



USAID
FROM THE AMERICAN PEOPLE

HIP HYGIENE IMPROVEMENT
PROJECT

WASH & HIV/AIDS INTEGRATION: TRAINING AND SUPPORT HANDWASHING

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 handwashing. When actually conducting the training, it might be necessary (depending on the level of capacity of the trainees) to also include introductory sessions on the importance of WASH and more general information. The entire training package (including these introductory sessions) can be downloaded from <http://www.hip.watsan.net/page/3396>.

Please note that the following sessions were taken from a larger document and sections have been removed; the numbering of the various sections matches the original document and is therefore not always consecutive.

Water, Sanitation, and Hygiene Improvement
Training Package for the Prevention of
Diarrheal Disease

OUTREACH WORKER'S HANDBOOK

HANDWASHING

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

2009

This publication was produced for review by the United States Agency for International Development. It was prepared by the Academy for Educational Development's Hygiene Improvement Project.

The USAID Hygiene Improvement Project (HIP) is a five-year (2004–2009) project funded by the USAID Bureau for Global Health, Office of Health, Infectious Diseases and Nutrition, led by the Academy for Educational Development (contract # GHS-I-00-04-00024-00) in partnership with ARD Inc., the IRC International Water and Sanitation Centre in the Netherlands, and The Manoff Group, Inc. HIP aims to reduce diarrheal disease prevalence through the promotion of key hygiene improvement practices, such as hand washing with soap, safe disposal of feces, and safe storage and treatment of drinking water at the household level.

Contact Information:

USAID Hygiene Improvement Project
Academy for Educational Development
1825 Connecticut Avenue, NW
Washington, DC 20009-5721
Tel. 202-884-8000; Fax: 202-884-8454
hip@aed.org - www.hip.watsan.net

Submitted to:

Merri Weinger
Office of Health, Infectious Diseases and Nutrition
Bureau for Global Health
U.S. Agency for International Development
Washington, DC 20523

TABLE OF CONTENTS

Introduction

A. Purpose of the Handbook During and Following the Training.....	1
B. Objectives and Self Assessment	3
C. Some Guidance for WASH Statistics	7
D. WASH Tasks for an Outreach Worker.....	7

WASH Information

A. Key Points on Hand Washing,	9
B. Question and Answer Section.....	11
F. Interpersonal Communication Checklist.....	14
G. Steps in the Joint Planning Process for Improving WASH Practices	14
H. More Information on Interpersonal Communication	14

Behavior Change Planning Forms

B. Planning Form for Hand Washing.....	19
--	----

Job Aids

A. Discussion Tools	20
B. The Contamination Cycle.....	27
E. How Do We Wash Our Hands Poster.....	28
F. When Do We Wash Our Hands Poster	29
G. Building a Tippy Tap	30

Opportunities/Techniques for Joint Planning

A. Tips on Conducting Promotional Activities in the Community	32
B. Self-Assessment Form for Outreach Workers	35

Space for Reflections/Conclusions.....	37
--	----

Websites/Links	44
----------------------	----

INTRODUCTION

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
-

Key

- | | |
|---------------|------------------|
| 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.

WASH INFORMATION

A. Key Points on Hand Washing

Some Key Points on Hand Washing: From Module 3

Common reasons why people don't wash their hands as recommended (barriers)	What an outreach worker can do to address this barrier
People don't know how important the practice is. They don't connect dirty hands with diarrhea, and/or they consider diarrhea a "normal" and not dangerous condition.	Explain/teach/demonstrate the concept of dehydration—that diarrhea leads to children losing so much water that they get sick and can die. Mention what happens to crops when they don't get enough water. Acknowledge that children with diarrhea are too common now, but that it doesn't have to be that way, and one of the key ways to reduce diarrhea is good hand washing.
Hands don't look dirty.	Use coughing and sneezing in hand exercise.
Soap is not easily available to purchase or affordable.	First try to <i>motivate</i> people to purchase hand soap, even if it is difficult. Note that the bar of soap can be cut into smaller pieces so one bar can be "spread" across multiple hand washing stations. If people feel that they cannot buy soap, then ask them to wash with ashes, sand, or mud—which ever is most acceptable and available.
People have poor access to water, so they don't want to use too much for things like hand washing.	There are three basic ideas to consider together with the mothers or families: (1) use a tippy tap or some other water-saving device; (2) figure out a way to get more water for the family; (3) when water is most scarce, wash only at the most critical times (in most places, after defecating, cleaning a baby's bottom or diaper, or otherwise coming into contact with feces).
People are too busy.	Try to motivate hand washing with soap as often as possible, but emphasize the most critical times.
People don't have a good place to wash where all the supplies (soap, water, etc.) are located together.	Encourage every family to prepare at least one hand washing station. Ideally, have one at the latrine and one where food is prepared. Engage respected community members to do the same.
People don't wash at critical times.	Teach what the most critical times are; prioritize critical times if washing at all recommended times is not acceptable or feasible.
People don't wash thoroughly enough.	Organize public demonstrations, using children and

WASH INFORMATION

	adults, to model good hand washing technique.
People dry hands on whatever soft material is available (often dirty).	Encourage people to air dry.

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 3, Session 1: How to Wash Our Hands

A. *Who should wash their hands?*

Everyone should wash their hands: adults, the elderly, young people, children, and babies. If children are unable to wash hands by themselves, an adult should help them.

B. *With what should we wash our hands?*

We should wash our hands with water and soap. To wash our hands correctly, we wet them, soap them, rub them together at least three times, clean under our nails, and rinse them with running water. We air-dry them by shaking them or we use a clean towel or rag (only if a *clean* one is available).

C. *If I don't have soap, what can I use as a substitute?*

WASH INFORMATION

Soap is the best cleanser to use, but if no soap is available or affordable, you can use ash, sand, or even mud as an alternative to soap because all of these are abrasive so they help loosen (or “rub off”) the germs or dirt. You should then rinse under a stream of water.

- A. *Is “clean” water, i.e., pure or treated water, necessary for washing my hands?***
No, washing your hands with any water makes them cleaner if you also use a cleaning agent such as soap, sand, or ash. It is better to rinse your hands with running water.

Module 3, Session 2: When to Wash Our Hands

A. *When should we wash our hands?*

Key times:

- Before eating
- Before preparing food
- After going to the latrine or the bathroom
- After changing diapers or otherwise coming into contact with feces

Other times:

- Before breastfeeding
- After returning from the field

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:
 - “That’s a good question.”
 - “What an interesting question!”
 - “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

B. Planning Form for Hand Washing: Module 3

Major hand washing issues	Community One	Community Two	Community Three
Possible community members for mutual planning or opportunities for creating awareness			
Current behaviors regarding hand washing			
Some possible alternatives			
Barriers to adopting new practices			
Enablers to adopting new practices			
Specific potential activities for the outreach worker			

Job Aids

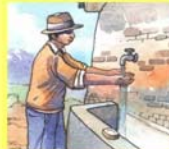
A. Discussion Tools

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 cards from HIP/Peru. The last set of cards, from Ethiopia, combines both assessment and counseling information on the same card. Additional examples of assessment tools/cards are available in the *Collection of Resource Materials*.

Assessment Cards:

Assessment of Hand Washing

Where and how do you wash your hands?



In the sink, without soap



Pouring water, without soap



With soap, then dry with a towel

What do you use to wash your hands?



Water, soap, drain, towel



Drain, faucet, soap



Sink, towel, soap

Who supervises the washing of children's hands?



Mom and Dad

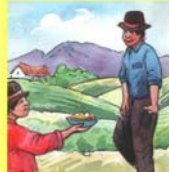


No one



Mom accompanies and encourages

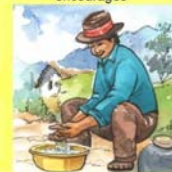
How do you wash your hands when you are away from home?



Just wipe off the dirt



In the irrigation ditch without soap



In a basin with soap

When is the most common time that you wash your hands?



Before eating



After using the latrine



On returning from work

How do you wash your hands?



Wet with water



Rub without soap



Soap up and rinse

At what times do you wash your hands?



To serve food



After washing the potty



After changing diapers

After washing, how do you dry your hands?



On your clothes



In the air




On a towel

Credit: USAID/EHP-OPS


Counseling Cards:


Children's Feces Always Goes in the Latrine

1




We will teach the child to use a potty, and when he grows older, we will accompany him to the latrine and help clean him.






We will throw feces from the potty into the latrine.



We will clean the potty with bleach and a brush





We will also throw the feces from a diaper into the latrine

Cambiando Comportamientos: USAID / EHP-OPS


How We Wash Our Hands 1


Parents should teach and set a good example so that their children wash their hands.






To wash your hands well, wet them, soap up, rub three times, then dry them on a clean towel.






Water, soap, and a towel are never missing from our home.




And we bring soap and a basin to the fields.

Cambiando Comportamientos: USAID / EHP-OPS

When We Wash Our Hands 2





After work, parents wash their hands with soap.



Always before eating, we wash our hands with soap and water.

Right after using the latrine, we wash our hands with soap and water.





After leaving the latrine, children should wash their hands with soap and water.

Cambiando Comportamientos: USAID / EHP-OPS

Assessment/Counseling Cards from Ethiopia:

“MIKIKIR” CARD FOR HYGIENE & SANITATION

Father's/Mother's Name: _____ Name of the Health Worker: _____

Village: _____ Dates of visits: _____

1. Assess with the householder what they are doing now for each of the key behaviors and mark a check in the corner of the current practice.
2. Based on the improved behavior discuss on the behavior next to the current practice. During your discussion, ask.....
 - What problem the family will face to change the current practice to the improved behavior?
 - Discuss if there is any one in the family who oppose to change the current behavior due to culture or other reason.
3. Circle one, two or three behavior/s that you agreed upon to practice.
4. Seal the agreement as a commitment and make an appointment to see the improved behavior.
5. Finally, hand this card to them to put it securely on a wall or store in the family health card.

"It is all our responsibility to end open defecation, unhygienic practices and the diseases they bring!"

A. Disposal of feces



B. Safely disposing of baby's feces



C. Washing hands with soap/ash after defecation

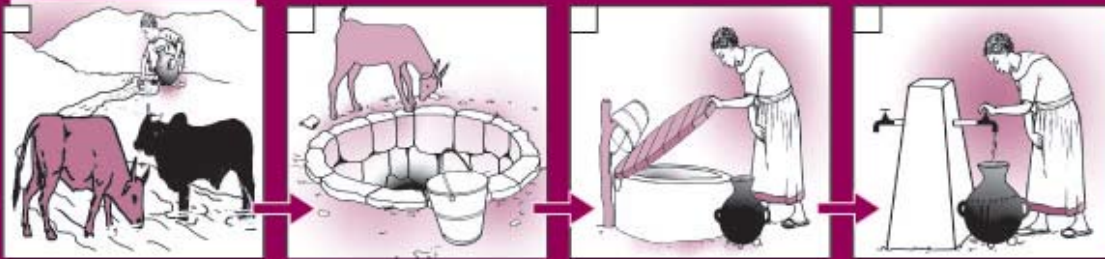


HIP HYGIENE IMPROVEMENT PROJECT



30 **wsp** WATER AND SANITATION PROGRAM

D. Keeping water source clean



E. Safe water handling



F. Cleaning your house and compound



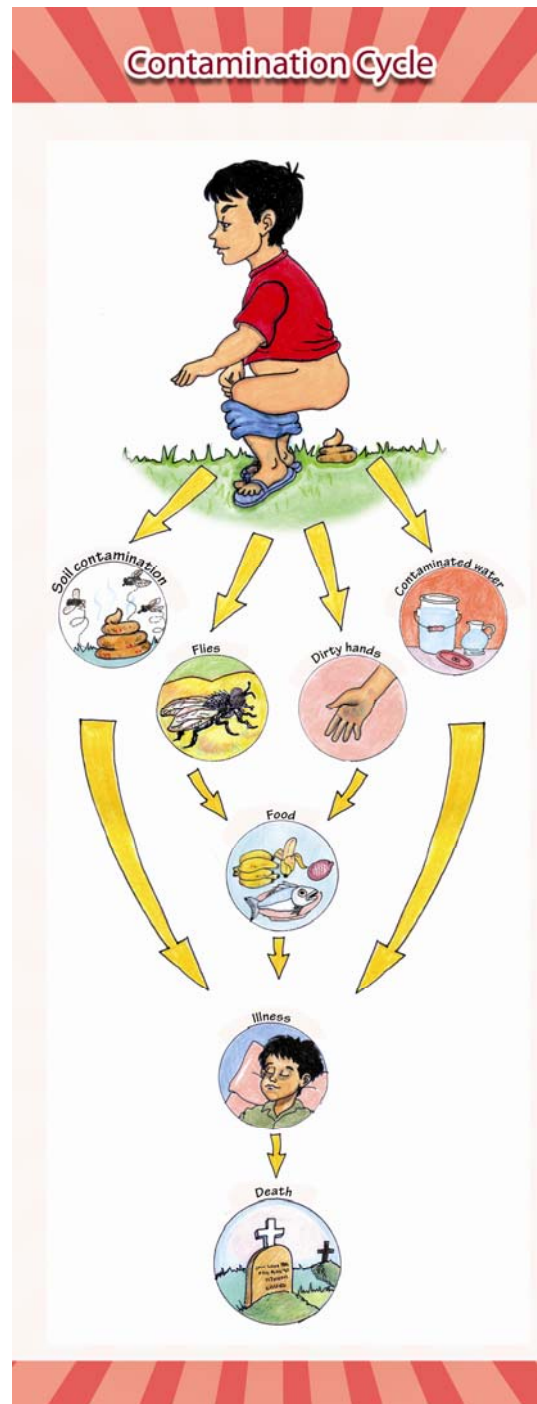
G. Face washing



Essential times for hand washing

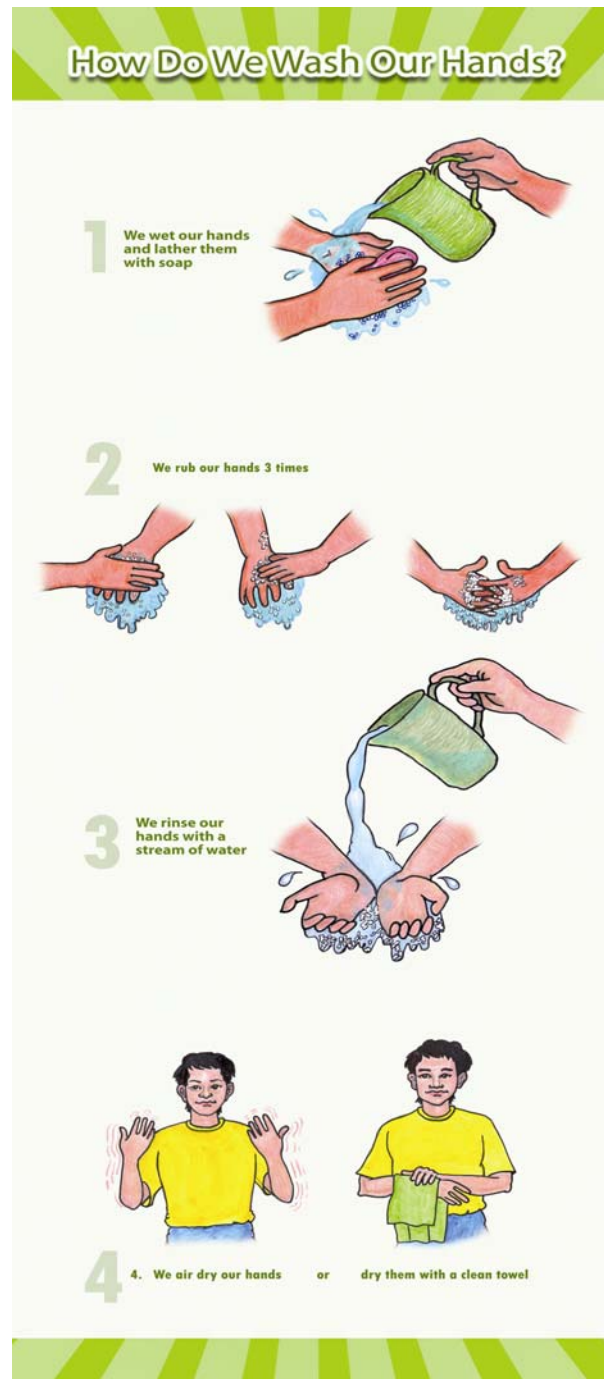


B. The Contamination Cycle: Module 1, Session 5



Credit: USAID/HIP and MSH/Peru

B. How Do We Wash Our Hands Poster Module 3, Session 1



Credit: USAID/HIP and MSH/Peru

C. When Do We Wash Our Hands Poster Module 3, Session 2



Credit: USAID/HIP and MSH/Peru

G. Building a Tippy Tap: Module 3, Session 4

Building a Hand Washing Device Can Help To Wash Hands at the Critical Times, Even When Water Is Scarce

Follow the easy steps below:

To Make a Hand Washing Device,
Find an Available Vessel



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

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

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



1. Decide on the design of your hand washing station before you begin working. Will your tippy tap sit on a bench or table or hang on a rope?
2. Wash the container and tube so they are free from visible dirt.
3. Heat the knife, nail, or screwdriver to make piercing a hole for the tube easier.
4. Make a small hole for inserting the tube. Make it as low on the container as you can, about 2 cm (two finger widths) from the bottom. Be careful to make it smaller than the tube.
5. Slowly and carefully push the tube into the hole. Be very careful not to make the hole so big that it leaks.
6. Test the water flow.

When using a plastic bottle, water is delivered when the cap is unscrewed and stops flowing when the cap is tightly shut.

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

Set up the Hand Washing Station:

- Set up the station right by the latrine. Make another near where you cook and eat, if possible!
- After you have tested your hand washing bottle to make sure it functions, properly set it up by hanging it from a string around the neck of the bottle, or setting it on a stable platform.
- Hang or place an old shallow can or plastic bowl for soap or ash for washing.

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 Organization: _____

Name of Community: _____

Year: _____

Desired Practice	Jan.	Feb.	Mar.	Apr.	May	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!

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.

REFLECTIONS/CONCLUSIONS

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 3, Session 1: How to Wash Our Hands

What did you learn?

Do you think the two demonstrations will work with the community members?
Why or why not?

Module 3, Session 2: When to Wash Our Hands

What did you learn about when to wash your hands?

Do you think you can use the pictures to illustrate when the best times are to wash hands?

REFLECTIONS/CONCLUSIONS

Would the sorting exercise work in the community?

Module 3, Session 3: Water and Time

What did they learn about the amount of water necessary for hand washing?

Do they think they can help a family find ways to address a lack of water availability?

Module 3, Session 4: Building a Tippy Tap

What did you learn about building tippy taps?

REFLECTIONS/CONCLUSIONS

What materials are available in the community for building a tippy tap?

Do you think you can demonstrate this in the community?

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 2: Using the Discussion Tools for Joint Planning

What did you learn about using the discussion tools?

What will you do to practice using the discussion tools and IPC at home?

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?

REFLECTIONS/CONCLUSIONS

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 http://www.sodis.ch/files/TrainingManual_sm.pdf

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_chimpacts/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>

