

Participatory Hygiene and Sanitation Transformation (PHAST)

GUIDELINE FOR FACILITATORS

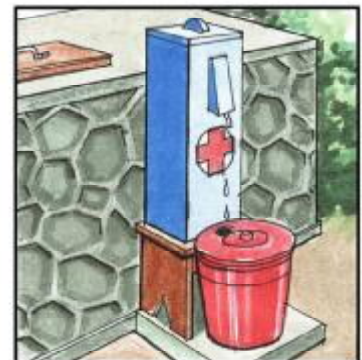


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Preface

The PHAST guide is to help communities gradually improve their environments and manage their clean water and sanitation facilities, particularly for the prevention of diarrhoea and water-related diseases. The participatory techniques used in the PHAST initiative have been implemented in Vietnam since 1995. This guide has acted as an instructional material used in participatory training courses, which facilitated participants to actively absorb knowledge, experience and skills on the basis of discussion, and information sharing/exchange and updating. It has helped the training process more interesting, persuasive and productive. Instructors and participants were equal and open during the process of discussion, information exchange, experience sharing and subject matter absorption. The guide has also generalized outstanding situations in the community by discussing the identification of constraints and available resources. With the instructions provided by instructors, the community members worked together to seek for solutions to their own problems.

However, participatory approach is not the only answer to all problems. With the smooth combination of policy environment and support provided by program managers, all materials introduced in this guide will be able to help to transfer the control and ownership of development process into the community and beneficiaries.

The Vietnamese Red Cross would like to acknowledge the financial support from and close collaboration of the French Red Cross, German Red Cross and Dutch Red Cross during the course of this guide preparation and refinement.

Last, we would like to extend our thanks to the Center for Family Health and Community Development Research (CEFACOM) and others for their assistance in the finalization of this guide.

VIETNAMESE RED CROSS

Introduction

Brief introduction of the guide

This guide has been developed in order to provide those working in hygiene and sanitation with a new methodology for changing the community hygiene behavior, and for improving water and sanitation facilities. The name of this methodology is PHAST – Participatory Hygiene and Sanitation Transformation.

This methodology was finalized in 1992 based upon another participatory approach called SARAR, which had been developed to strengthen women participation in water and sanitation projects.

PHAST places its emphasis on how to help participants be able to share experience, ideas and confidence, as well as to deal with their own difficulties with a view to changing the community hygiene behavior, improving water and sanitation facilities and achieving their expected objectives by applying feasible and efficient measures. This guide has been piloted in many African and other countries, and then adapted to make PHAST appropriate with their own conditions.

PHAST methodology was introduced to Vietnam in 2003 by the Ministry of Health, and the final version has been available since 2007. This approach has been applied by a number of Vietnamese agencies and organizations. However, the pictures used within various activities are only suitable for lowland rural and urban areas.

Therefore, the Vietnam Red Cross collaborated with the French Red Cross (funded by European Union and EuropeAid), German Red Cross and Netherland Red Cross to revise the PHAST guide. The new guide was designed on the basis of PHAST's main contents, in combination with some useful elements extracted from SARAR approach (which is to strengthen the community participation) and CLTS (Community-Led Total Sanitation), in order to make sure that it is appropriate with rural conditions, especially with ethnic minority and mountainous areas.

What PHAST tries to achieve:

PHAST seeks to help communities:

- improve hygiene behaviors
- prevent diarrhoeal diseases
- encourage community management of water and sanitation facilities

PHAST does this by:

- demonstrating the relationship between sanitation and health status
- increasing the self-esteem of community members
- empowering the community to plan environmental improvements, and to own and operate water and sanitation facilities

The methods for achieving these goals are called participatory methods.

Why use participatory methods?

Participatory methods encourage the participation of individuals in a group process, no matter what their age, sex, social class or educational background. They are especially useful for encouraging the participation of women (who are reluctant to express their views or unable to read and/or write). Participatory methods are designed to build self-esteem and a sense of responsibility for one's decisions. They try to make the process of decision-making easy and fun. They are designed for planning at community level. Participants learn from each other and develop respect for each other's knowledge and skills.

If community members become confident and committed to the construction, utilization and management of water and sanitation facilities, they will be active project beneficiaries. Local people need to be encouraged to make contributions and decisions in order to strengthen their problem-solving skills and to maximize the community creativeness.

Participatory methods have succeeded where other strategies have failed. They are based on principles of adult education and have been field-testing extensively.

Field experience has shown that participatory methods can lead to a far more rewarding experience for community workers. Having tried participatory techniques and found the experience worthwhile, community workers usually do not want to return to their earlier methods.

The activities in this guide are based on principles of participatory learning for sanitation change. These principles are explained in a comparison volume in this guide entitled *The PHAST initiative: Participatory Hygiene and Sanitation Transformation. A new approach to working with communities*.

The PHAST approach helps people feel more confident about themselves and their ability to take action and make improvements in their communities. Feelings of empowerment and personal growth are as important as the physical changes, such as cleaning up the environment or building latrines. These personal development principles are well illustrated by the following quotations from people who have participated in a PHAST activity:

“I have been to a lot of community meetings over the years but have never been able to speak out. The reasons are that I couldn't read and write, and lacked confidence. But with these methods, I feel confident to speak. When I see a drawing of a problem in our community, I say to my self “I know this problem and I can speak about it”. I used to think it was somebody else's problem and wait for others to do something. Now I don't want to wait, I want to start work now! All my life people have been coming here and telling us what to do. This is the first time anyone ever listened to what we think.”

So it is important to evaluate the overall results of the activities both in terms of sanitation improvements and empowerment. Communities can find it very difficult, though, to evaluate their progress in terms of behavior changes, improvement in facilities, such as clean properly functioning latrines, and effective use of these facilities. The guide therefore includes activities to enable a community group to evaluate its progress. This would be internal evaluation. Sometimes, an outside or external evaluation to provide specific information, perhaps for comparison with another program, may also be required. If this is the case, you may need to involve someone with the skills to collect this information and to write a report of their findings. You should find out if information of this kind is needed before you start work with your community group. If so, a participatory approach to monitoring and evaluation should be used by the person(s) who will collect the information. They

should be involved from the very beginning, attend all meetings and be treated in the same way as any other participant. The outside evaluation person should involve the community as much as possible in information collection and most importantly report any findings to the group in a way it will understand and find interesting. Suggestions for designing an external evaluation can be found in *Hygiene evaluation procedures: approaches and methods for assessing water- and sanitation-related hygiene practices*.

How the guide is organized

This guide has seven steps. The first five help you take the community group through the process of developing a plan to prevent diarrhoeal diseases by improving water supply, hygiene behaviors and sanitation. The sixth and seventh steps involve monitoring (that is, checking on progress) and evaluation. The information gained from these activities is used to work out whether the plan has been successful.

Each step contains between one and four activities. Instructions on how to facilitate each activity are provided under the following headings:

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

Most of the activities require the use of drawings or a chart, called “tool”, to help facilitate the discussion.

The diagram of seven steps outlines the activities of each and the tools used. You may wish to tick off the activities and tools as you complete them.

Materials related to each activity in envelopes are numbered and named.

Notes for facilitators

There are five common misunderstandings of hygiene promotion activities, namely:

1. Everyone is considered as an empty pot which should be fully filled with new knowledge and ideas.
2. Everyone will listen to you as you have been trained with healthcare knowledge.
3. Everyone is able to learn knowledge of disease causes within several sessions carried out in health clinics.
4. Health education can reach mass population.
5. To know means to do.

The most important thing to remember about being a facilitator is that you are the person who facilitates the group discussion, but not a teacher.

Your role is to facilitate groups to:

- Identify issues of importance to them
- Express their problems
- Analyze their problems
- Identify possible solutions
- Select the most appropriate options
- Develop a plan to implement the solutions they identify and select priorities
- Check, monitor and evaluate the outcome of the plan

So, in order to fulfill your tasks, you must not:

- Direct the group
- Give information instead of letting the group find it for itself
- Advise or suggest what the groups should do
- Provide groups with the right response to an activity
- Correct the group or group discussion results

The group involved in discussion must represent household members who wish to change their family hygiene conditions. A household may have one or more participating members. If there is only one person, it can be husband or wife or grown-up child. These people should involve in discussion from the beginning to the end of all activities.

In order to make effective group discussion, the group size should be 10-15 persons. It will then be divided into two smaller groups. So it will help you easily control the discussion process (in accordance with actual local conditions).

Moving from this step or activity to another:

Each step consists of different activities. Each step or activity has its specific purpose, and expected outcomes which are closely interrelated. That is, the outcomes of this activity or step will be used for discussion in another activity or step. You only move from this step or activity to another when you are quite certain that you have achieved the expected outcomes. Otherwise, you will find it impossible to go through the next step or activity.

Time for discussion

The duration for group discussion process will depend on how to make time arrangements of each group. The whole group discussion duration for all steps may be half a day or a day if applying consecutive group discussion (5-7 hours each day).

End-of-activity evaluation

At the end of each activity, the evaluation is needed. The evaluation questions must be open such as “what are the lessons learnt from this activity?” or “what are the final results of this activity?” The yes/no questions, e.g. “do you like this activity?” should never be used.

General instructions for all activities

1. Have all the materials for each activity ready before starting.
2. Make sure that all the materials are large enough to be seen by all participants.
3. Try to limit the size of your group (to no more than 40 persons).
4. Make sure that people can talk to one another easily; use a circle where possible.
5. Begin each new session with a warm-up activity such as a game or song.
6. Go through each activity one step at a time and follow the instructions in the guide.
7. Be guided by the requirements of the group when facilitating activities. The time given for each activity is only an estimate.
8. When giving the group its task, use the exact words provided for this purpose.
9. Encourage and welcome the input that individuals make. Remember, there are no wrong answers.
10. Facilitate the group, do not direct it.
11. Try to encourage the active participation of each participant. Be careful not to find fault or make critical comments when you respond to people.
12. Take into account the participants’ literacy level and work out ways in which they can keep records of what is discussed and agreed.
13. Have the group keep the materials and records in a safe place.
14. At the end of each activity, ask the group members to evaluate each activity on the basis of what they have learnt, what they liked and what they did not like.
15. At the end of each session, congratulate the group members on their efforts and explain briefly what will be covered at the next session.
16. When two or more groups carry out the same activity, a member of each group should make a presentation on the findings of their own group to other groups. And women should be encouraged to involve in this kind of presentation.
17. After these presentations made, the discussion on the finding differences among groups should be done. And this may be a good opportunity for provoke discussion.
18. At the beginning of each new meeting of the group, ask the group to review what it has done so far and the decisions it has taken.

Storing, maintaining and expanding the guide

The guide will be useful and durable if it is maintained and put in right order. While using it, you can find quite a few pictures. Each picture is numbered at the bottom of the right corner and used for a specific activity. Each set of pictures is put in a separate envelope. After each use, pictures must be put in corresponding envelope for not be lost or confused. During the use of the guide, it is expected to receive feedback and new ideas for improvements.

Water- and sanitation-related diseases

The majority of infectious diseases are associated with food, drinking water and hygiene in daily life. Following is the basic information on several water- and sanitation-related diseases:

- Intestinal diseases: diarrhoea, cholera, dysentery
- Parasite-borne diseases: ascarid, hookworm, tri-chocephalus, pinworm
- Mosquito-borne diseases: malaria, petechial fever
- Eye-related diseases (trachoma, red eyes), skin diseases (scabies, ringworm, fungous skin), gynaecological diseases (infectious reproductive system, etc.)

I/ Intestinal diseases:



Diarrhoea is the condition of having watery stools more than 3 times a day. The more amount of watery stools, the more dangerous the condition is. Diarrhoea is generally caused by eating food or drinking water that is contaminated with human faeces (via dirty water, hands or eating objects).

- **Symptoms:** Intestinal diseases are normally indicative of the following symptoms:
 - Three or more stools in a day (24 hours), their faeces contains more water than normal and may also contain blood;
 - Cramping pain in the tummy; sometimes having fever and feeling sick.

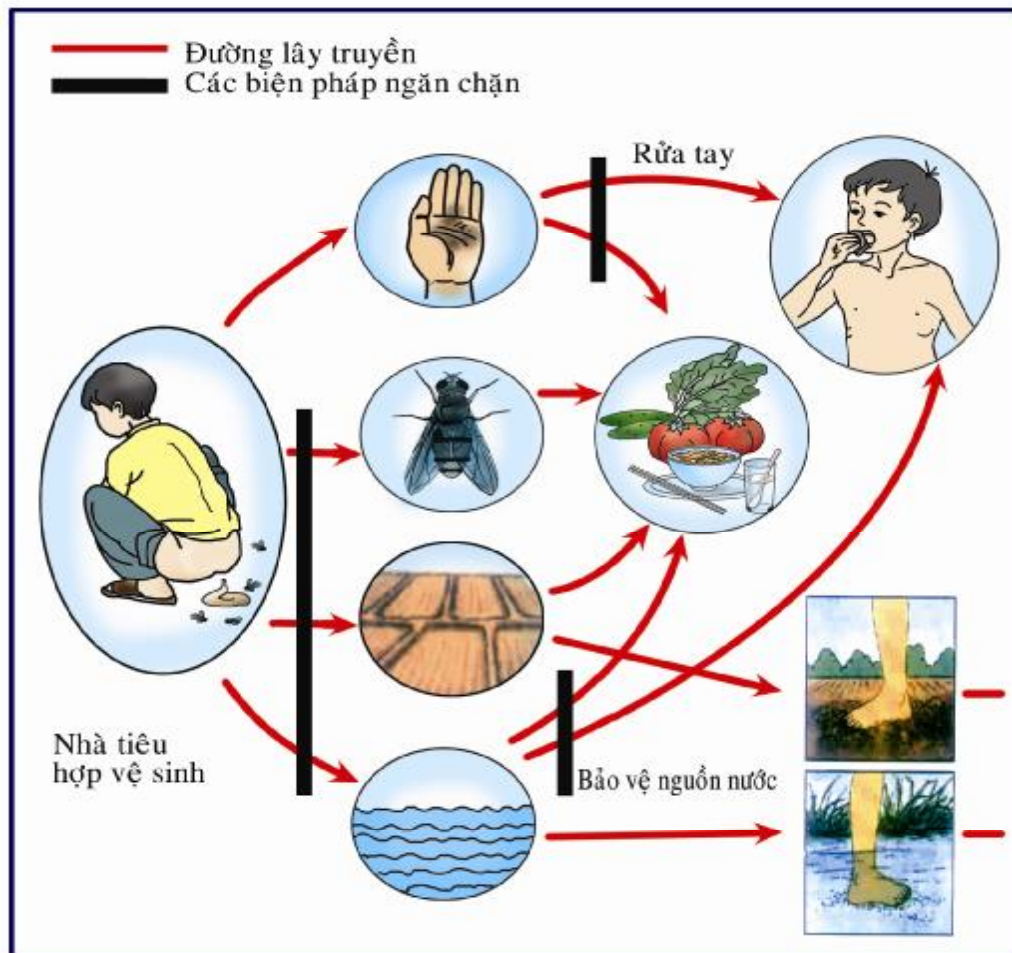
In infants and small children, the primary symptoms are tummy pains, watery stools, fever, vomiting, and an indicative of dehydration (severe thirsty, depressing eyes, dry lips, cry without eye drops, etc.). Therefore, it is needed to have early examination and treatment. Diarrhoea causes children and adults to lose too much liquid from their bodies and can result in death.

Diarrhoea can also cause or make malnutrition worse because:

- Nutrients are lost from the body
- Nutrients are used to repair damaged tissue rather than for growth
- A person suffering from diarrhoea may not feel hungry
- **Transmission routes:** The diagram below shows the usual ways diarrhoeal germs reach people:
 - Via fingers, flies (insects), fields and fluids, food, or directly into the mouth. Yet such diarrhoea can mostly be prevented.
 - Via dirty hands: If hand washing is not done after defecation or handling with faeces, germs will directly enter the mouth via hands.
 - Via insects or other animals: Flies normally sit on food and bring germs into food and water. In addition, rats/mice and cockroaches also act as diarrhoeal transmitters.
 - Via food: underdone/rotten food/water
 - Via drinking water: human and animal faeces contaminate the water sources. If contaminated water is used without boiling, it will cause diarrhoea.
- **Preventing the diarrhoea:**
 - Keeping clean hands: hand wash with clean water and soap before eating/making food, and after defecation and working in the field. Regularly do nail cutting.
 - Killing insects and others which cause diseases: Killing flies and mosquitoes. Collecting and processing waste. Food and water must be covered to prevent flies and other insects.
 - Building latrines of standard sanitation: No easy-going defecation; each family should have a latrine of standard sanitation.
 - Having well-done food and boiled water every time and everywhere: Food and water must be well-done and cleanly stored.
 - Protecting clean water: It is needed to have cover on wells, water tanks/storage. Latrines, animal cages and domestic waste must be at least 15m from the water storage place.

• *What should I do?*

- Give plenty of liquids to drink. Give any of the following liquids:
 - Breast milk
 - ORESOL
 - Purified water (boiled and cooled)
 - Soup, rice water, yoghurt
 - Juices, weak tea, coconut water
 - Cooked cereal
- Give food
- Go to healthcare units for timely examination and treatment



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II/ Worm-borne diseases

In human and animal faeces, there exist so many worm eggs, such as of ascarid, hookworm, trichocephalus, fluke worm, etc. Worm-borne diseases account for high proportion, sometimes 95%. Worms enter the human body via not only the food but also the skin. Worm-borne diseases can be prevented if well-done food/water, good hygiene and good use of latrines are carried out.

- **Symptoms**

Patients with worm-borne diseases normally have abdominal pain; children usually have bloating, blue skin, regular fatigue, dizziness and dazzle.

- **Degree of danger:**

Worms mainly live in human intestine. They live on human food and blood, resulting in weakened body. In addition, they also cause dangerous complication such as blocking intestine or gall, easily leading to death.

- **Transmission routes**

Worms mainly live in human intestine. Each female ascarid lays 200,000 eggs per day. These eggs go out with faeces, spread within soil or water, grow and enter human bodies by the following routes:

- Via food: Worm eggs from faeces, and contaminated soil/water going into the food.
- Via hands: Contaminated hands due to touching on faeces and contaminated soil with worm eggs, and leaving long and unclean nails. These hands then directly hold food and put into mouth. Children usually have pinworms which stay at the anus, make them feel itchy and then use hands to scratch. Worm eggs will stay with children's hands which will then be used for mouth sucking or holding food, helping worm eggs easily enter the body.
- Via flies and other animals/insects: Flies grow very fast in human/animal faeces and waste disposal sites. Flies carry many germs and worm eggs into food and water, resulting in infection. In addition, cockroaches, rats, dogs, cats and other animals are also involved in the germ transmission into food, water and other utilities.
- Via uncooked vegetables and food: Uncooked vegetables which are not cleanly cooked, and uncooked food will help worms enter the human body and cause diseases.
- Via skin due to touching on faeces, and contaminated water/soil: Hookworm larva usually live in soil and water. While going with bare feet and bathing within contaminated water, these larvae will go through the skin and cause diseases.

- **Preventing the diseases**

- Keeping clean hands: hand wash with clean water and soap before eating/making food, and after defecation and working in the field. Regularly do nail-cutting. Carrying out daily hygiene activity. Having well-done food and boiled water. No bare feet. No use of faeces as fertilizers. Each family should have a latrine of standard sanitation. Faeces must be processed at least no less than 6 months
- Food and water must be carefully covered: Preventing flies, insects and others to touch food. Killing flies, cockroaches, rats, etc. Waste must be collected and disposed in right way.

- **What should I do?**

Take the medicine for treatment of worms every 6 months (no use for children under 2). Consult with health workers before using this type of medicine.



III/ Malaria



Malaria usually occurs in mountainous and highland areas. This disease is caused by Anopheles mosquito via transmitting germs into the human body. As this is a disease which is transmitted by mosquitoes, it can be prevented if everyone and every family can well carry out mosquito killing and prevention of mosquito bites.

- **Symptoms**

When contracting malaria, the first symptoms are periodic shivers, and then fever, sweating and headache (possibly long-lasting fever, once every 1 or 2 days).

- **Degree of danger**

The disease is dangerous. It may attack red blood and liver cells, leading to weakening body. Malaria may

progress to the complicated malaria which can bring death to the patient without early and appropriate treatment.

- **Transmission routes**

- Malaria parasites are transmitted from the infected person to the non-infected person via Anopheles mosquito.
- Via mosquitoes: the mosquito bites the infected person (with malaria germs) and malaria parasites develop within the mosquito body. Then malaria germs will be transmitted into the non-infected person.
- Malaria mosquito (Anopheles mosquito) normally bites in the evening.

- **Preventing the disease**

- Kill mosquitoes; and clear the places where mosquitoes live and grow.
- Clear bushes and still water holes to so that mosquitoes have nowhere to lay eggs.
- Use the spray that repels mosquitoes on periodic basis.
- Soak the mosquito net with mosquito repellents.
- Sleep under the mosquito net, and make good furniture arrangements in the bedroom so that mosquitoes have nowhere to live.
- Make good treatment of malaria-contracted people.
- When working in the rice fields or forests, bring the mosquito net.

- **What should I do?**

- Visit the health center for prompt examination and treatment.
- Take medication prescribed by the doctor.

IV/Eye-related diseases



Eye-related diseases are infectious ones which are caused by bacterium. These diseases are easily transmitted, especially to children. It may result in blindness without timely treatment.

- **Symptoms:**

Patients with red eyes and trachoma normally have itching, tearing and discharge which cause blurred vision and irritation. And the patients always have to touch eyes by hands, leading to more serious condition.

- **Degree of danger:**

Repeated infection of eye mucous membrane will lead to scarring of eyelids, causing the lashes to turn in so that they rub on and scratch the cornea, resulting in blindness.

- **Transmission routes**

Dry/dirty environment, poor hygiene and lacking clean water. The bacterium causing eye-related diseases can be found in eye discharge of the eye-related patients and transmitted from one person to another via direct or indirect contact.

- Via hands: If a person with eye-related disease touches on his/her eyes, germs from the eye discharge will be transmitted from one to another through hand-shakes or direct touch.
- Via various domestic things such as towels, shirts, blankets, pillows, etc. The bacterium is transmitted from one to another through via sharing towels, shirts, blankets, pillows, etc.
- Lacking clean water: The lacking clean water leads to poor hygiene behaviors such as irregular hand wash or face wash.

- **Preventing the disease**

- Good hygiene: Daily faces wash by clean water. No sharing of towels
- Clean living environment.
- Regular hand wash after work.
- Daily bath by clean water.
- Hygienic latrines must be used by everyone and every household.

- **What should I do?**

- Immediate treatment to avoid the transmission to many people
- Tetracycline eye ointment 1% is the most common treatment.
- The best way is to follow health workers' instructions.

V/ Skin diseases



The typical disease of this kind is scabies. The mites tunnel into the skin, live and deposit eggs just under the skin. Scabies is easily transmitted from one person to another. It does not cause death, but itching and irritation. If it is not treated, skin infection will appear.

- **Symptoms:** itching, rash and running discharge. The common affected body parts are the space between fingers and toes, groins, and auxiliary folds on legs. Much itching at night, resulting in sleeplessness and possible weakening body.
 - **Degree of danger:** Scabies does not cause death, but itching and irritation. If it is not well treated, skin infection will appear due to scratching, especially in children.
- **Transmission routes:** The scabies mites transmitted via direct or indirect contact:
 - Direct touch on skin.
 - Clothes, mosquito nets, mats: The scabies mites normally run from the skin to the patient's clothes, underwear, mosquito nets and mats. Therefore, sharing of these will be infected.
 - Lacking water: Lacking water results in irregular bath, creating favorable conditions for mites to grow. Scabies usually happens in places with poor sanitation conditions, poor hygiene, and lacking water and bathrooms.
 - **Prevention:**
 - Avoid the face-to-face contact with the patient.
 - No sharing of clothes, mosquito nets, blankets, etc.
 - Clothes, mosquito nets, mats, etc should be washed and hung under the sun.
 - Hygiene: daily bath with clean water (in private bathroom).
 - Frequent nail-cutting and clean hands.
 - **What should I do?**
 - Seek for examination and treatment under the doctor's instructions.
 - Using skin creams is the common treatment.

VI/ Gynaecological disease



Also called leucorrhoea or whites, which refers to a whitish discharge from the female genitals.

- **Degree of danger:** Leucorrhoea appears when the discharge is profuse, foul smelling, with changes in its color or itching. If it is not well treated, dangerous complications may arise, resulting in infertility, displacement of womb, premature delivery or difficulties in delivery.
- **Transmission routes:**
 - Poor hygiene. Irregular bath, poor hygiene by females, especially during the menstrual period.
 - Wearing wet underwear.
 - No cleaning after intercourse

- **Preventing the disease:**

- Daily bath with clean water.
- Hygiene care is required during the menstrual period with a change of feminine pads of 2-3 times per day.
- Washing underwear with detergent and hanging under the sun.
- Healthy intercourse.

- **What should I do?**

- Periodic gynaecological examination.
- Using medicines as prescribed by the doctor.
- Treatment for both wife and husband.

Gender issues in water, hygiene and sanitation programs

What is gender?

Gender refers to the socially-constructed roles and relations between men and women. While sex refers to biological differences between men and women, gender refers to social attributes associated with behaviors, expectations, roles and images. Gender is dependent on culture, religion, economic context, education, custom, etc.

How does gender help understand water, hygiene/sanitation and hygiene behaviors?

1/ There is an inequality in roles and tasks of men and women:

- Women have normally to do heavy domestic work associated with changing hygiene behaviors, such as: water collection, cooking, washing, bathing for children, teaching children, taking care of sick children, cleaning latrines, etc.
- Men are normally responsible for decision-making: selecting, designing, paying, managing and maintaining water and sanitation facilities (water, well, latrine, bathroom, and etc. system).

2/ There are differences in behaviors, expectations and needs of men and women. For example:

- The role of latrines is of special importance because the use of latrines is associated with cultural elements, which are differently expected by men and women (e.g. privacy, etc.).
- Women may not like pit toilets as they have to transport water for cleansing.

3/ Communication activities and messages must be designed for both men and women as factors which encourage men to support and accept hygiene behaviors may be different from those of women.

Why is the gender strategy needed in water, hygiene and sanitation programs?

A gender-sensitive strategy will help involve all community members in the implementation process by:

- Referring to special needs of men and women without affecting sex division.
- Bringing equal opportunities for men and women in terms of improving the lives of their own, families and communities.
- More equal division of work between men and women: Men will do more domestic work while women engage more in decision-making.

How are gender-sensitive activities carried out?

The facilitators' roles are very important in terms of incorporating gender issues into PHAST-based improvement of hygiene behaviors. Facilitators should:

- Ensure the balanced quantity of men and women in training, community activities and management membership.
- Make sure the women's active participation in activities, and make a change (in terms of time, duration, etc) if needed.
- Listen to women's comments and viewpoints.
- Help men understand and accept women's participation (if needed) in consultation and decision-making process, and in management activities.
- Assess on which hygiene behaviors of men and women require a change, and who will be responsible for change.
- Ensure that the change of hygiene behaviors and participation in domestic work by men should be mentioned.
- Make sure that the program will not increase the burden on women, but contribute to equal responsibilities and work between men and women.

Steps

Step 1: Problem identification

Step 2: Problem analysis

Step 3: Planning for solutions

Step 4: Selecting options

Step 5: Planning for implementation

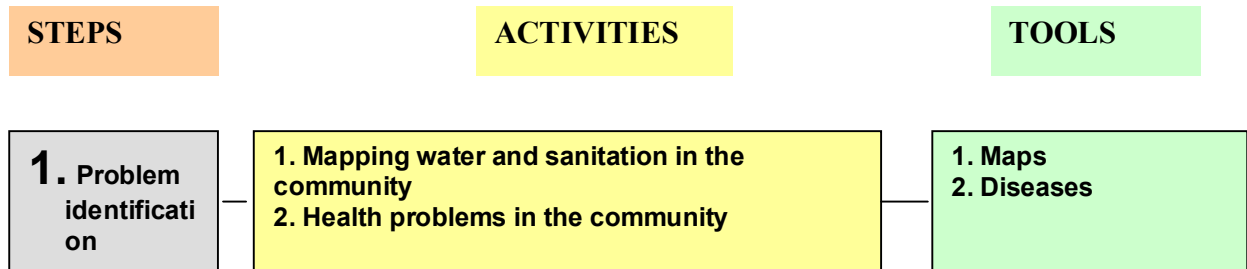
Step 6: Planning for monitoring

Step 7: Participatory evaluation

7 steps for making community plans on prevention of hygiene-related diseases

STEPS	ACTIVITIES	TOOLS
1. Problem identification	1. Mapping water and sanitation in the community 2. Health problems in the community	1. Maps 2. Diseases
2. Problem analysis	3. Good and bad hygiene behaviors 4. Investigating community practices 5. How diseases spread.	1. Three-pile sorting 2. Pocket chart 3. Transmission routes
3. Planning for solutions	6. Blocking the spread of diseases 7. Selecting the barriers 8. Tasks of men and women in the community	1. Blocking the routes 2. Barriers chart 3. Gender role analysis
4. Selecting options	9. Choosing improved hygiene behaviors 10. Choosing hygiene and water supply facilities	1. Three-pile sorting 2. Sanitation options
5. Planning	11. Planning for change 12. Planning who does what 13. Identifying what might go wrong	1. Gap story 2. Planning chart 3. Problem box
6. Planning for checking and monitoring	14. Preparing to check our progress	1. Monitoring, checking chart
7. Participatory evaluation	15. Checking our progress	1. Various tool options

STEP 1: PROBLEM IDENTIFICATION



This step has Activities 1 and 2:

1. **Mapping water and sanitation in the community** provides participants with an overview of water and sanitation conditions, as well as identifies typical latrines, where to keep domestic poultry/animals and wells in the village.
2. **Health problems in the community** helps participants specify water- and sanitation-related diseases occurring in the village.

Expected outcomes

By the end of these two activities, it is expected to have a list of water- and sanitation-related diseases occurring in the village. Then, these diseases will be put in order of contraction frequency.

Activity 1: MAPPING WATER AND SANITATION IN THE COMMUNITY

- **Purpose:**
 - To map water and sanitation conditions in the village.
 - To develop outstanding problems of the village.
- **Time:** Approximately 1.5 hours.
- **Materials:** Whatever is available: newsprint, corn beads, peas, buttons, small stones, piece of cloth or pieces of other materials; colored paper, A0 paper, sticky tape (if available).
- **What to do:**
 1. Devide participants into 2 small groups.
 2. Give the group materials and the task using these words: We now use the village map developed, materials provided and available objects to specify the following (notes: symbols should be agreed before doing this):
 - Village main roads;
 - Important public facilities: school, church, health clinic, market, etc.;
 - Fields and houses; pond, lake, river and spring;
 - Water facilities;
 - Latrines;
 - Where to keep animals;
 - Waste disposal site
 3. Agree on map symbols before drawing, e.g.: green represents village main road; circle or blue represents latrines.
 4. If difficulties in map drawing are observed, just provide participants with instructions using the following questions:
 - What is the shape of our village? This is for them to draw village boundaries
 - How are the village main road used? This is for them to draw the village main roads
 - What are important village facilities? Where are they located?
 - Does the village have river/spring/pond/lake?
 - Does the village have hill/mountain?
 - Where is the residential area?
 - Where is the rice field?
 - Where is the waste disposal site?
 - Within village households, how are well? What are the typical types of wells?
 - How are latrines? How many types of latrines are there?
 - How are the places to keep animals/poultry? How many types are there?
 5. When the map is completed, ask the group to make presentations on their own parts, including characteristics of topology (river, mountain, and road), population, people lives, what makes local people feel proud of and valuable. The group should try to identify as many as possible the local characteristics, life, people, customs, advantages and disadvantages. They should try to work out problems/issues on water conditions, sanitation system, latrines, where to keep animals/poultry, advantages and disadvantages.
 6. On the basis of group maps and presentations, provide instructions for groups to discuss the topics such as water and sanitation system, participants' special interests and difficulties.
 7. Facilitators will highlight on the map by using color paper and explain to the group that they will have opportunity to discuss on how to overcome these difficulties in the next meetings.
 8. Ask the group to hang maps at the public place and carefully keep them for the next use.
 9. Ask the group about the lessons they have learnt from this activity. Their likes and dislikes about this activity.

Facilitator's conclusions:

At present, in our village:

- How many latrines are there? What types of latrines? For households without latrines, where do they have defecation? On the hill, in the field, in the spring, etc?
- Where does water used by households come from? From spring, water trough, etc?
- Where do they keep animals? Near, far or under their houses;
- Where do they dispose waste? In front of their houses or wherever they wish to keep or the waste pitfall in the garden?
- Conclusions on the proportions of latrines and water facilities being used. What are the most urgent needs?

• **Notes:**

- Let the participants make their own maps without any suggestions from you.
- This activity may be time-consuming. So, you need to make arrangements to avoid interruptions.
- The group maps may not be similar to one another. If there is a difference in the sanitation conditions, it is suggested to conduct further group discussion and reach agreement.



Activity 2: HEALTH PROBLEMS IN THE COMMUNITY

- **Purpose:** To help the groups to identify water- and sanitation-related diseases, and health problems in the community and to discover which of them can be prevented through community action.
- **Time:** Approximately 1 hour.
- **Materials:**
 - Drawings used in Activity 2 include:
 - 9 large ones showing diseases, and
 - 2 small ones showing health clinic and traditional healer
 - A0 paper, colored marker pens, sticky tape.
- **What to do:**
 1. If there has been a break between this activity and the previous one, start with a review of what was learned in the previous activity.
 2. Devide participants into 2 small groups.
 3. Put up a set of drawings showing various diseases, a health clinic (with doctor/nurse) and a working traditional healer. Ask the group to discuss, classify and put these drawings into three piles from the left to the right, namely: common diseases, less common diseases and non-common or non-existing diseases.
 4. Then, ask the group to put two drawings showing health clinic and traditional healer at the end of those piles, and to discuss on which diseases are normally treated in the commune health clinic and which are treated at the traditional healer by drawing up ways from the patient's to the traditional healer's or health clinic.
 5. This set of drawings may miss out several common diseases in the locality. Ask the group to add or write down those diseases.
 6. What are water- and sanitation-related diseases? Which can be prevented? Ask the group to nominate a representative to make presentation on group discussion results, and others may fell free to add information if needed. All group members can respond to questions raised by other groups.
 7. Ask the groups about lessons learnt from this activity.

Facilitator's conclusions:

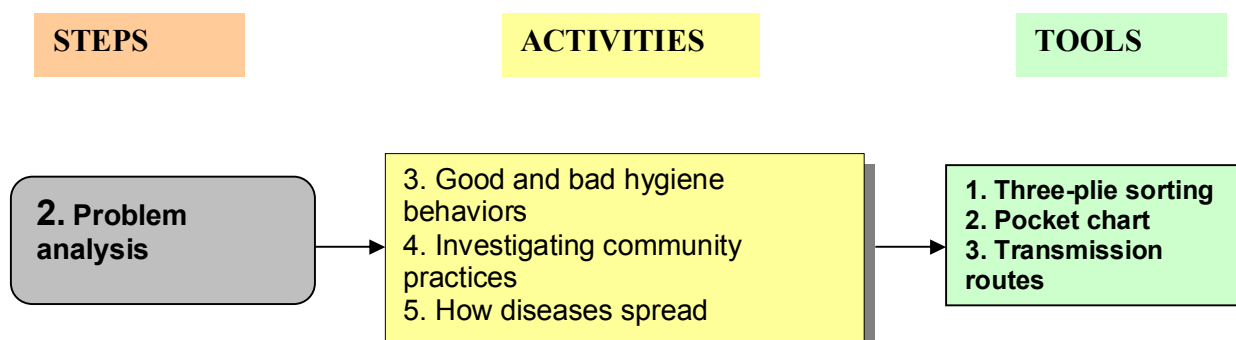
At present, in our village:

- The common diseases are:
- The less common diseases are.....
- The non-common diseases are.....
- The diseases are normally treated in the commune health clinic and those are treated at the traditional healer...
- Put an emphasis on the common diseases, especially those coming from dirty water.
- In connection with Activity 1: There is a lack of latrines and water facilities; the common diseases in the village, which are related to water and poor sanitation ...

- **Notes:**

- If the group misses out what you think are important diseases, don't worry or make suggestions. This will help you recognize the level of participants' understanding. The group can make an addition in the next activities.
- If participants hesitate to choose between the nurse/doctor and traditional healer in the village, tell the group that the type of health problem, not the choice of healer, is what is important.
- Some people may have different ideas on the order of diseases. You should not spend too much time on reaching agreement, but ask the group to accept the most agreed order and hold further discussion later if necessary.

STEP 2: PROBLEM ANALYSIS



This step has Activities 3, 4 and 5:

3. **Good and bad hygiene behaviors** helps the community be aware of hygiene conditions and daily hygiene behaviors, and to identify how these may be good or bad for health.

4. **Investigating community practices** helps participants use a pocket chart to collect and analyze data on actual practices in the community, and then to compare with what the group has discovered in Activity 3 Good and bad hygiene behaviors.

5. **How diseases spread** helps the community understand how dangerous the faeces are and how they can contaminate the environment and lead to related diseases.

Expected outcomes

At the end Step 2, the group should understand how some of its bad everyday hygiene and sanitation practices may be causing diarrhoea and other diseases. So it is needed to change common hygiene practices and improve sanitation conditions in order to prevent disease(s).

Activity 3: GOOD AND BAD HYGIENE BEHAVIOURS

- **Purpose:** To help people discuss and understand which hygiene behaviors are good or bad for their health.
- **Time:** Approximately 1.5 hours.
- **Materials:**
 - Drawings used in Activity 3 consist of: 30 drawings on hygiene behaviors in relation to water, hygiene and sanitation, including some good, bad and in-between behaviors.
 - A 3-pile chart of “good”, “in-between” and “bad” on A0 paper.
- **What to do:**
 1. If there has been a break between this activity and the previous one, start with a review of what was learned and decided in the previous activity.
 2. Devide participants into 2 small groups of 5 – 8 persons.
 3. Give each group a set of drawings, a sample three piles, and the task using these words: You have in your hands drawings showing daily hygiene behaviors. Please discuss and sort the drawings into three piles: good, in-between and bad. Good means those behaviors which are good for health. Bad means those behaviors which are bad for health. In-between means those behaviors which are neither good nor bad for health.
 4. After 15-20 minutes of discussion, ask each group to make its presentation, explaining to others its selection and why it made those choices. Let the group answer any questions that other participants raise.
 5. If groups put the same drawing into different piles, encourage participants to discuss on that difference. If necessary, just name a change and move the drawing into the other pile. Discuss on the common “good” and “bad” behaviors in the community.
 6. Facilitate a discussion with the group on what it has learnt during this activity, what it liked and what it did not like about this activity.

Facilitator’s conclusions:

- These are behaviors/activities believed to be good because....., but they are not or seldom applied in the village.
- These are behaviors/activities believed to be bad because....., but they are commonly applied in the village.
- These are behaviors/activities believed not to be good because...
- Stress that everyone can understand and identify which behaviors are good or bad. But does everyone follow good behaviors and avoid bad behaviors? Surely not, because there is a big gap between perception and practice.
- That is the reason why we will explore what are people’s actual practices in Activity 4.

- **Notes**
 - The purpose of this activity is to explore people’s perceptions and actual hygiene practices in the community. Therefore, do not prompt the choices of placing drawings of they do differently from yours.
 - If you people ask you specific questions, encourage others in the group to answer instead of you doing this.
 - If the group wants to know solutions to address bad hygiene behaviors, tell it that that will be done in the next activity (Step 3: Planning for solutions).

Activity 4: INVESTIGATING COMMUNITY PRACTICES

- **Purpose:** To help the group to collect and analyze the information on sanitation practices in the community.
- **Time:** Approximately 1.5 hours.
- **Materials:**
 - Tool: Ready- prepared pocket chart, e.g. hand washing behavior:

Behavior Person	Washing hand before eating	Washing hand after defecation	Washing hand after work	Washing hand before cooking	Washing hand after cleaning children's faeces	No washing hand
Woman						
Man						
Child						

- Drawings used for Activity 4 consist of:
 - 3 drawings: a man, a woman, a child
 - 6 drawings on hand washing
- Voting materials: few slips of paper, peas, leaves or pebbles.
- Blank paper, green and red marker pens, sticky tape.
- **What to do:**
 1. If there has been a break between this activity and the previous one, start with a review of what was learned and decided in the previous activity.
 2. Explain to the group that the pocket chart is to confidentially collect information on hygiene practices happening in the community, e.g. hand washing.
 3. Show the group how to collect information on hand washing as follows: Set up a pocket chart (if there are more than 20 people, two pocket charts should be set up). Place the drawings of individuals (a woman, a man, a child) in the left-hand side column. Place the drawings of selected practices (hand wash before meals, hand wash after defecation, hand wash after work, hand wash before preparing food, hand wash after cleaning children's faeces, and no hand washing) in the row.
 4. Both talk to the group and make your demonstration: first, identify your own position in the column (a woman, a man or a child), and then your option is “hand washing after work”, and then place a token there. Further explain – only one option is chosen for placing a token. Ask the group members if they understand how to do. Then, give each a token (a leaf, pebble, etc.), ask them to think about their hand washing, **when they regularly wash their hands** or if they don't do any hand washing, and then place a token into the suitable column which they believe to do regularly. Emphasize that this is only a learning exercise, and that it is important to collect true information which is not for the purpose of assessment. Therefore, it is needed for people to be honest while showing the **frequency of their hand washing**.
 5. The pocket chart must be set up in such a way that participants cannot see the person who votes for them or for others. They have to vote for one by one. You must check the participants when they identify the start-up column, avoiding the placement into wrong place.

6. Once all participants have voted, ask a volunteer to count the votes and display the totals.

Participants should discuss the meaning of the totals. For example:

- Which options are the most (least) commonly used? Why?
 - How do these choices influence the health of the community members?
 - Compare the actual practices with what the group identified as either good or bad for health during the **Good and bad hygiene behaviors** activity.
 - What changes in behavior would the group consider desirable or beneficial, and how could these be achieved?
7. Facilitate a discussion with the group on what it has learnt during this activity, what it liked and what it did not like about this activity.

Prior to the activity, it is needed to explain that: 1/ we are investigating the hand washing PRACTICES, not people's PERCEPTIONS; 2/ Everyone needs to be honest if we all wish to collect actual and accurate information on hand washing in our village.

Facilitator's conclusions:

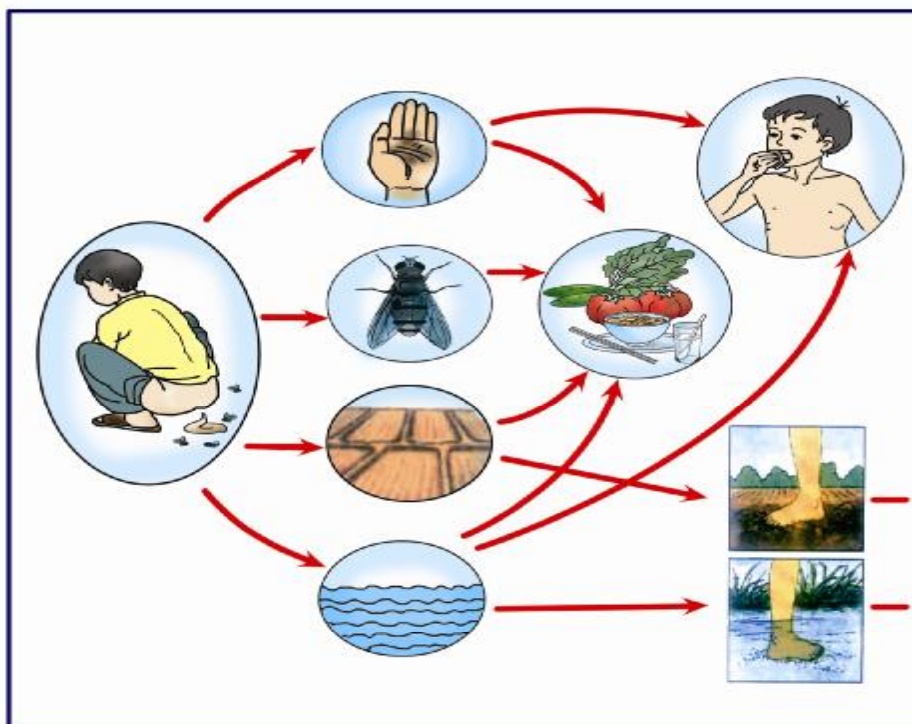
- Analysis of pocket chart by row (differences between men and women), and by column (key time for hand washing).
 - When do women normally wash their hands?
 - When do men normally wash their hands?
 - When do children (if any) normally wash their hands?
- Pay attention to those pockets without votes or with very few votes by both men and women on gender issues. E.g. no man votes for hand washing before preparing food or after cleaning their children. This is quite understandable as they rarely do these tasks. Is this gender inequality?
- If yes, stress that people do normally not wash their hands by soap at necessary time while it is believed to be a good behavior as PERCEIVED in Activity 3.

• **Notes**

- It would be easier if one drawing only at a time is placed in the left-hand side column. Participants then place their tokens to identify their options. After this, the next drawing can be placed below the first one in the left-hand side column. Continue in this way until all the drawings in the left-hand side column are in place. This process will inevitably be slower than setting all the drawings up at once at the beginning.
- The tokens should be counted in front of the group, and taped onto a sheet of paper or directly onto the pocket chart so that everyone can see the results.
- Hand washing is only an example. The pocket chart can be repeated to collect other information on defecation, purpose of water usage, etc.
- In case of investigating the use of soap, green and red tokens can be used. The red token is used to show the soap usage while the green one is used to show no soap hand washing.
- It requires skillfulness to carry out this activity: Instead of placing votes into pockets, maybe pebbles and cups are enough.

Activity 5: HOW DISEASES SPREAD

- **Purpose:** To help the groups to discover transmission routes through water- and sanitation-related behaviors.
- **Time:** Approximately 2 hours.
- **Materials:**
 - Drawings used for Activity 2: 9 large ones showing diseases (no small one is used).
 - Drawings used for Activity 5 consist of:
 - 13 ones showing disease causes;
 - 8 ones showing transmission routes (6 small and 2 large ones)
 - A0 paper, colored marker pens and sticky tape.



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- **What to do:**
 1. If there has been a break between this activity and the previous one, start with a review of what was learned and decided in the previous activity.
 2. Devide participants into 2-3 small groups.
 3. First, give drawings showing diseases as used for Step 1, Activity 2 and ask people to classify into groups of diseases: intestinal diseases (3 drawings), eye-related diseases (2 drawings), skin diseases (1 drawing), gynecological disease (1 drawing), and malaria (1 drawing). Then, give them drawings showing transmission routes and explain that a group of diseases may have different causes, and that a behavior may cause various diseases. Then, repeat with other groups.

4. Instruct the group to place drawings showing diseases by column and those showing transmission routes by rows. Then, discuss about disease causes and stress on the most common diseases found in the community, and on the diarrhoea transmitted by faeces.
5. Ask the group: “When we talk about being dirty or unclean, which are the causes of contaminated water, environment, food and hands?”/ “That’s our faeces!!! Because faeces enters our body through mouth, diseases appear.” Then continue: “Do we eat faeces?”/ “No!”/ “So, let’s discover how faeces can go through mouth.”
6. Just use a drawing showing a person defecating openly and another showing a person’s mouth, and use the following words: “This is a person who is defecating openly and this is his mouth. Let’s discuss about how faeces might come in contact with the mouth”. Then, place the drawing showing a person defecating openly on the top left-hand side corner of the paper sheet, and the one showing a person’s mouth on the bottom right-hand side corner of the paper sheet. Give the group members small drawings and ask them choose those which are believed to show different ways in which the diseases spread. Then, use arrows between drawings to create a diagram showing various routes in which faeces might come in contact with the mouth.
7. Once the groups have made their diagrams, ask each group to show and explain to others. Let it respond to any question raised by other groups.
8. Hold specific discussion on open defecation behavior by calculating faeces amount and associated medical cost. Ask the group members that: how many households in the village do not have toilets? How many of them still openly defecate? Make the calculation of faeces amount as follows:
 - Each person defecates 350 grams of faeces per day, and each household has 5 persons on average. So, the faeces amount per day of each household is (350grams x 5 persons = 1.75kg faeces/day), then specify the amount per week/month/year.
 - Ask the how many kilograms are there per 1 paddy/rice bag? (e.g. 20kg of rice/bag), then convert the amount of faeces per year into faeces bags (20kg of faeces/bag) for comparison.
 - After this, try to make comparison between the amount of faeces per year and a visual object, e.g. number of paddy bags, dimensions of the house where we are standing, etc.
 - Ask them: do they accept the households without toilets but having open defecation? Do they accidentally eat faeces-contaminated food?
9. Then, ask the group about medical cost if a family member contracts the disease.
 - How much does the household pay if a member contracts the diarrhoea or any water/sanitation-related disease?
 - Make a multiple of this cost with the number of all household members, and the frequency of common disease contraction by month/year.
 - Identify the risks of those families living nearby the open defecation place.
 - Show the total cost paid per year by the whole community.
10. Place two types of results next to each other to show the correlation between the faeces amount and the associated medical cost.
11. Ask the group on what it has learnt during this activity, what it liked and what it did not like about this activity.

Facilitator's conclusions:

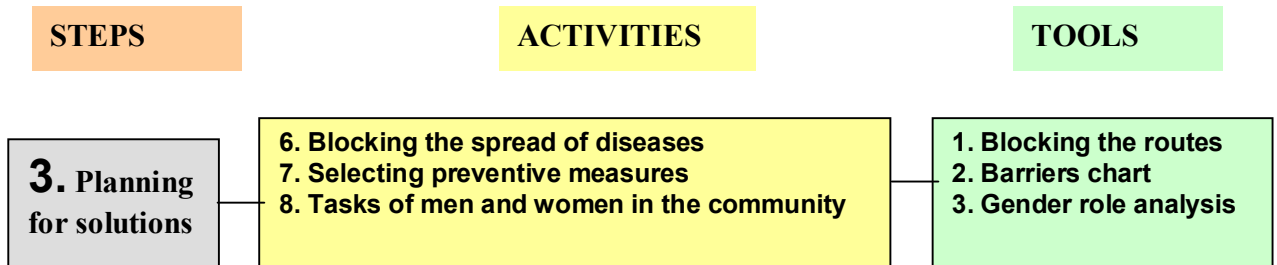
- Main causes of diseases:
 - Contaminated water
 - Contaminated environment
 - Contaminated food
 - Poor hygiene (especially hands)
- The diagram showing different ways in which faeces might come in contact with mouth and cause diseases – If open defecation is done, the faeces will come in contact with hands or insects: flies, rats, cockroaches, or contaminated soil/water -> then via contaminated food and drinking water -> and going into the mouth. Accidentally, we have already eaten our faeces.

It is needed to stress that: “Now we understand that faeces is the main cause of common diseases in the community, and it might be transmitted to the mouth in many different ways. But is open faeces commonly found in our village? Is this a small or big issue?”

• **Notes:**

- The identification of transmission routes is very important; otherwise the subsequent activities cannot be carried out.
- The best is to identify the transmission routes which are commonly found in the village.
- The group might be satisfied with 2 or 3 transmission routes identified, encourage them to think about other possible transmission routes.

STEP 3: PLANNING FOR SOLUTIONS



This step has Activities 6, 7 and 8:

6. **Blocking the spread of disease** helps group members discover ways to prevent the related diseases from being spread via the transmission routes identified in Activity 5.

7. **Selecting barriers** helps the group analyze and select the suitable and effective methods which they want to carry out.

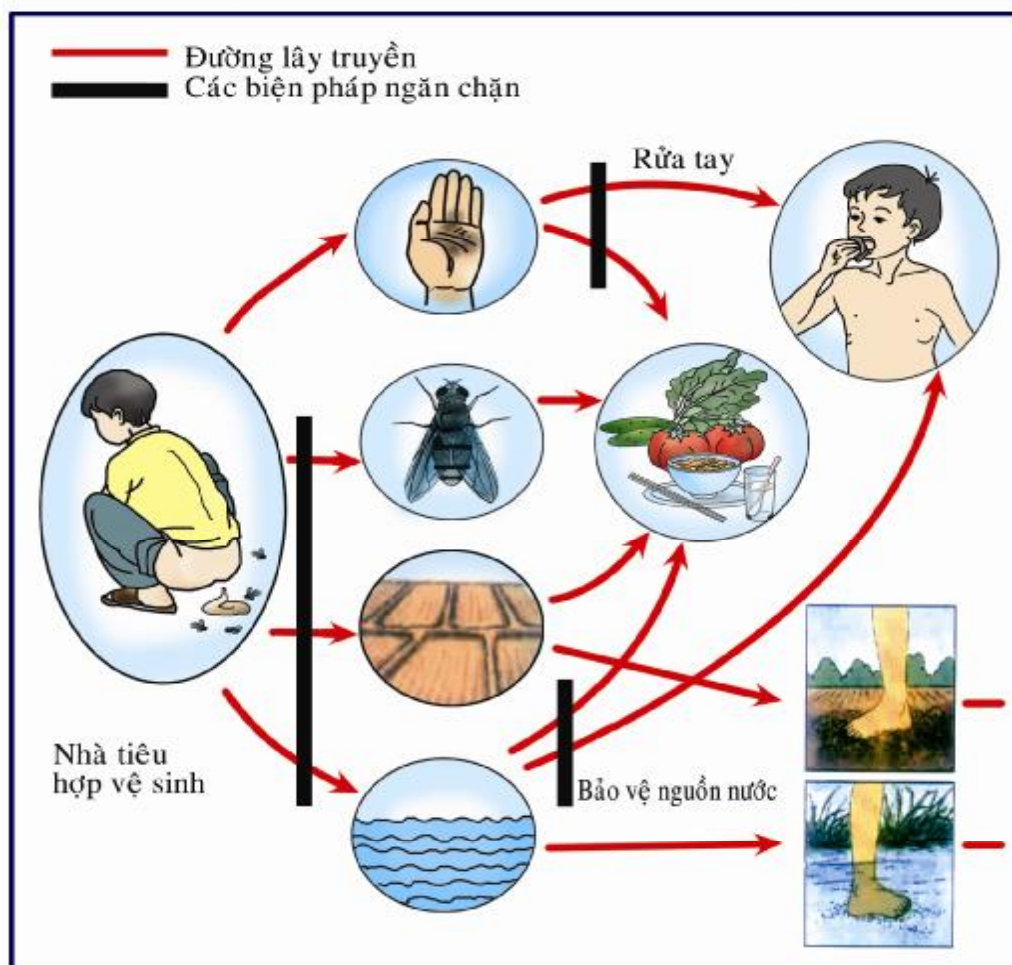
8. **Tasks of men and women in the community** helps the group perceive and understand the domestic and social tasks by gender.

Expected outcomes

After completing these three tasks, the group members should have identified various measures to prevent diarrhoea and other water- and sanitation-related diseases, and measures for implementation.

Activity 6: BLOCKING THE SPREAD OF DISEASES

- **Purpose:** To help people to identify the actions that should be taken to block the disease transmission routes specified in Activity 5, Step 2.
- **Time:** Approximately 1.5 hours.
- **Materials:**
 - Activity 2 drawings: 9 large ones showing diseases (no small one is used).
 - Activity 5 drawings: “Transmission routes” diagram and 8 drawings showing transmission routes (results of Activity 5).
 - Drawings used in Activity 6 consist of: 23 drawings showing barriers.
 - A0 paper, colored marker pens and sticky tape.



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- **What to do:**

1. If there has been a break between this activity and the previous one, start with a review of what was learned and decided in the previous activity.
2. Devide participants into 2 small groups.
3. Similar to Activity 5, classify drawings into groups of diseases. Then, give people drawings showing barriers and explain that a group of diseases may have different barriers, and that a barrier may avoid various diseases. Then, repeat with other groups.
4. Instruct the group to place drawings showing diseases by column and those showing barriers by rows. Then, discuss about effective barriers.
5. Explain and use the “Transmission routes” diagram (if there is a break between Activities 5 and 6, the facilitator should help people again make up “Transmission routes” as done in Part 6 of Activity 5). Give the task to the group using the following words: “Now you have already known disease causes and transmission routes. So, what should we do to prevent and block the transmission routes? Each group should discuss and agree on which barriers should be placed where in the “Transmission routes” diagram in order to block the spread of diseases. It is possible to add barriers which are not incorporated in the drawings by drawing or writing on hard paper sheets.”
6. After 20 -30 minutes, ask each small group to present its diagrams. Encourage other groups to raise questions after the presentation made by one small group.
7. Ask the group on what it has learnt during this activity.

Facilitator’s conclusions:

The facilitator shows towards the barrier chart and make the following conclusions:

- Collection of faeces must be done, i.e. defecation must take place in **hygienic latrines**. If this is carried out, the benefits will be the prevention of flies and rats, and no contamination of water supply and environment/soil. Stress that latrines will help block many transmission routes will be blocked.
- **Hand washing** with soap must be done before meals, after defecation, after cleaning children, after work and before preparing food. Just say that hand washing is the only barrier to block the transmission route through dirty hands.
- The following must be done: **protection of water supply**, no easy-going disposal of waste, and covering the water storage. Stress that the protection of water supply will at the same time benefit many people.
- The following must be done: **well-done food, boiled water**, and **covering the food**. Note that well-kept food and boiled water will block the transmission of faeces and diseases into mouth.
- The **places where animals are kept must be cleaned**. Note that human faeces is the only thing that is dangerous and transmits diseases; animal faeces also carries many germs.

- **Notes:**

- Let everyone have open discussion, and encourage the group to identify various barriers, especially those which are not in the drawings.
- Encourage people to add more drawings for “protection of water supply” section as no drawings show protection fences. Another way is to use a drawing showing a water tank with a protection fence so that people will recognize the protection of water supply as a barrier.

Activity 7: SELECTING BARRIERS

- **Purpose:** To help the group to analyze and identify the effectiveness and possibility of taking barriers.
- **Time:** Approximately 1.5 hours.
- **Materials:**
 - Activity 6 drawings: 24 drawings showing barriers.
 - Barriers chart on A0 paper (as below).

	Easy to do	In-between	Hard to do
Very effective			
In-between			
Not very effective			

- A0 paper, colored marker pens and sticky tape.
- **What to do:**
 1. If there has been a break between this activity and the previous one, start with a review of what was learned and decided in the previous activity.
 2. Devide participants into 2 small groups.
 3. Give each small group a sheet of A0 paper with the barriers chart and assign the task using these words: “Remove the barriers in Activity 6 and transmission routes diagram in Activity 6, and place them where they belong on this chart”.
 4. Each group has a task for classifying barriers. Just says: “For each barrier, which column would be first placed: easy to do, in-between, hard to do. After this, continue with which row would be first placed: very effective, in-between, and not very effective. During the classification process, each group should answer the questions why it makes those decisions”.
 5. Ask the groups to place results next to each other with no need for presentations. The groups read out each other’s results in order to identify similarities and differences.
 6. Ask the groups to have plenary discussion: On the basis of classification results, people will select appropriate barriers, and then stick drawings showing those on another sheet of paper.
 7. Ask the group on what it has learnt during this activity.

Facilitator’s conclusions:

Clearly identify the names of easy to do, in-between, hard to do activities, and those which are very effective, in-between, and not very effective. Emphasize on those believed to be hard-to-do but very effective in order to make further explanations. For example: building latrines is hard-to-do but very effective activity. Therefore, the analysis should be provided so that people understand that if latrines are built, the defecation will be done properly without easy-going faeces, leading to blocking the spread of diseases, health improvements and less expensive medical treatment, etc. So, what should we select? Should the latrines be built?

- **Notes**
 - It is needed to provide instruction on thorough group discussion. The selected barriers must be those applicable to the village.
 - If the groups have difficulties in placing the drawings into 9 boxes, just show them how to place the drawings into 3 columns first and then into 3 rows (or vice versa).
 - The facilitator should keep the barriers in **grey boxes** in the selected table for use in Activity 9

Activity 8: TASKS OF MEN AND WOMEN IN THE COMMUNITY

- **Purpose:**
 - To raise awareness and understanding of which household and community tasks are done by women and which are done by men;
 - To identify whether any change in task allocation would be desirable and possible.
- **Time:** Approximately 1 hour.
- **Materials:**
 - Drawings used in Activity 8 consist of:
 - 3 separate large drawings showing a man, a woman and a man and woman (a couple) together.
 - 17 drawings on tasks.
 - A0 paper, colored marker pens and sticky tape.
- **What to do:**
 1. Devide participants into 2 small groups of 5-8 persons.
 2. Ask the group to carry out the activity: “Each group will be given a drawing of a man, a woman and a man and woman (a couple) together, and a set of drawings showing different tasks. Discuss in your group who would normally do this task. Put the task drawing underneath the drawing of the man, woman or couple. The drawing of the man and woman together means that both sexes perform the task.”
 3. Spend 20 minutes for group discussion, and then ask each group to show their options and explain why they choose those options, and to respond to any question raised by other groups.
 4. Ask the group why there are differences among groups. What are the comments on tasks by men and women:
 - Who does what tasks?
 - The workload of men and women.
 - How differences in workloads might affect task allocation for overcoming the diseases.
 - The advantages and disadvantages of changing tasks done by men and women.
 - The potential for changing tasks done by men and women.
 5. Ask the group to identify roles which could be changed or modified in order to improve sanitation and hygiene, and record these conclusions for use in checking later on.
 6. Facilitate a discussion with the group on what it has learnt during this activity, what it liked and what it did not like about this activity.

Facilitator’s conclusions:

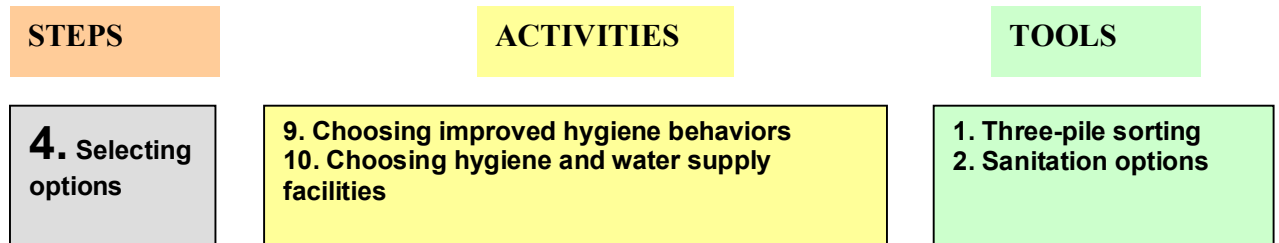
- There are more tasks by wives/women than those by husbands/men. The women’s working duration is 12 -14 hours per day.
- In families, women are normally responsible for house keeping, cooking, collecting water, washing, etc. Especially, they also take the responsibility of taking care of children, e.g. bathing, feeding, teaching children how to learn, etc. So, they have to work as twice as men do.
- The husbands/men should share housework with their wives, such as: cleaning latrines, collecting water, bathing children, etc. in order to give more time for wives/women to rest, take care of themselves and foster their knowledge, helping improve family hygiene conditions for better lives.

- **Notes:**

- Let the group work on its own and discuss what it has found out. They may make more drawings and add other tasks. Men sometimes complain that drawings of their usual tasks have not been included in the set. They should give them blank paper to do this.
- The group may decide that three drawings (man, woman, and both together) are not enough and choose to add drawings of boys and girls. This is fine, but the analysis should focus on gender, not age.
- If the group puts the tasks by women into both men and women categories, ask the group members about who do these tasks more frequently in the village. If the answer is women, let it discuss about the possibility of placing that drawing into women's tasks category.



STEP 4: SELECTING OPTIONS



This step has Activities 9 and 10:

9. **Choosing improved hygiene behaviors** helps the group to decide which hygiene behaviors it wants to work on with each family and community.

10. **Choosing sanitation and water supply facilities** helps the group to assess the community's water facilities and latrines, and decide on the changes it wants to make.

Expected outcomes.

By the end of this step, the group should have prepared a list of good hygiene behaviors which are beneficial to health and encouraged to apply in the village, and bad hygiene behaviors which are not good for health and should be discouraged. The choices on water supply facilities, latrines and places to keep animals should also have been made.

Activity 9: CHOOSING IMPROVED HYGIENE BEHAVIOURS

- **Purpose:** To help the group identify hygiene behaviors that are encouraged to apply and those that should be discouraged.
- **Time:** Approximately 1.5 hours.
- **Materials:**
 - Drawings used in Activity 5: 13 drawings showing disease causes.
 - Drawings used in Activity 6: Only drawings showing barriers in grey boxes (see Table in page 42 and Notes in page 43).
 - Prepare a table on A0 paper as below:

Hygiene behaviors encouraged	Hygiene behaviors discouraged

- A0 paper, colored marker pens and sticky tape.
- **What to do:**
 1. If there has been a break between this activity and the previous one, start with a review of what was learned and decided in the previous activity.
 2. Large group discussion.
 3. Give the task to the group, using the following words: “The group has identified the barriers in Activity 6. Based on these, each person will choose several drawings showing healthy behaviors/activities which you wish to encourage in the family and community, and then stick them on the close-by blank paper”.
 4. Ask two persons to stand up. One person shows the drawings one by one so that people can agree on translating actions into words, and another takes notes on another A0 paper sheet.
 5. Give people the drawings showing disease causes used in Activity 5, and then similar tasks using the following words: “Similarly, based on bad behaviors which cause diseases, identify unhealthy behaviors/activities which you wish to discourage in the village”.
 6. Invite other 2 persons to do the same on translating actions into words.
 7. Devide participants into 2 small groups; give more tasks using the following words: each group classifies the hygiene behaviors into those which are encouraged and those which are discouraged in the order from **easiest-to-do** to **hardest-to-do**.
 8. The groups show their results and comments on each other, and then agree on the order which has just been made. Ask them to nominate a person who writes down the hygiene behaviors which are encouraged and those which are discouraged on A0 paper sheet as done above.
 9. Ask the group: In order to encourage and discourage hygiene behaviors identified, what are the possible difficulties? How can those difficulties be overcome?
 10. Ask the group on what it has learnt during this activity.

Facilitator's conclusions:

- So, we have agreed on the hygiene behaviors which are encouraged (recall these behaviors) and those which are discouraged (recall these behaviors) in the village.
- Let's show our commitment to improved health. Will you be determined to encourage healthy behaviors and to discourage unhealthy behaviors? If yes, **each of you should write down your name or signature on the paper.**

- **Notes**

- If the outcomes of Activities 5 and 6 are not maintained, give the group the whole sets of drawings showing disease causes and solutions introduced in Activities 5 and 6 for making choices.
- Do not help the group translate actions in the drawings into words.
- This is an important activity. Just try to create a lively atmosphere when each person writes down his/her name on paper showing the determination to changing hygiene behaviors.

Activity 10: CHOOSING HYGIENE AND WATER SUPPLY FACILITIES

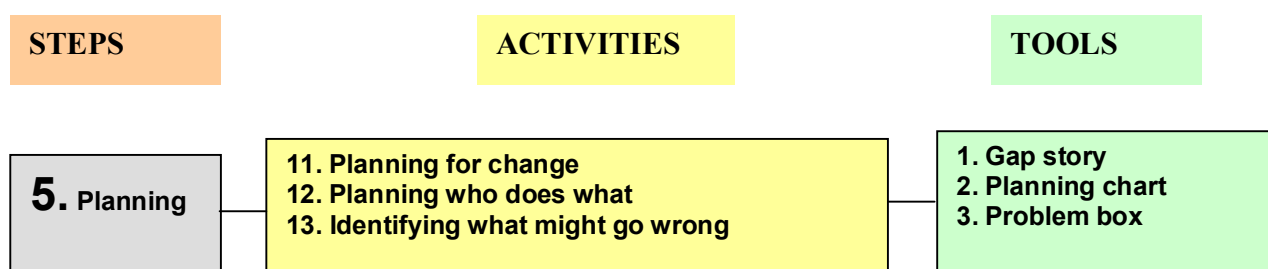
- **Purpose:**
 - To help participants better understand the conditions of household latrines and water facilities
 - To identify and select options for improving the conditions of latrines and water facilities.
- **Time:** Approximately 1 hour.
- **Materials:**
 - Drawings used in Activity 10 consist of:
 - 7 drawings showing “water supply facilities”
 - 5 drawings showing “hygiene facilities”
 - A0 paper and sticky tape.
- **What to do:**
 1. If there has been a break between this activity and the previous one, start with a review of what was learned and decided in the previous activity.
 2. Devide participants into 2 small groups.
 3. Give each group a set of drawings showing hygiene facilities, and the task to the group, using the following words: Arrange the drawings as a ladder, starting with the worst at the bottom and the best at the top. Identify in each pile the drawings showing the current latrines being used in households and those showing the expected latrines.
 4. The groups make presentations on results, explain the structure and how to use the type of latrines selected.
 5. Give each group a set of drawings showing water supply facilities, and the further task to the group, using the following words: Arrange the drawings as instructed above. Identify in each pile the drawings showing the current water supply facilities and those showing the expected household water supply facilities.
 6. The groups make presentations on results.
 7. Facilitate the in-depth group discussion on:
 - Advantages and disadvantages of the options arranged as steps.
 - The selected options that have been identified as best for the community.
 - Implementation advantages and disadvantages.
 8. Ask the group on what it has learnt during this activity.

Facilitator’s conclusions:

- The type of latrine current used in the village and the one considered as the most appropriate by villagers.
- The type of water supply facilities current used in the village and the one considered as the most appropriate by villagers.
- In order to have the most appropriate latrines and water supply facilities, let’s discuss on how to make a change in the next activity.

- **Notes**
 - This is the only activity in the program, which introduces options for the models of latrines and water supply facilities.
 - As for water supply facilities, the purpose is to introduce various appropriate options for water utilization.
 - As for latrines, the purpose is to introduce the options for households to build standard two-pit/improved earth toilets, etc.
 - If there is any household which is using the selected facilities, just organize a visit there and ask that household about the building, utilization, cost and other information that people are interested in.
 - The technical knowledge of toilets and clean water is very necessary for facilitators.

STEP 5: PLANNING FOR IMPLEMENTATION



This step has Activities 11, 12 and 13:

11. **Planning for change** helps the group plan the action steps for implementing the solutions it has decided on.

12. **Planning who does what** helps the group assign responsibility for each action step.

13. **Identifying difficulties** enables the group foresee possible problems and plan ways to overcome them.

Expected outcomes

By the end of this step, the group must have developed a feasible plan for building water supply and latrine facilities, places to keep animals, and for changing hygiene behaviors that it has decided on.

Activity 11: PLANNING FOR CHANGE

- **Purpose:** To enable participants to develop a plan to implement changes in sanitation and hygiene behaviors.
- **Time:** 2 hours.
- **Materials:**
 - Drawings used in Activity 11 consist of:
 - 8 large drawings showing “**now**” and “**future**” of four behaviors to be changed
 - 16 small drawings showing planning steps
 - A0 paper, colored marker pens and sticky tape.

- **What to do:**

1. If there has been a break between this activity and the previous one, start with a review of what was learned and decided in the previous activity.
2. Put the sanitation option drawings (or drawings representing other options) developed in **Step 4** up on the wall.
3. Ask the participants to work in small groups. Give the participants the task, using the following words:

“Do you agree that this sanitation option is a common situation in the community? And do you agree that this would be a desirable future situation?”

Let’s now work out what needs to be done to move from the present situation to where you want to be. To do this we need to develop a plan “to fill in the gap”. To help you do this, each group will be given a set of small posters showing some of the steps that might be needed (planning).

Each group should look at posters and arrange them in the order it thinks would bring about the most effective change. Use the blank paper to draw any additional steps that you think being necessary.”

4. Give each group a set of “now” and “future” drawings and planning posters.
5. Give the group about 30-45 minutes to work out its arrangements of steps, and then ask each group to explain its plan. Each group should be prepared to answer any questions which might arise.
6. After the presentations, encourage a group discussion aimed at reaching an agreement on a common plan.

The discussion should cover:

- What difficulties they might come across in trying to carry out these steps.
 - What they need to do to carry out these steps.
 - The amount of time necessary to carry out the plan.
7. Facilitate a discussion with the group on what it has learnt during this activity, what it liked and what it did not like about this activity.

Facilitator's conclusions:

- This is the plan with the sequence of steps agreed upon. The facilitator recalls each step agreed:

First...

Second...

Third.....

Stress that the steps decided by each group may be different. But the important thing is that the group has made a plan with steps to introduce a “future” picture considered as being appropriate and to identify difficulties to be met during the implementation of each step, leading to measures for improvements.

- **Notes:**

- This planning activity is to make changes the group wants to introduce. It is not necessary for each group to develop all three plans. One may make a plan for changes to facilities, one for maintaining newly-built facilities, and one for behavioral change. Another may be able to look at all three together.
- Your role is to help the group simplify the process so that it becomes manageable.
- Discuss on what has taken place, and who should have responsibility for doing certain parts of the plan. The next activity (Activity 12) **Planning who does what** will help the group assign responsibility for tasks effectively so that the tasks are done properly and on time.

Activity 12: PLANNING WHO DOES WHAT

- **Purpose:**
 - To help identifying who will take responsibility for carrying out the steps in the plan;
 - To set a timeframe for implementing the plan.
- **Time:** Approximately 1-1.5 hours.
- **Materials:**
 - Tool: the planning steps agreed in the previous session.
 - Pieces of paper or card for writing down names.
 - Three-column table on A0 paper as below:

Work should be carried out	Who will be responsible	Time will be taken to complete

- A0 paper, colored marker pens and sticky tape
- **What to do:**
 1. If there has been a break between this activity and the previous one, start with a review of what was learned and decided in the previous activity.
 2. Put the planning posters which the group agreed (Activity 11) to present on steps in its plan up on the wall, in one straight row, in the order that the group agreed to.
 3. Give the group the task using these words:
 - “*These planning posters show the steps that you decided are required to put your plan into action. Discuss together and decide who should carry out each step. When you have decided who will be responsible for what, write the names on pieces of paper. Write men’s names in one color and women’s names in another. Then stick each piece of paper or card beneath the corresponding planning poster*”.
 4. The groups refer to conclusions reached during **Tasks of men and women in the community**, and make any adjustments.
 5. Facilitate the group to discuss on who (writing down the name(s)) will coordinate the carrying out of the steps in the plan; and the amount of time each step will take to complete. Record this information above the planning posters. Facilitate a discussion on:
 - The importance of things that are being done on time.
 - How the group can check that people are doing what they are responsible for.
 6. Ask the group about what it has learnt during this activity, what it liked and what it did not like about this activity.

Facilitator’s conclusions:

Recall what needs to be done in detail: Stress on each step, name(s) of those who are responsible for which task(s), timeframe for carrying out the task from month...year to month...year that you are committed to completion.

- **Notes:**

- You may think that this activity is not important, but it is the one that decides on the hygiene behavioral change in households. The fact that the participants have made a list of hygiene behaviors that should be encouraged or discouraged gives us an example of a person who wants to buy a motorbike. In order to do this, he has to plan to make sure the following information: does his family agree for him to buy it? How to collect money? When to buy? etc. This planning step is similar to that.
- The discussion question of “How do we know if households will carry out or not?” is to direct the group discussion into the way they will maintain the future activities, and to make it understand that completing the discussion is only the starting port for the hygiene improvement process in the village.
- If the group find it difficult to work out the implementation timeframe for all task, ask it to identify the timeframe for the soonest tasks to be carried out. The timeframe for subsequent tasks will be decided upon the completion of previous tasks.
- If the group finds it difficult to identify who take responsibility, ask it to explore the possibility of organizations and mass organizations to carry out those tasks.

Activity 13: IDENTIFYING DIFFICULTIES

- **Purpose:** To get the group to think about possible problems in implementing the plan, and devise ways of overcoming them.
- **Time:** 1 hour.
- **Materials:**
 - Tool: Problem box.
 - A0 paper and colored marker pens.
- **What to do:**
 1. If there has been a break between this activity and the previous one, start with a review of what was learned and decided in the previous activity.
 2. Present the task as follows: “Could everyone please write on a slip of paper a problem they think might arise. Write this problem in the form of a question or a drawing”.
 3. Ask a group member to collect all the problems in the box and pass, in circle, the problem box to one participant at a time. Each participant will pick out a slip of paper and answer the question. Participants who pick their own question should be asked to replace it and pick another.
 4. Give the group plenty of time to discuss the answers. If a participant cannot answer a question, the question may be answered by someone else in the group.
 5. Facilitate a discussion with the group on what it has learnt during this activity, what it liked and what it did not like about this activity.

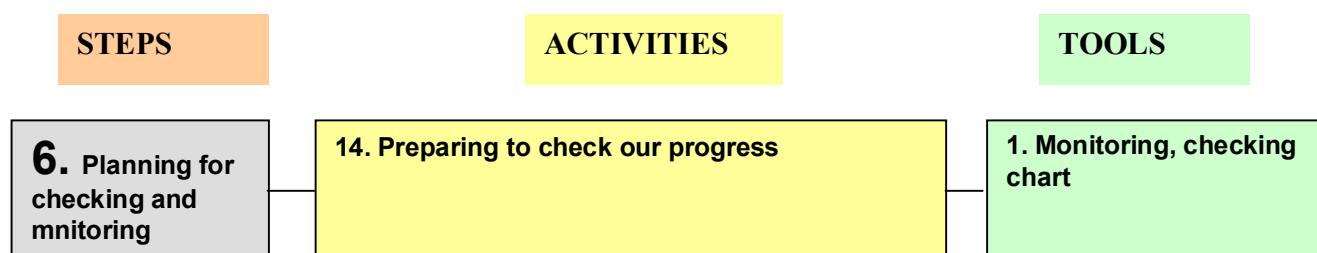
Facilitator’s conclusions:

There are a number of difficulties in implementation process, which have been mentioned such as construction techniques, material transportation, out-of-date hygiene habits/custom, etc. However, the groups have identified a number of solutions to overcoming those difficulties (recalling a few questions). It shows everyone’s determination for change. So, shall we commit to change?

- **Notes:**

If necessary, more time can be allowed for participants to think of questions. For example, the activity could begin before lunch break or at the end of the day, and continue after the break or on the next day.

STEP 6: PLANNING FOR MONITORING AND EVALUATION



This step has only Activity 14:

14. Preparing to check our progress help the group fill in a chart for monitoring its progress, timeframe and who will be responsible for doing that in order to achieve the goals.

Notes: Instead of writing in words, participants should use drawings or symbols to represent ideas.

For example:

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

Activity 14: PREPARING FOR PROGRESS CHECKING

- **Purpose:**
 - To establish a procedure for checking progress.
 - To decide how often checking should be done and who should be responsible for this.
 - To set a date for the evaluation activity, which will take place with the community.
- **Time:** Approximately 2 hours.
- **Materials:**
 - Tool: *Monitoring chart:*

Monitoring plan for behavior change....(which were decided by the community after the Activity 11)					
No.	Contents	Objectives (number or amount)	How to measure	How often to measure	By whom

- Paper, pens or whatever is available for drawing.
 - Drawings showing sanitation facilities and hygiene behaviors that the community would like to have.
- **What to do:**
 1. If there has been a break between this activity and the previous one, start with a review of what was learned and decided in the previous activity:
 - Commitment to change and steps for making a change – after Activity 11.
 - What need to be done to make a change in each household - after Activities 12 and 13.
 2. Explain to the group that checking the progress of plan implementation introduced in Activities 11 and 12 is necessary, and stress that the behaviors they commits to change will be checked (monitored) later on. Therefore, they need to make a choice and encourage household members to do this. Facilitators and project officers will, together with households, check the progress on periodic basis to provide support if needed.
 3. Have monitoring charts (as illustrated) ready, ask the groups to discuss in order to fill in and complete these charts. This can be done as follows:
 - What needs to be monitored? (Indicators)
 - What are the goals to be achieved? (Quality or quantity)
 - How are these goals monitored? (Methodology)
 - When and how often is the monitoring conducted? (Time and frequency)
 - Who will be responsible for monitoring? (person(s) carrying out the monitoring)

Example 1:

Other monitoring items (indicators):

Monitoring plan for change of Hand washing behavior					
No.	Indicators (Contents need to check)	Objectives (number or amount)	How to measure	How often to measure	By whom
1	Soap and water are ready in the kitchen, bathroom, latrine (if any)	100% household having soap and water for hand washing	Visiting households	once a week/month	facilitators, Commune health staff, Head of village
2	Family members (especially children) wash hands after defecation/before eating...	100%- family members (especially children) wash hands after defecation/before eating...	observation (checking by eyes)	Before lunch/dinner, after defecation	Parents, Facilitators
3	Children with clean hands going to school	100% children with clean hands	observation (checking by eyes)	Everyday	Teachers, Facilitators

- Family members wash their hands before cooking.
- Family members wash their hands after cleaning children's faeces.

Example 2:

Other monitoring items (indicators):

Monitoring plan for building a hygienic latrine					
No.	Contents	Objectives (number or amount)	How to measure	How often to measure	By whom
1	Number of households selecting suitable place for the latrine, and know how to build the latrine construction.	100% households	Household group discussion	1 week after the households decided to build latrines	Facilitators, Head of village...
2	Number of households having enough of necessary materials for latrine construction.	100% households	Observation (checking by eyes)	2 weeks after the households decided to build latrines	Facilitators, Head of village...
3	Number of households following up the selected latrine design.	100% households having hygienic latrines	Observation (checking by eyes)	2 months after the households decided to build latrines	Facilitators, Head of village...

- Each step – as indicated in Activity 11 – can be considered as the indicator of planning progress.

Example 3:

Monitoring plan for a hygienic latrine using and maintenance					
No.	Contents	Objectives (number or amount)	How to measure	How often to measure	By whom
1	Clean latrine (no faeces, no urine water on the concrete floor, no flies...)	100% latrines are clean	Observation (checking by eyes)	Twice a month	Facilitators, Head of village...
2	Number of latrines having holes covered properly	100% latrines	Observation (checking by eyes)	Twice a month	Facilitators, health education volunteers, Head of village...
3	Having toilet paper, waste dustbin, etc	100% latrines	Observation (checking by eyes)	Twice a month	Facilitators, health education volunteers, Head of village...

Other items/indicators could be considered:

- No open defecation, no faeces around toilets.
- Toilets used by both adults and CHILDREN in the family.
- Toilets used and maintained in proper way.

Depending on the types of latrines, there are different items (indicators) of operations and maintenance:

1. Double vault latrine:
 - Covering with ashes after defecation.
 - Only use of one pit, another one is for decomposition.
 - Minimum duration for decomposition (6 months).
 - The decomposition must be done with gloves, and followed proper steps as done in the gardens or in the fields.
 - Proper use of urine as that of fertilizers in the garden.
2. Wet pit latrine:
 - Flush water after defecation (no blocking up).
 - When the hole is full, it will be drained away.
3. Ventilated Improved Pit Latrine:
 - When the hole is full, cover with soil for decomposition purpose.
 - Then, another hole is bored with rebuilt cover and floor.

Example 4:

Monitoring plan for the clean environment					
No.	Contents	Objectives (number or amount)	How to measure	How often to measure	By whom
1	The garbage is burned and buried; The garbage are not throwing to the ground;	100% n	Observation (checking by eyes)	Twice a month	Facilitators, health education vollunteers, Head of village...
2	No waste water are surrounding the living houses	100% latrines	Observation (checking by eyes)	Twice a month	Facilitators, health education vollunteers, Head of village...
3	The animal feeding-facilities are clean	100% latrines	Observation (checking by eyes)	Twice a month	Facilitators, health education vollunteers, Head of village...

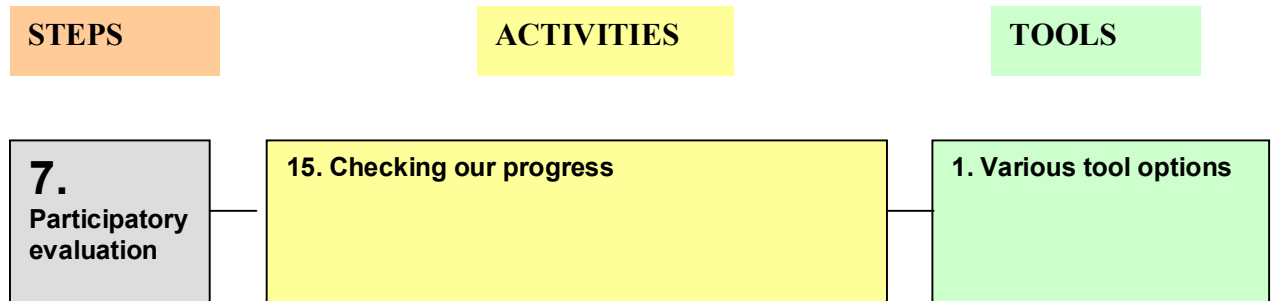
4. After the groups have made the plans, tell them that these plans will be hung at the village's head or the place where village meetings take place so that they can be discussed during those meetings.
5. Facilitate a discussion with the group on what it has learnt during this activity.

Facilitator's conclusions:

This is the plan you agreed upon or committed to. You should encourage your family members to carry out it together. All items/activities indicated in the plan will be, on periodic basis, checked by facilitators, communication officers, etc. to monitor the progress achieved.

- **Notes:**
 - The above charts are only some examples. **The grey boxes** must be filled by participants so that they understand that all behavioral changes indicated in these boxes will be checked and monitored.
 - The facilitator should give some clues, e.g. on the list beneath each chart so that participants can select behaviors they think appropriate.

STEP 7: PARTICIPATORY EVALUATION



This step has only Activity 15:

15. Checking progress helps people and project staff evaluate the progress achieved towards hygiene conditions in each household and community, as well as the impacts on minimizing diarrhoea and other water- and sanitation-related diseases. This activity is carried out within the duration of from 6 months to 1 year.

The participatory evaluation should involve as many people as possible from the community as well as other communities. This is the step which evaluates and celebrates the group’s achievements.

During the evaluation, the group will identify:

- How much has been done for the community?
- How much of the plan still needs to be done?
- What has been achieved against the goals already set?
- What are problems and difficulties encountered during the implementation?
- Is there any corrective action that is needed?

The evaluation can be done in many different ways:

- The group might carry out some evaluation activities itself and share the results with the wider community by displaying them where they can be seen by all.
- The group might decide to involve the wider community in its evaluation activities.
- The group could combine some specific activities with organizing a community evaluation activity.

Activity 15: CHECKING PROGRESS

- **Purpose:** Compare and evaluate the achievements against goals.
- **Time:** Approximately 2 hours.
- **Materials:** Various materials depending on what to do.
- **What to do:**
There are four options for evaluation. Depending on each stage of the program, the appropriate option is chosen. Prior to evaluation activity, training must be provided for participants. The four options are:
 - Monitoring chart
 - Water and hygiene/sanitation map
 - Village and household visit
 - Socio-drama

Detailed instructions for each evaluation options are discussed below:

OPTION 1: MONITORING CHART

- **Time:** Approximately 2-3 hours.
- **Materials:**
 - Monitoring chart: is used for group discussion to see what has been achieved, in both qualitative and quantitative terms.
 - A0 paper, colored marker pens and sticky tape.
 - Drawings showing hygiene facilities chosen by villagers for improvement, and those showing hygiene facilities improved.

Monitoring chart:

No.	Contents	Objectives (number or amount)	How to measure (methods)	How often to measure	By whom
1					
2					
3					

- **What to do:**
 1. Have the group look at the monitoring chart to review the goals it set. Then ask it to compare these goals with what has been achieved. Encourage the group to make the comparison in any way it wants, using pens, paper, drawings, words, etc.
 2. Once the comparison has been made, ask the group to discuss:
 - What has been successful?
 - Any problems?
 3. Ask the group to record (in drawings or words) the problems and sort them into three categories:
 - Problems the village and its households can deal with by themselves.
 - Problems the participants do not fully understand.
 - Problems the village and its households cannot solve by themselves.
 4. Stick the three groups of problems on the wall and ask the participants to decide:
 - For the problems the village and its households can deal with by themselves: what action will they take?

- For the problems the participants do not fully understand: How will they get more information, when will they do this, and who will be responsible for it?
 - For the problems the village and its households cannot solve by themselves: How will they get outside help to overcome these problems.
5. Finish up with a discussion on what it has learnt during this activity.

OPTION 2: COMMUNITY MAP

- **Time:** Approximately 2-3 hours.
- **Materials:**
 - Tool: The community map created during Step 1- Activity 1. If this map is not maintained, a new map can be created in similar ways as indicated in Step 1, but based on the current situation.
 - A0 paper, colored marker pens, sticky tape, and any drawing materials in case of making a new map showing the changes.
- **What to do:**
 1. If it is the map created before, mark on it the changes of the village's sanitation conditions. If it is a new map, identify the changes.
 2. Once the comparison has been made, ask the group to discuss:
 - What has been successful?
 - Any problems?
 3. Ask the group to record (in drawings or words) the problems and sort them into three categories:
 - Problems the village and its households can deal with by themselves.
 - Problems the participants do not fully understand.
 - Problems the village and its households cannot solve by themselves.
 4. Stick the three groups of problems on the wall and ask the participants to decide:
 - For the problems the village and its households can deal with by themselves: what action will they take?
 - For the problems the participants do not fully understand: How will they get more information, when will they do this, and who will be responsible for it?
 - For the problems the village and its households cannot solve by themselves: How will they get outside help to overcome these problems.
 5. Finish up with a discussion on what it has learnt during this activity.

OPTION 3: VILLAGE AND HOUSEHOLD VISIT

- **Time:** Approximately 2-4 hours, depending on group size.
- **Materials:** Paper, pens or drawing materials.
- **What to do:**
 1. Ask the participants to divide up into pairs, then organize walk around the village and households.
 2. Suggest the pairs to walk around the village and records what they see.
 3. Once the comparison has been made, ask the group to discuss:
 - What has been successful?
 - Any problems?
 4. Ask the group to record (in drawings or words) the problems and sort them into three categories:
 - Problems the village and its households can deal with by themselves.
 - Problems the participants do not fully understand.
 - Problems the village and its households cannot solve by themselves.
 5. Stick the three groups of problems on the wall and ask the participants to decide:

- For the problems the village and its households can deal with by themselves: what action will they take?
 - For the problems the participants do not fully understand: How will they get more information, when will they do this, and who will be responsible for it?
 - For the problems the village and its households cannot solve by themselves: How will they get outside help to overcome these problems.
6. Finish up with a discussion on what it has learnt during this activity.

OPTION 4: SOCIO-DRAMA

- **Time: Approximately 1-2 hours preparation and rehearsal time.**
- **Materials:**
 - Paper and pens.
 - Other necessary materials, depending on the type of socio-drama.
- **What to do:**
 1. This activity can be carried out in groups of 4-8 people. Invited guests can be given the opportunity to join any of the groups.
 2. Give the groups the task using these words:

“Working together, choose one part of the project and make up a short 10-minute story about it. Each group will tell different parts of the story. You can do this in any way you like, using whatever you think you need to tell the story in an entertaining way. Your short play should not take longer than 10 minutes to perform. You have 30 minutes to prepare and rehearse your activity”.
 3. Make sure that each small group is telling a different part of the story.
 4. When the groups are ready, ask them to perform their socio-dramas.
 5. After the socio-dramas have been presented, participants may wish to discuss any particularly significant events that were not performed.
- **Notes:**
 - Let each group develop its socio-drama in its own way without your input.
 - Groups will probably use a variety of ways to tell their stories including acting or humor.
 - This activity is designed to be enjoyable and to create an interesting way of summarizing what the group has experienced and felt during the course of the project. An alternative, more structured approach to this activity would be to ask the group to select 8-15 members to create a theatre performance based on the development of the project. This could be done as much as one or two days before the evaluation closing celebration.
 - Taking time to celebrate success is very important. Positive results increase the group’s faith in itself and inspire it to continue working for change. Discussing problems can have the same effect because it shows that solving these is within the group’s power.
 - The group now has the skill and self-determination to continue by itself with the process of introducing the planned improvements to combat diarrhoea (or other water- and sanitation-related diseases). It is also likely that the skills developed during this program will be applied to other village problems. Over the long term, this should lead to a much improved quality of life for all concerned in villages.

CONCLUSIONS

1. What you might find from the evaluation?

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

2. Adjusting the program?

The process of monitoring and evaluation is continuous. It provides feedback to the group, enabling it to learn from its mistakes (if any). On the basis of this information, the group can change its plans to avoid problems, thereby working towards much more improved hygiene/sanitation conditions and successful outcomes.

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