data Tracking Sheet in the corresponding column.
 - In the column titled, "Received Bucket" you need to write the TOTAL NUMBER that appears on the last line of the Family Data Tracking Sheet in the corresponding column.
- 7. Once you have transferred the information from the Family Data Tracking Sheets for all of the subgroups, you need to fill in the "<u>Total</u>" line on the Data Consolidation Sheet by adding up the numbers in each column.
- 8. The Data Consolidation Sheet must be given to the representative of the local government's Local Development Office at the district level to be entered into the information system.

The Data Consolidation Sheet will provide the data to create the bar graphs.

C. Bar Graphs: Module 7

It is important to inform community members about how families are currently treating, consuming, and taking care of their water, and the progress made in improving these behaviors from meeting to meeting. The bar graph tools help convert the numbers from the Data Consolidation Sheet into a visual graph, which makes it easier to understand the information at a glance and may help less numerically-literate community members analyze the data. The outreach worker is responsible for creating a bar graph for EACH LINE of the assessment.

There are five bar graph tools, one for each question (row) in the Assessment Tool: Household Water. Each column on the bar graph represents the number of homes or families in the community engaged in a certain behavior. Each bar graph tool has an area specifically designated for the results of each of the four meetings. To create the bars on the graphs, the numbers from the "Total" line on the Data Consolidation Sheet are used.

Example:

Supposing that during the first meeting in a community with 31 households, the participants indicated that:

- 12 families do not treat their water with any method
- No families use SODIS
- 15 families boil their water
- 4 families chlorinate their water

To create the bar graph, first find the bar graph tool with the title "How do we treat our water?" In that section, use a marker to:

- In the column on the left, fill in the total number of families in the community. Since there are 31 households in the community in our example, then fill in 31 squares in this column.
- Locate the "Meeting 1" box on the left-hand side. Using a marker, fill in the number of families that participated in the meeting in the first column on the left.
- Fill in the 12 squares in the column above the picture of the man drinking water from the river, which represents "Does not treat" water.
- Do not fill in any of the squares in the column above the picture of the person putting bottles of water in the sunlight, which represents "SODIS."
- Fill in 15 squares in the column above the teapot, which represents boiling water.
- Fill in 4 squares in the column above the picture of a hand putting bleach in a bucket, which represents chlorination.

Repeat these steps for the other behaviors (on the bar graph tools with the following titles): Where do we store our drinking water? How do we serve our drinking water? When do we drink treated water? Who drinks treated water in our family?

A. Tracking Sheets: Module 7

Family's Sumame	How	How do we treat our water?			How do we store our drinking water?			How do we serve drinking water?				When do we drink treated water?				Who driv	nks the tr fam	inted wat	ler in our			
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MEETING: _____ FAMILY DATA TRACKING SHEET ach Family's Behaviors in my sub-Group

INSTRUCTIONS:

Fill in the boxes using the following symbols: "X" : Current household behaviors "O": Promised improved behavior Count the number of "Xs" in each colum and write the number in the row isbeled "Total"

Outreach Worker's Handbook

MEETING: DATA CONSOLIDATION SHEET (Information on ALL the sub-groups)

NEIGHBORHOOD COUNCIL LEADER'S NAME:

DATE:

COMMUNITY NAME:

DISTRICT:

\square			How do we treat our water?				Now do we store our drinking water?			How do we serve drinking water?				When do we drink treated water?				Who drinks treated water in our family?						
*	Small-Group Name	Leader's	No. of families who participated in the small	C)		2	Č.		T			200	in the second se	-		-	and the second s	1		1		<u>.</u>	08	Received Backet
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	TOTAL																							

INSTRUCTIONS:

Fill in the boxes using the information from the "Total" row from the "Family Data Tracking Sheet"
 Add up the numbers in each column and put the emount in the bottom row labeled "TOTAL"

COMMUNITY N

TOTAL

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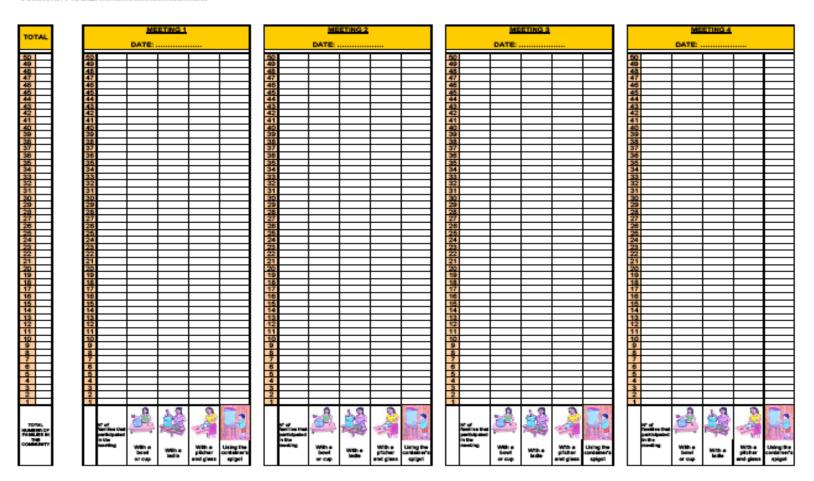
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HOW DO WE TREAT OUR WATER?

HOW DO WE STORE OUR DRINKING WATER?

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HOW DO WE SERVE DRINKING WATER?



WHO DRINKS THE TREATED WATER IN OUR FAMILY?

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WHEN DO WE DRINK TREATED WATER?

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Space for Reflections/ Conclusions

Module 1, Session 1: Orientation to the Program/Workshop

Expectations for the training. Below, jot down some thoughts about what you would like to get out of the outreach worker training. Your expectations can be of a technical nature (I'd like to know more about clean water) or of a nontechnical nature (I need to learn more about how to get people to change their behavior).

Based on the self-assessment, these are some areas you feel you need to work on both during the training and after you leave the training.

Module 1, Session 2: Introduction to WASH

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?

Module 1, Session 5: Contamination Cycle

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?

Module 4, Session 1: The Oral-Fecal Route

What did you learn?

Are you comfortable enough with this subject matter to facilitate a session in the community? If not, what do you need to do to become comfortable?

What do you want to remember about the 5 F's?

What else do you need to know/do to be ready?

Module 4, Session 2: Proper Disposal of Feces

What did you learn about feces disposal?

Are you comfortable with the subject matter?

What are you going to remember about the sanitation ladder?

What kinds of problems might families have in improving how they dispose feces? What are some strategies they might use to make improvements?

Module 5, Session 1: IPC for Improved Practices

What have you learned about interpersonal communication?

What do you plan on doing once you are back at home to continue to practice your skills?

Module 5, Session 3: Opportunities/Techniques for Joint Planning

What do you want to make sure you remember about leading discussions, doing demonstrations, and conducting role plays?

Module 6, Session 1: Action Planning

List any final reminders about what you have learned.

What will you do at home to launch yourself as an outreach worker?

Module 7, Session 1: Tracking Progress

What will you do at home to continue the learning process about collecting data?



Websites/Links

Websites for WASH Information

Hygiene Improvement Project http://www.hip.watsan.net

IRC International Water and Sanitation Centre http://www.irc.nl

Global Handwashing Day www.globalhandwashingday.org

Global Public-Private Partnership for Hand Washing with Soap http://www.globalhandwashing.org

Solar Water Disinfection

http://www.sodis.ch

 Training Manual for Sodis Promotion. SANDEC Report No.13/06, 2006 © EAWAG/ SANDEC Regula Meierhofer <u>http://www.sodis.ch/files/TrainingManual_sm.pdf</u>

UNICEF Water, Environment, and Sanitation

http://www.unicef.org/wes/index.html

Water Supply and Sanitation Collaborative Council (WSSCC) http://www.wsscc.org/

WELL Resource Center

http://www.lboro.ac.uk/well/index.htm

WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation http://www.wssinfo.org/en/welcome.html

World Health Organization – Water Sanitation and Health

http://www.who.int/water sanitation health/hygiene/envsan/en

Water, Engineering and Development Centre (WEDC)

http://wedc.lboro.ac.uk/

Useful Site for Finding Statistics (WHO)

http://www.who.int/quantifying_ehimpacts/national/en/

WASH Visual Aids Library

Everything you need to run WASH activities: picture sets, photos, posters, leaflets, games, songs, radio slots, videos. Comes with instructions in English, French, and Spanish. Produced by the WASH Cluster Hygiene Promotion Project 2009 (c/o UNICEF). Will be available at www.humanitarianreform.org

References for More Information on Varying Approaches to Hygiene in Communities

The PHAST Approach

http://www.who.int/water sanitation health/hygiene/envsan/phastep/en/index.html

Community-Led Total Sanitation Approach

http://www.communityledtotalsanitation.org/page/clts-approach

Compendium of Hygiene and Sanitation Software

Water Supply and Sanitation Collaborative Council (wsscc.org), Draft 3.0, February 2009

WASH Standards in Schools in Low-cost Settings

Edited by: John Adams, Jamie Bartram, Yves Chartier, Jackie Sims World Health Organization, Draft, January 6, 2009 www.who.int/water sanitation health/hygiene/settings/wash standards schools per review2.doc

Hygiene Promotion: A Practical Manual for Relief and Development

By Susan Ferron, Joy Morgan, and Mario O' Reilly, Practical Action, 2007 http://www.irc.nl/page/38052

Towards Effective Programming for WASH in Schools: A Manual on Scaling Up Programmes for Water Sanitation and Hygiene in Schools

IRC International Water and Sanitation Centre, 2007 http://www.irc.nl/page/37479