

社会開発調査部報告書

No. 21

JAPAN INTERNATIONAL COOPERATION AGENCY(JICA)

FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

MINISTRY OF WATER RESOURCES

THE STUDY
ON
ELEVEN CENTERS WATER SUPPLY AND SANITATION
IN
FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA
SANITARY EDUCATION MANUAL

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FEBRUARY, 1996

SANYU CONSULTANTS INC.
KYOWA ENGINEERING CONSULTANTS CO., LTD.

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**GOVERNMENT OF JAPAN
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Reference Illustrations

Sanitary Education Manual

**Prepared for the Eleven Centers Water Supply and Sanitation Study
Ethiopia, 1996**

Introduction

This sanitary education manual has been made through the Study on Eleven Centers Water Supply and Sanitation for use by WSS staff in small urban centers. Many other sanitary education booklets have been produced, so this manual attempts to cover areas which they do not. The initial form of the manual provides a basic format for working with communities which it is hoped will be adapted to fit the realities of the Ethiopian context and of each of the Eleven Centers.

The manual is intended for use by community participation promoters as a reference tool for working with health center staff, schools, religious institutions and health/sanitation committees. The sessions outlined can be used as training material for other trainers, staff or leaders of the above institutions or can be used directly with community members of the Eleven Centers.

Much of the material already available in Ethiopia has few pictures, so this manual contains a new set of illustrations which have been drawn specially. The visual aids have been provided to offer examples of useful material. The characters in the illustrations are of "highlanders" as these are the majority of people found in the Eleven Centers during the field survey. The illustrations have not been field tested but this should be done before the manual is published. They may require extensive adaptation to suit the individual towns for which they are intended. The illustrations are included at the back of the manual. They are copyright free and so can be used, modified and duplicated as required by fieldworkers. They should be added to, adapted and changed as required on any occasion.

The manual also includes sections on making contact with the community, obtaining data, planning interventions, techniques for presenting information to adults and children and monitoring change. In addition there is a list of some organizations involved in sanitary education. A list of useful materials available in Ethiopia is also included.

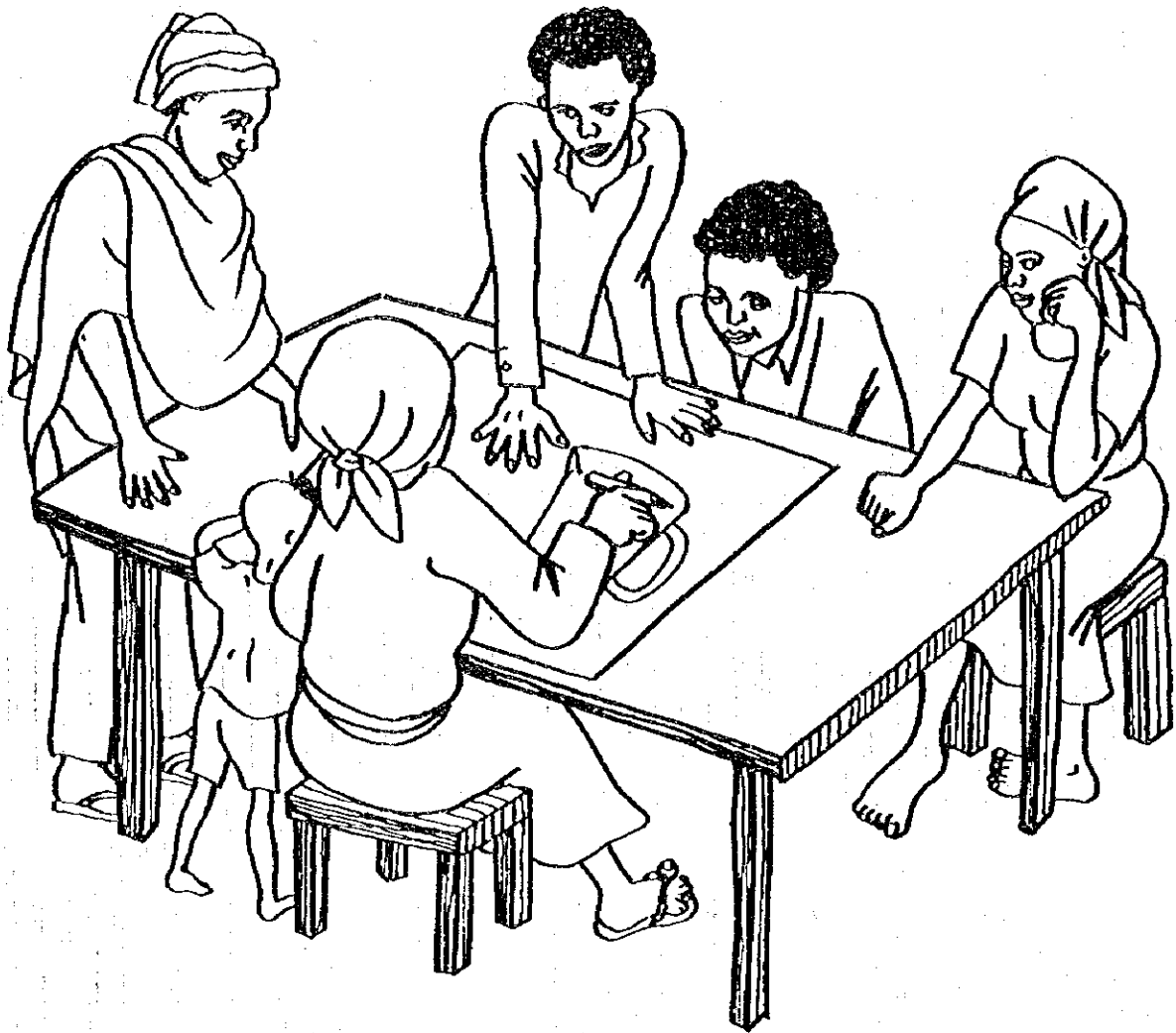
1 Making Contact with People

One of the first steps in initiating a sanitary education program is to make contact with the community leaders to find out if such a project is felt to be needed and to ensure that their support and approval is obtained. It is important to allow people to express their view of the problems that face them without pointing out deficiencies or being judgmental. Enumerating what you may see as problems, may only build up antagonism between you and the community and make your subsequent work more difficult.

- **Seek the permission of local and traditional leaders.** Try to ascertain their felt needs. Obtain their support and approval by acknowledging their role as "key informants" and seeking and respecting their views and opinions.
- **Be honest and open about what you can do,** explain why you have approached them and how you would like to start work. Remember you are a guest. Be polite and show humility.
- **Allow community leaders to have as much say as possible** in the planning of the intervention and try to incorporate their ideas.
- **Do not lead the community to believe that you are able to solve their problems for them.** Instead try to ensure that you work together in the planning, implementation and monitoring of the project.
- **You should ask permission of the local leaders to discuss the project with other members of the community,** possibly in a formal village meeting. There may be other influential groups in the community whom it would also be wise to consult. Ensure that you inform any other primary health care workers, sanitarians, religious leaders, development workers, teachers, women's group leaders and traditional birth attendants of the general aim of the project. Try to get them involved in planning the community profile and hygiene promotion sessions : who to work with, when and where etc.
- **Remember, your role is to facilitate change in the community and not to try to impose changes that are unacceptable.**
- **Listen to the views of women.** In the past water and sanitation projects have often failed to take into account the knowledge that women possess about water and hygiene and the primary responsibility that women have in these areas. In almost all of the Eleven Centers of the Study, women are the main water carriers and handlers. They also influence their families' use of water and their sanitation practices. If a sanitary education program is to succeed, not only must women's views be sought, but they are to be acted upon and women must be made to feel an integral part of the whole program.

Every community has useful knowledge, information, skills, insights and resources. As a facilitator or trainer your job is to build up the capacity of the community to use their skills. To do this you will need to work in partnership with the community. Your

responsibility is to help them to become more self reliant by encouraging them to make their own decisions and to do things for themselves. If people are told what to do and how to do things they will become more dependent on you. If you are asked to provide the answers of the problems you should try to enable the community to come up with their own solutions. As a lone individual people often find it difficult to act, but by working together as a group much more is often possible.



2 Obtaining a Community Profile

You may already have some information from the meetings you have had with the various groups and individuals, from your own observations, the previous field survey reports and other surveys and health/population records.

The following is a list of types of data that might be relevant in planning a sanitary education program. It will not be necessary nor possible to gather all the information listed and subsequent information will come to light during the training sessions. Data collection, planning and evaluation is a dynamic process where the community and the facilitators are constantly learning. Information should be segregated by age and by gender.

Demography

- population, mobility and growth rate
- household size and composition (including special features such as female headed households)
- economic status of households

Health

- major health problems in the community and relative importance of water/sanitation related diseases
- seasonal variations in diseases
- people's perception of the cause of disease
- health facilities
- availability of health personnel

Water use patterns and practices

- preferred sources of water and uses according to source
- distance to the source and accessibility
- reliability of the source
- water vending and cost of water
- quantity of water, uses and reuse
- type of vessels used for the water collection and storage
- practices that might contaminate the water during transportation e.g. the use of unwashed scoops
- practices that might contaminate the water in the home e.g. water scoop stored on the floor
- practices that might contaminate the water source e.g. clothes washed in the river, animals defecating near the source etc.
- local methods used for treating water

Sanitation, hygiene practices and associated beliefs

- existing practices, where men, women, boys and girls defecate and their restrictions on when they defecate
- anal cleansing materials
- if there are latrines, are they used as shower rooms

- are there any taboos related to location of defecation or the sharing of defecation sites
- latrine cleaning and maintenance practices
- waste water disposal practices
- availability and use of soap for personal hygiene
- food storage, how stored and length of time stored for
- food handling and preparation practices
- obstacles to adoption of improved practices

Education activities

- education and literacy levels
- number of teachers, pupils enrolled in school and attendance in school
- on-going formal or informal health education activities
- access to mass media

Organization and participation

- main local organizations and type of membership
- local leaders (male and female)
- main local political and social factions which might influence participation
- extent of previous interest and participation in water/sanitation or other development activities
- community and family level leadership in decision making

Occupation

- main income generating activities
- main sources of income of community members

Level of interest

- evidence of popular interest in improving water supply/sanitation
- evidence of leadership commitment to improvements

Physical structures

- types of dwelling; their physical conditions and layout
- types of building materials used
- existing water supply and sanitation facilities (public/community/private)
- shops, markets, other offices
- religious institutions

Willingness and ability to pay

- ownership of land and dwellings
- income
- expenditure patterns
- borrowing and savings customs

Local availability of resources and technology

- local availability of building materials
- availability of skilled and unskilled labor

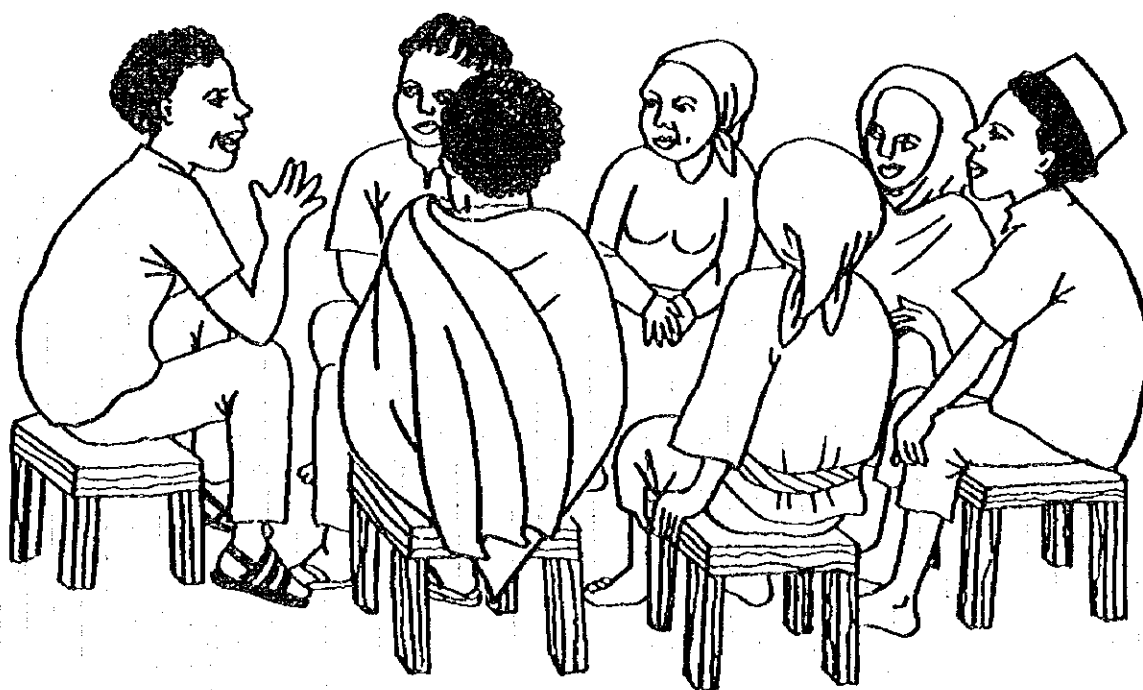
This will all be useful information. There are progressive ways in which information can be obtained. They will be of benefit to you as a trainer and to the community. Participatory methods of data collection allow everyone to learn more about the situation and to plan the subsequent response and evaluation. *The aim is to simplify the data collection so that even people with no formal education can understand and interpret the information.*

The following methods could be used with various groups in the community:

2A Discussion Groups

In order to get a representative picture of the situation and to involve as many people as possible, a variety of groups should be approached. Particular efforts should be made to seek the knowledge and opinions of women in the community, including female household heads and from low income households.

Focus groups are those whose members share similar backgrounds or experiences. The aim of these focus group discussions is to allow the community to expand as freely as possible on the situation as they see it. It is not a teaching session and there should not be a fixed agenda.



2B Drama

This is a valuable way of finding out about traditional beliefs and practices in the community and again should be organized in an open ended way with no fixed agenda. You may ask the group to act out a common problem in the community within a certain time frame, say five minutes. You should then follow this up with a discussion on the exact nature of these problems.

- Divide the group up into smaller groups of 5 to 8 people
- Ask the group to spend about ten minutes identifying some of the important problems in the community
- Ask them to select one of these problems and to put this into drama form to show to the larger group. The short drama should only last about five minutes and does not have to have a conclusion. Explain to the group that the purpose of the drama is to stimulate discussion.
- Allow about fifteen minutes preparation time and then allow each group to present their drama in turn. If there are two dramas focusing on the same problem, allow these to be presented one after the other.
- Follow this with a discussion of the particular issue.

2C Pocket Charts

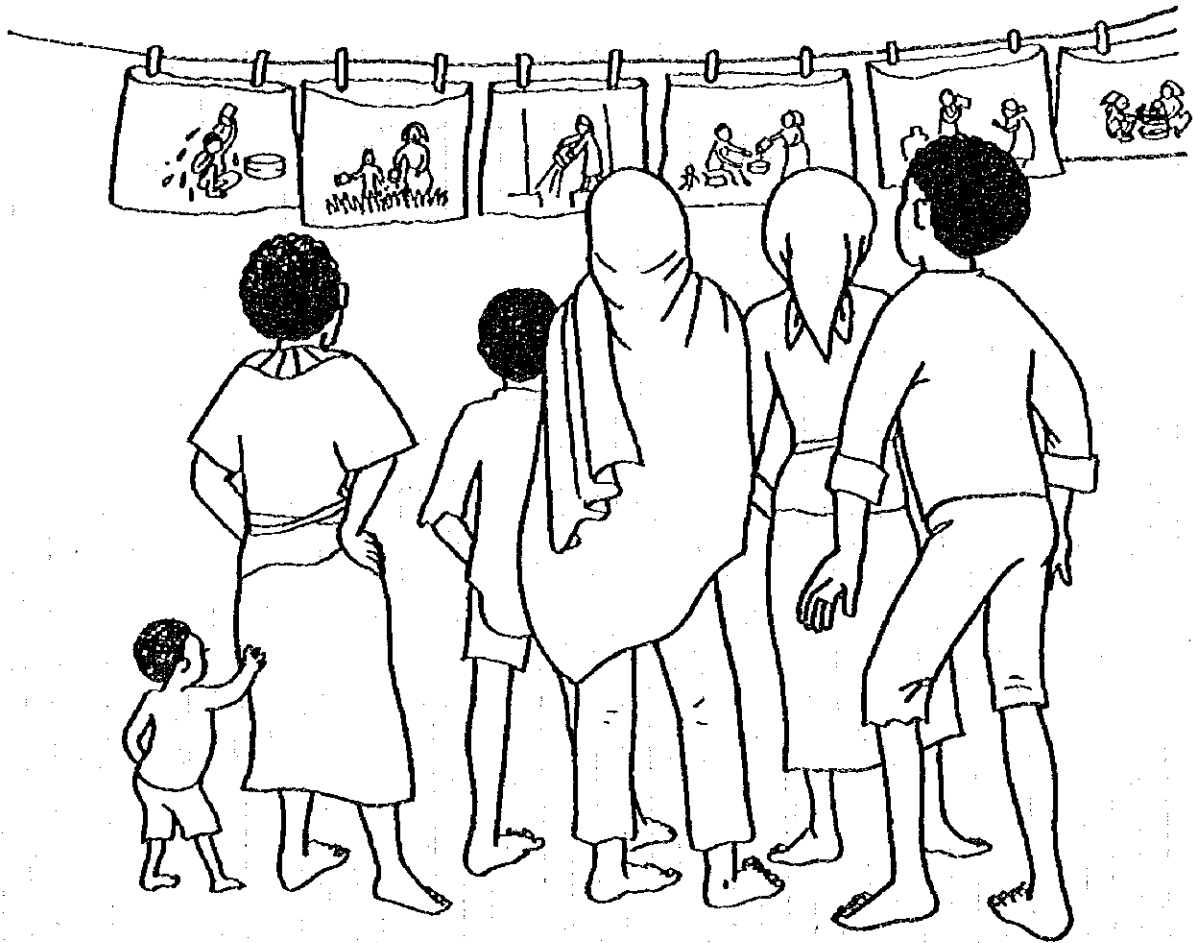
A pocket chart can be used to find out information on a variety of issues. It consists of a row of pictures depicting a common theme, such as sanitary behaviors, water use habits etc. These pictures are either pasted on bags or have pockets suspended beneath them.

- Participants are asked to vote with slips of paper or card for the issue. For example, which diseases are most common in the area, or the pictures they agree with most.
- Results are then analyzed with the participants and the findings discussed.

Alternative uses of the pocket chart include:

- Handwashing
- Defecation habits
- Types of latrine
- Ages when latrines are used
- Latrine availability
- Storage of water, containers and condition
- Water collection, use and re-use
- Food hygiene (preparation and handling of food, food storage and reheating, use of dishrack or storage of kitchen utensils, washing of pots and utensils) etc.

In order to gather some sensitive information it may not be possible to use some variations of the pocket chart in the early stages of the data gathering phase. *It is necessary to gain the confidence of the participants so that they do not feel that the information will be used to judge or condemn their behavior.*



2D Community Mapping

Maps of the community can be made depicting essential features and or problems. *Maps can be made by inviting members of the community to draw line on the ground which represent roads, paths, rivers, houses, latrines, open defecation sites, water collection points and other landmarks which the community think are important. It can also be used to identify suitable sites for new public fountains, community latrines and similar infrastructure. Sticks, leaves, stones and any other material can be used to highlight particular features. Drawing this information on the ground has certain advantages. Paper can be very intimidating especially for illiterate people and it would be difficult to involve more than a few people at a time. Working on the ground allows people to be creative and inventive. Mistakes can easily be corrected and everyone can approve the plan. Once completed the map can be transferred onto paper. The community should see this happen and check that the paper map is the same as that on the ground.*

- Explain to the group that it would be useful to get an overall picture of the community by drawing a map and subsequently keeping a record of how things change in the community over time.
- Provide participants with a variety of materials (such as pebbles, seeds, leaves and twigs etc.). Explain to the group that the map will be drawn on the ground and later transferred onto paper.
- Ask the group to begin by drawing in the major roads and landmarks in the area and then encourage their suggestions as to other important features that should be included on the map. Ensure that both men and women are allowed to participate equally.

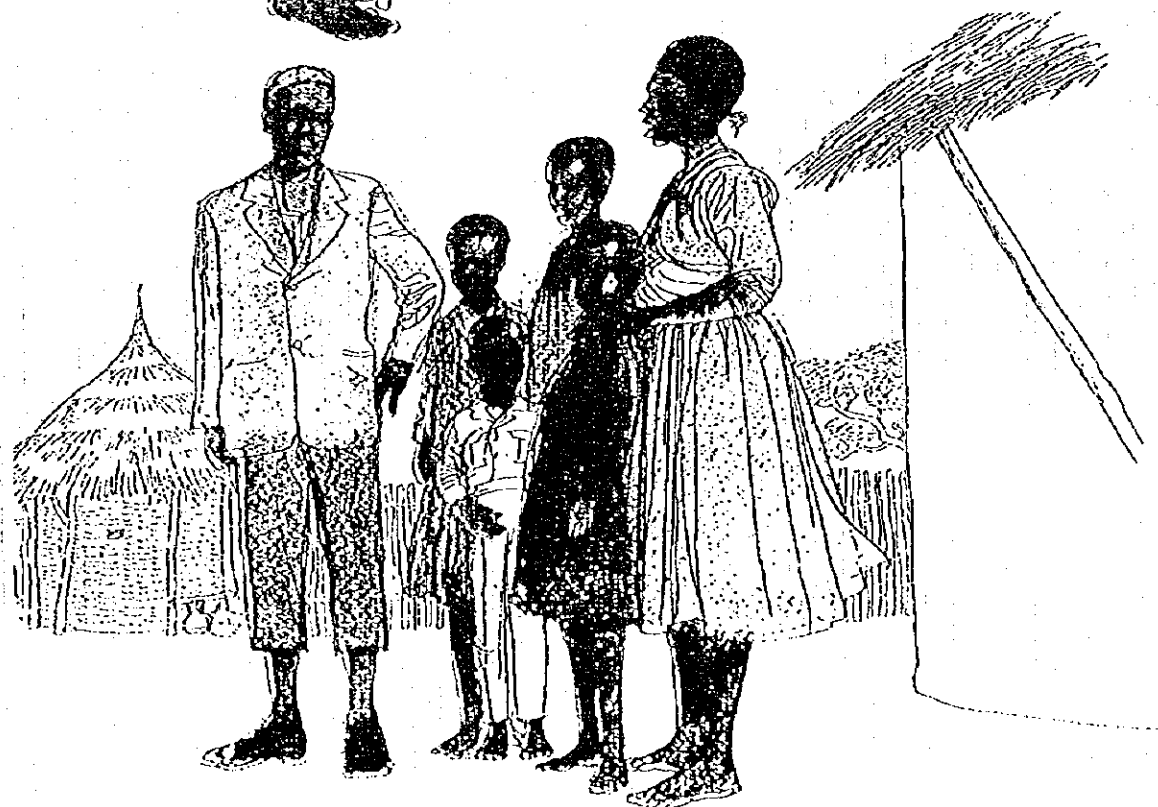
The process takes about one hour and by this stage, the process will have created a highly motivated people as well as giving you a clear idea on potential areas of conflict, key characters and local priorities.



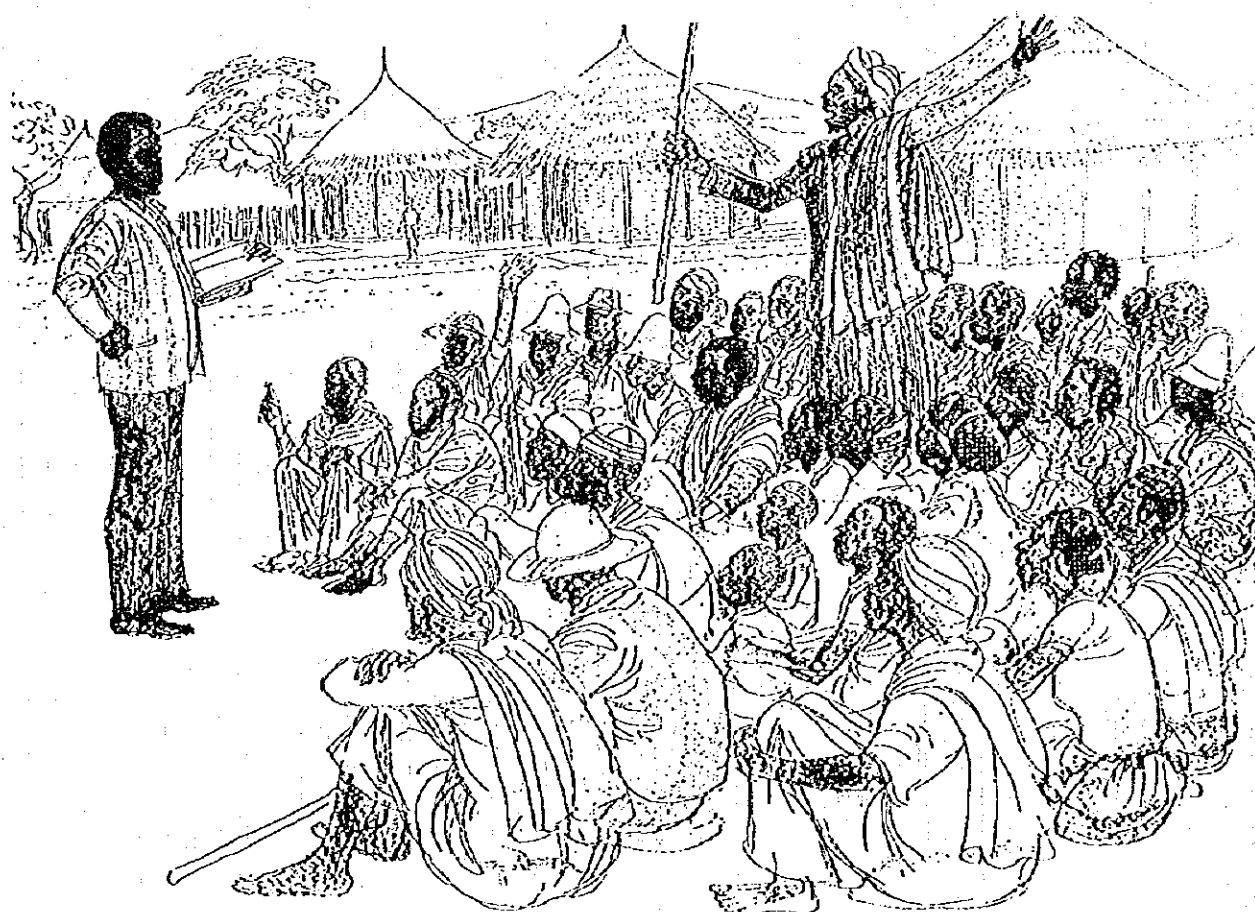
2E Unserialized Posters

Open ended pictures of dramatic human scenes are used to provoke creativity and discussion in a group session. By inviting the group to invent their own interpretation of the situation both the trainer and the participants can gain valuable insights into the community problems, priorities, attitudes and beliefs.

- Divide the participants into smaller groups of not more than six people. Give each group a set of pictures.
- Ask them to choose any four of the set and weave them into a story, giving names to the characters and community. Remind them that the story should have a plot with a beginning, middle and end. Allow 20-30 minutes for this task.
- When all the groups are ready, invite them to tell their stories in plenary session using the pictures to illustrate to the other participants the sequence of events.
- The main themes and issues in the stories should be noted by the facilitator or community member who is able to write.
- Allow the participants time to discuss the differences and similarities in the stories and the reasons for this. Encourage discussion to enlarge upon priority issues in the community.







2F Wealth Ranking

Wealth ranking can be used to define which members of a community have access to or control over important economic resources including access and control of water and sanitation. Wealth status affects almost all aspects of life. *The community should be people who live near each other or neighborhood leaders within a town.* All should know each other well. Wealth ranking can also be done to compare communities, i.e. neighborhoods within one town.

Decide which community or set of neighborhoods to sample. Then agree with them a definition of wealth and a definition of either household or neighborhood. Then prepare a list of household heads or names of neighborhoods, writing each one on numbered paper or index cards.

Choose an informant and arrange a suitable time and place to meet them. Discuss with them the purpose of the exercise, i.e. how rich are different from poor in the area and have different problems, and the definitions for rich and poor and for households (or neighborhoods). Clarify the outcome by asking them to give an example of one rich or one poor household (or neighborhood).

- Give the informant cards with the names or symbols of each household or community. Explain that the informant should put the cards in as many piles as they like, but that the piles should represent household (or neighborhoods) which have a similar level of wealth status.
- Review each pile with the informant. If more than 40% of the cards are in one pile, ask them to divide the pile into more piles. When the informant is satisfied with the piles, write down the household (or neighborhood) numbers in each.
- For each pile of cards, ask the informant to characterize those households or neighborhoods generally. Record the responses. Ask the respondent how these households (or neighborhoods) differ in terms of specific goals for the project.

Repeat the exercise with two or three more informants.

The results need to be calculated. Write down the household (or neighborhood) numbers in a line. Write the score for each informant. The calculation is then to multiply the number of cards in a pile by 100 and then divide that by the total number of piles. Pile Number 1 would be the richest, and the last pile number would be the poorest.

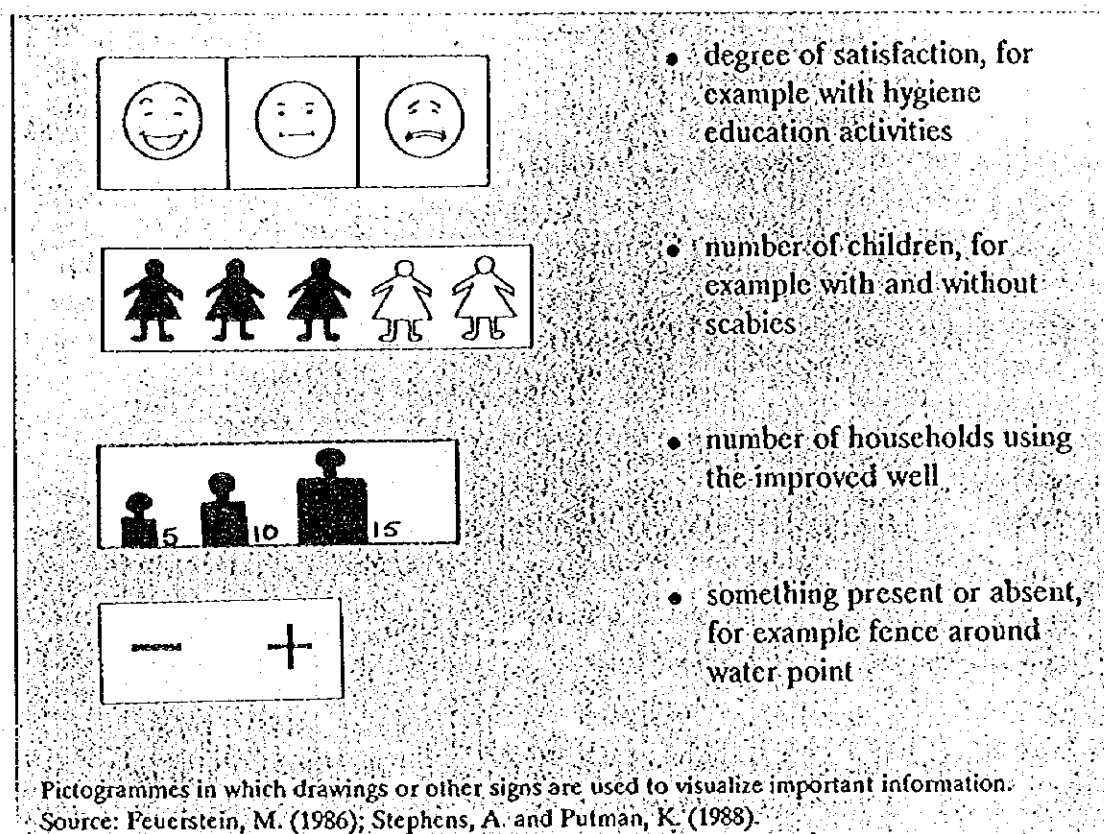
These scores should be averaged for each household (or neighborhood) as a total of its scores divided by the number of its scores. A household (or neighborhood) must have two scores to be included. Write the average score for each household in large numbers on the index cards. Put the index cards in order from highest to lowest average score (richest (nearest to score of 1) to poorest (nearest to score of 100)). Copy on a sheet of paper the position number, the average score and the household number. *Divide into three groups of near equal size. These represent richest, average and poorest.* Where it is hard to divide

into three equal size groups, it is better to have slightly smaller groups for richer and poorer households or neighborhoods.

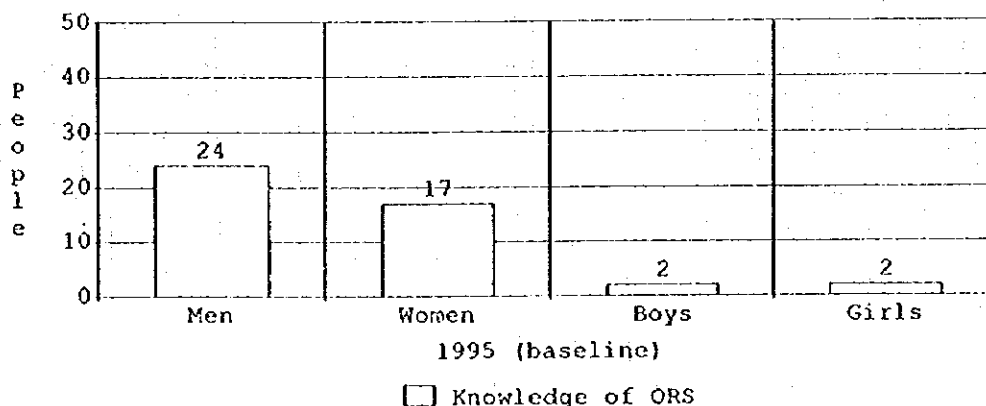
The results can then be used to compare access and control of resources, including those which affect sanitary behaviors with wealth.

3 Using the Information

Once you have found out sufficient information, you can begin to plan your sanitary education activities. This should also be done in collaboration with the community. As a first step you might like to collate the information that was gathered and present it to a village meeting. You could do this by using symbols or charts such as the ones shown.



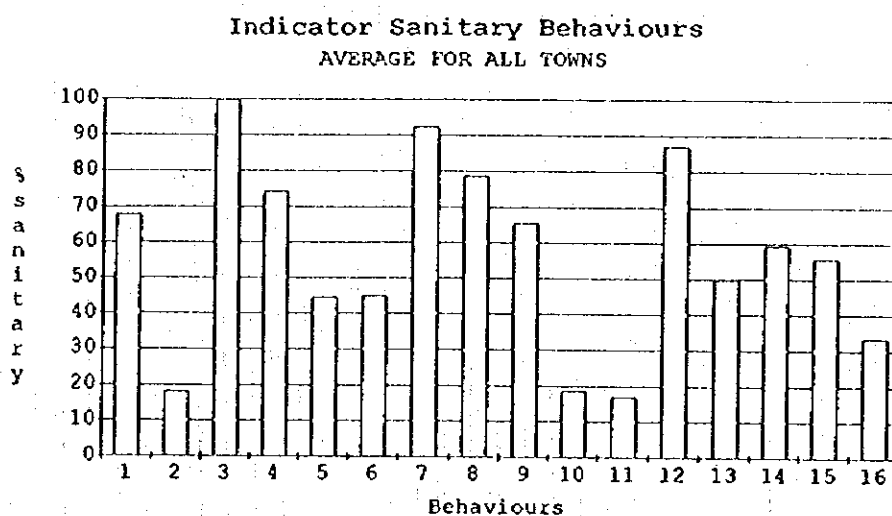
Bargraph showing ORS Knowledge
Results by age and gender - Dupiti



From this example you might feel that although some men in Dupl1 know how to make ORS, the girls under 15 years mostly do not know. If girls are generally the ones at home looking after their younger sisters and brothers, then you might want to target them with sanitary education on ORS preparation.

After you have undertaken the sanitary education sessions, you can monitor again to check that the situation has improved. If it has not then you have not succeeded and must try to change some part of the sanitary education process. By sharing this whole process with the community, they will share the responsibility for making the sanitary education effective and will be able to analyze why things did or not improve together with you.

Charts with sanitary behaviors found at the time of the Eleven Centers field survey were included with the main report given for each town. This chart shows you what the situation was generally like for all of the Eleven Centers in 1995. It suggests some areas whose improvements would be beneficial.



No.	SANITARY BEHAVIOURS	TOTAL SCORE
1	Access to piped water	72
2	Use piped water supply always	14
3	Covered water container	109
4	Water scoop kept off the floor	79
5	Handwashing with soap after defecating	46
6	" after handling childrens stools*	46
7	Covering cooked food during storage	100
8	Not eating unwashed raw fruit and vegetables	86
9	Kitchen utensils stored off the floor	70
10	Rubbish buried or burned	16
11	Wastewater disposed in pit/drain/veg. garden	18
12	No animals kept in the house	94
13	Home not infested with flies	51
14	Latrine in use by household	64
15	Latrine in use by all household members	59
16	Infant's excreta disposed of in latrine*	34
TOTAL SCORE FOR SANITARY BEHAVIOURS		958

Priority Level, Type of Behavior and Blocks to Improved Practice

Priority Level	Type of Behavior	Blocks to Improved Practice
High	Piped water used always	Piped water not always available in sufficient quantities (WSS role) and not available when required by people (WSS role) at sites convenient for collection (WSS role)
High	Solid waste disposal in covered pits or burned	Sites not allocated for public waste disposal sites or not managed strictly (Municipality/Woreda role) Individuals must be informed of where they can dispose of waste (Municipality/Woreda role) and shown safe disposal techniques (CPP/all)
High	Waste water disposal in pits, drains or vegetable gardens	Drainage insufficient for all towns, and disposal into drains not strictly managed (Municipality/Woreda role) Individuals must be informed of where they can dispose of waste water (Municipality/Woreda role) and shown safe disposal techniques (CPP/all)
Medium-High	Handwashing after defecation	Personal hygiene (all) made more easy by making access to water and soap/ash nearer to the latrine (women's role) and by improving the status of the improved Behavior (all)
Medium-High	Handwashing after handling children's stools	Personal hygiene (women, boys and girls roles) made more easy by improving access to water and soap/ash nearer to latrine (women's role) and improving the status of such Behavior (all's role)
Medium-High	Fly Control	Associated with climate but also related to solid and liquid waste disposal and excreta disposal (Municipality/Woreda/All role) Behaviors like covering of food and water pots during storage should be maintained (CPP/All)
Medium-Low	Access to Piped water	Improved access and level of piped water supply (WSS role) all use water but this depends mostly on opening times, location of supply sources and to a lesser extent to price (Women/girls role particularly)
Medium-Low	Water scoop and kitchen utensils kept off the floor	Domestic hygiene (women's role) although facilitated by shelf or similar available in kitchen to keep utensils on (women and men's role) Construction of such shelves to be promoted (CPP)
Medium-Low	Latrine coverage for all households	Latrine availability to be increased - Public Latrine construction and maintenance (Municipality/Woreda role) - Community/private latrine construction and maintenance (WSS/CPP/ALL role) easier with examples of low cost latrines/loans for latrines (WSS)
Medium-Low	Latrine use by all household members	Where there is a latrine, generally all household members use it. This should be encouraged and status of latrine users promoted (All)

It should be left up to the community to decide on whether they would like to take part in some sanitary education sessions, who should attend and where they should be held. It should be stressed that because the effect of training sessions depends so much on the participation of each member that there must be a limit on the number of people attending. No more than twenty people should be part of each training session, the actual number being dependent on the resources available.

This manual contains some ideas for conducting sanitary education sessions but the selection of the program is up to the individual facilitator and will depend upon the results of the baseline survey, the resources available and your own inventiveness. *The activities can be adapted to different situations and wherever possible names and details should be changed to make them relevant to different cultural groups.* When working with groups where visual literacy is low, it may be necessary to discuss the interpretation of the images beforehand and adapt these if necessary.

4 Learning Styles

The methods used in this training manual require the active participation of learners and the style of learning may not always be familiar to the group. Some explanation of the psychology of learning and of adult learning in particular may be necessary.

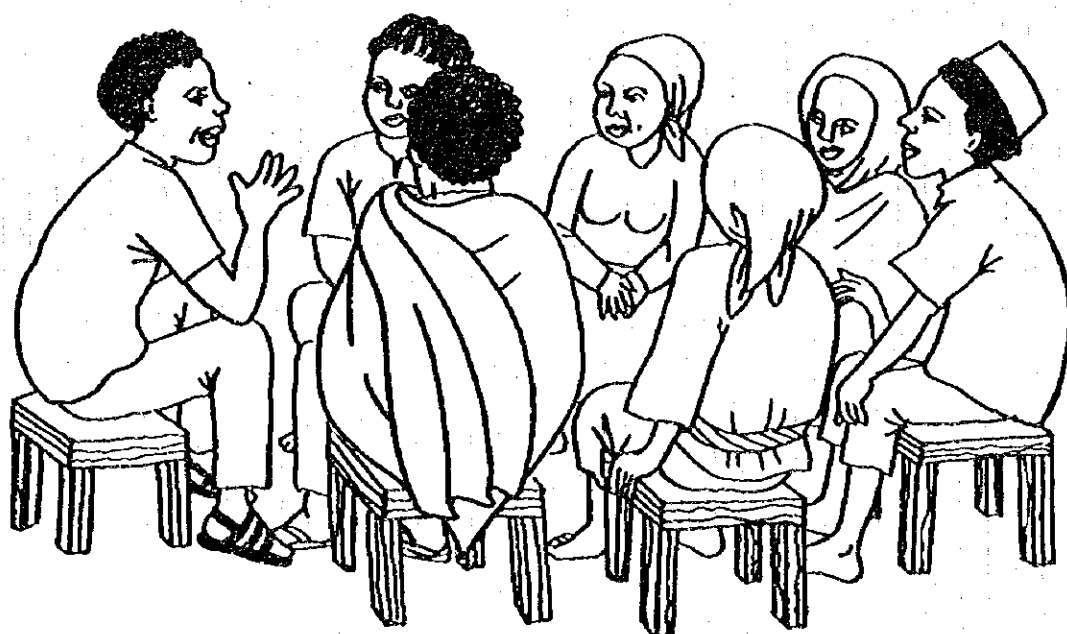
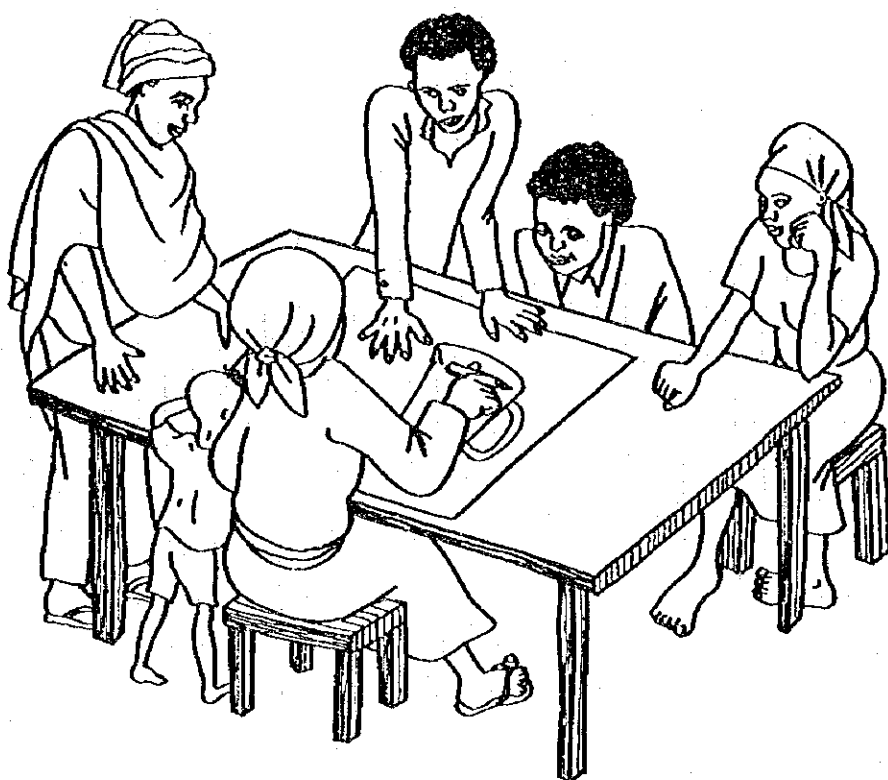
- As adults grow older their memories weaken but their ability to observe, think and analyze improves. In adult education, all are learners and teachers, so discussions are very important in the search for knowledge together.
- People learn best in cooperative, rather than in competitive situations. A group together has so many more ideas and skills than an individual.
- Adults should be respected as they have a wealth of experience, skills, ideas, energy and creativity. Show them respect by enabling them to participate fully in the learning process as equals.
- Adults have a lot of experience, and learn much through experience. All new learning is based on what they know already.

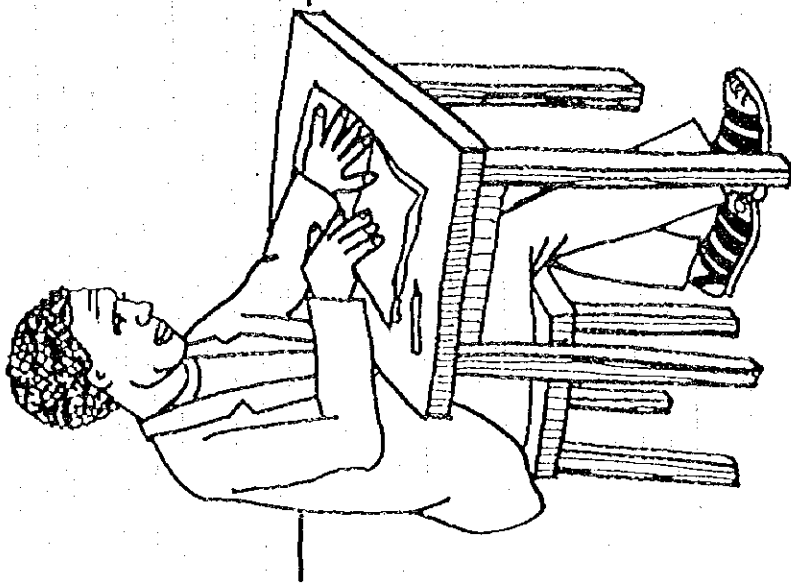
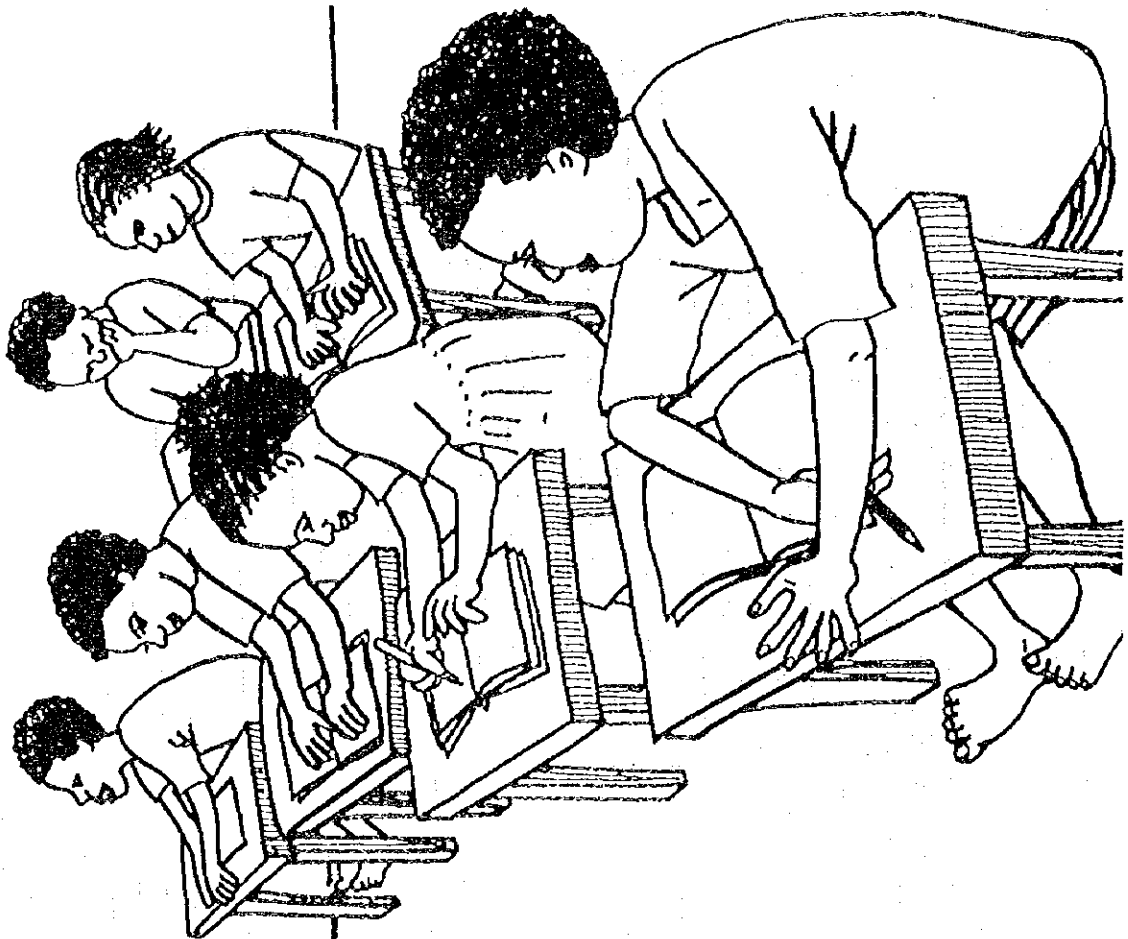
The following activities may prove useful

4A Exploring Styles/Effectiveness of Teaching Methods

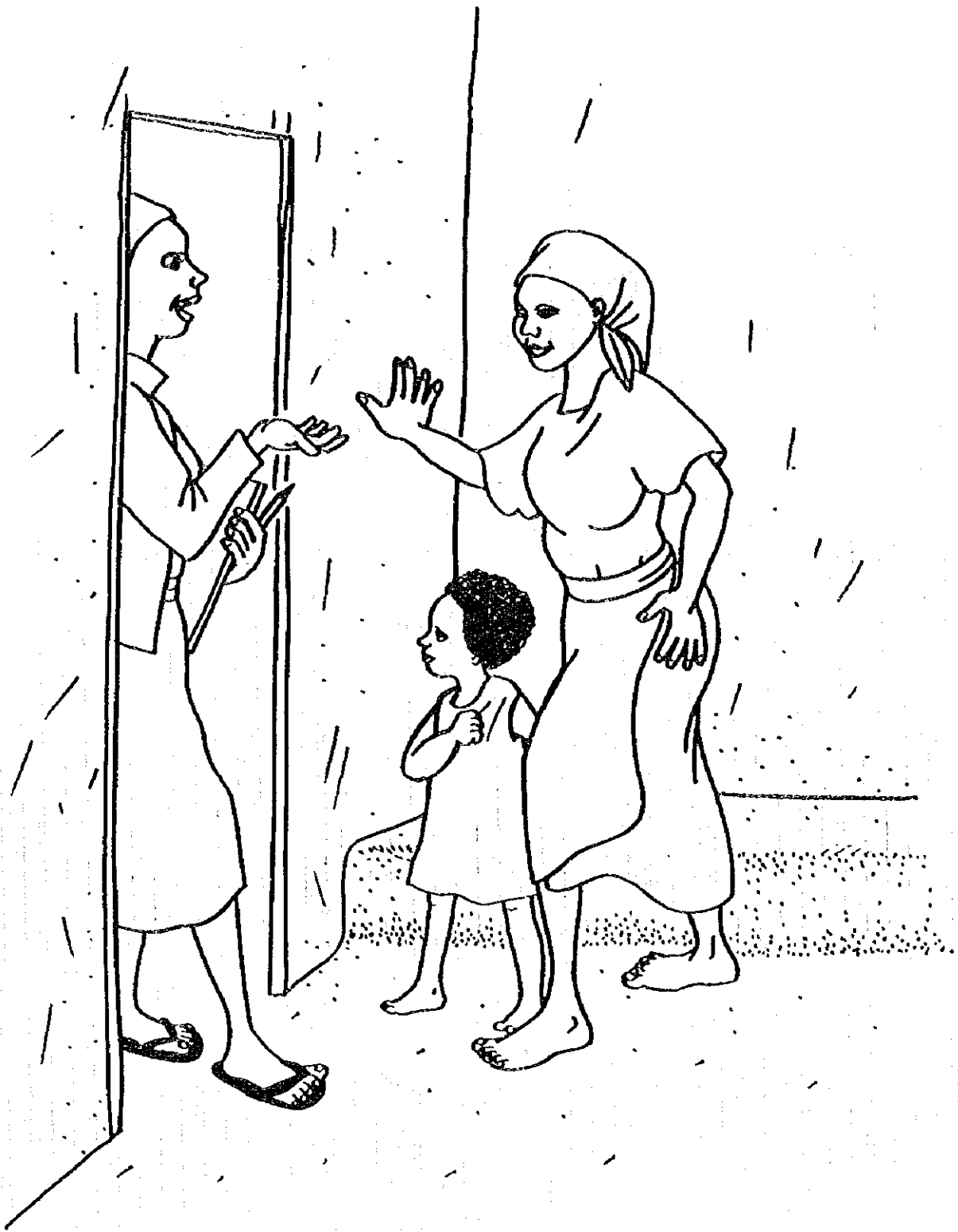
At the end of this session, participants should be able to distinguish between didactic and collaborative learning styles and identify the necessary requirements for effective adult learning.

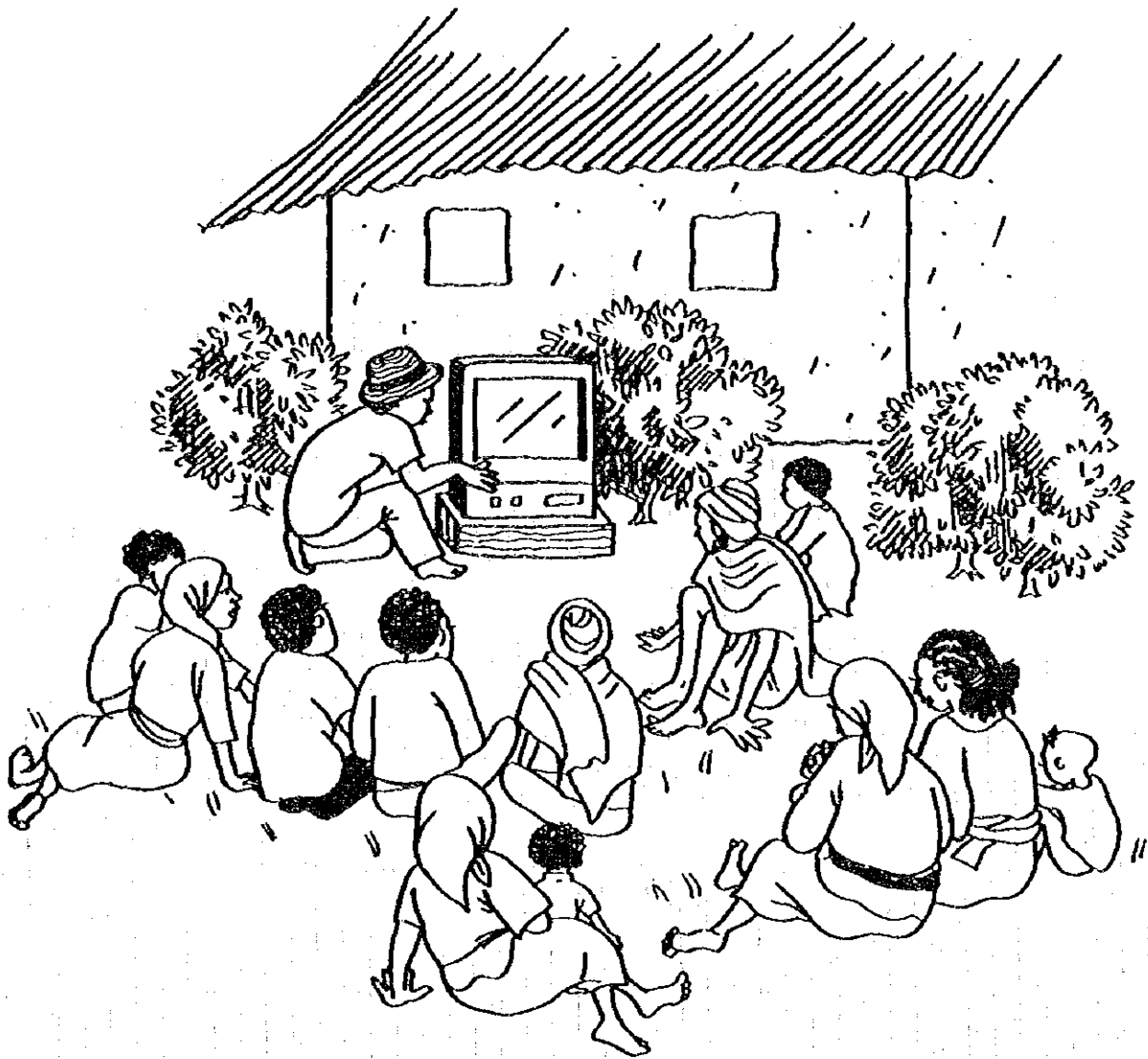
- Divide the participants into small groups and give each group a set of the following pictures
- Ask each group to select three pictures that they feel represent the most effective method of learning and communication. They should also select the three pictures that represent the least effective method of communication.
- Ask each group to discuss the reasons for their choices within the group. After fifteen minutes discussion within the group, ask the groups to stick their choices on a board or wall with the most effective pictures on one side and the least effective on the other.
- Ask the groups to give reasons why they chose particular pictures and discuss their choices.

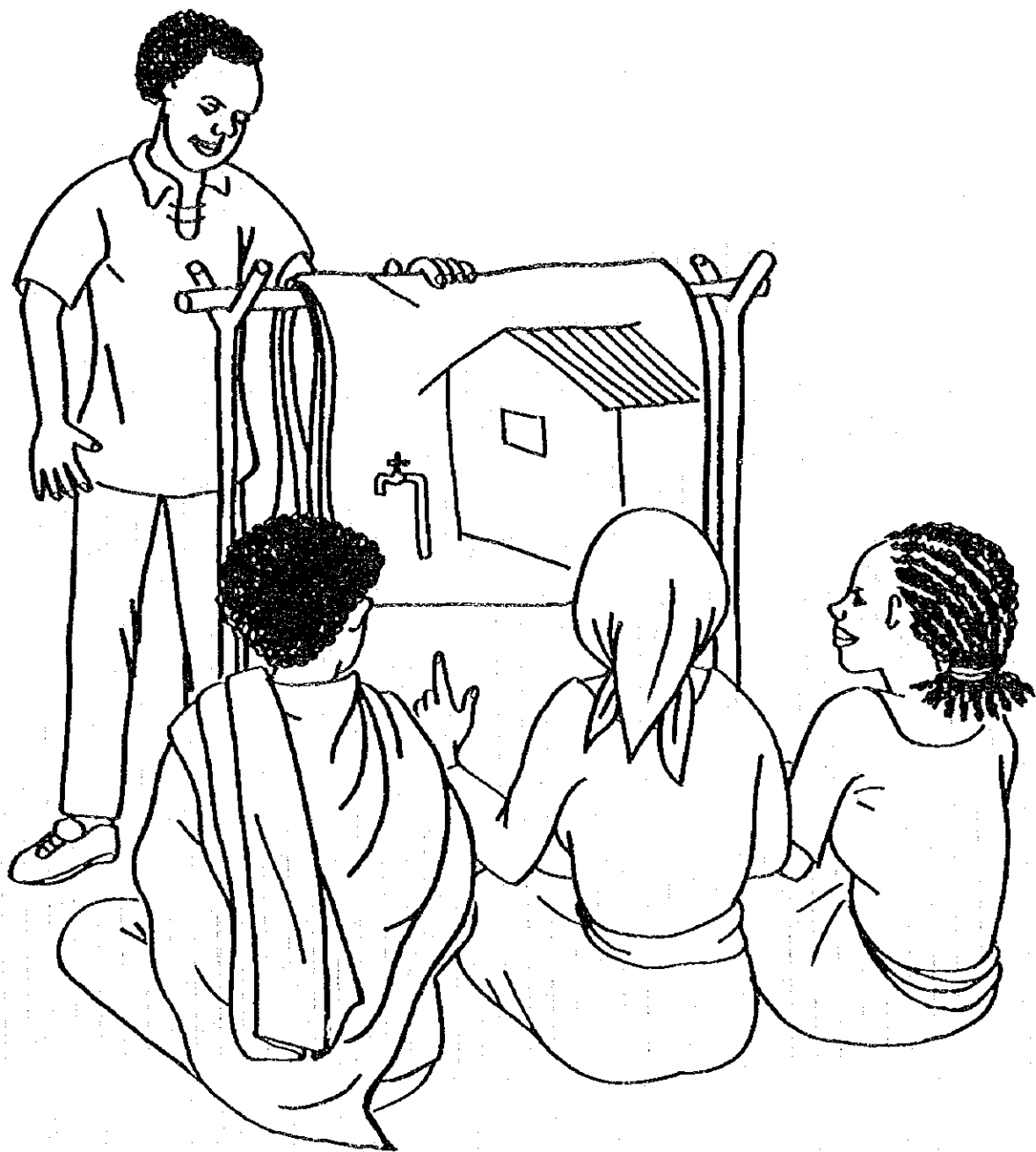


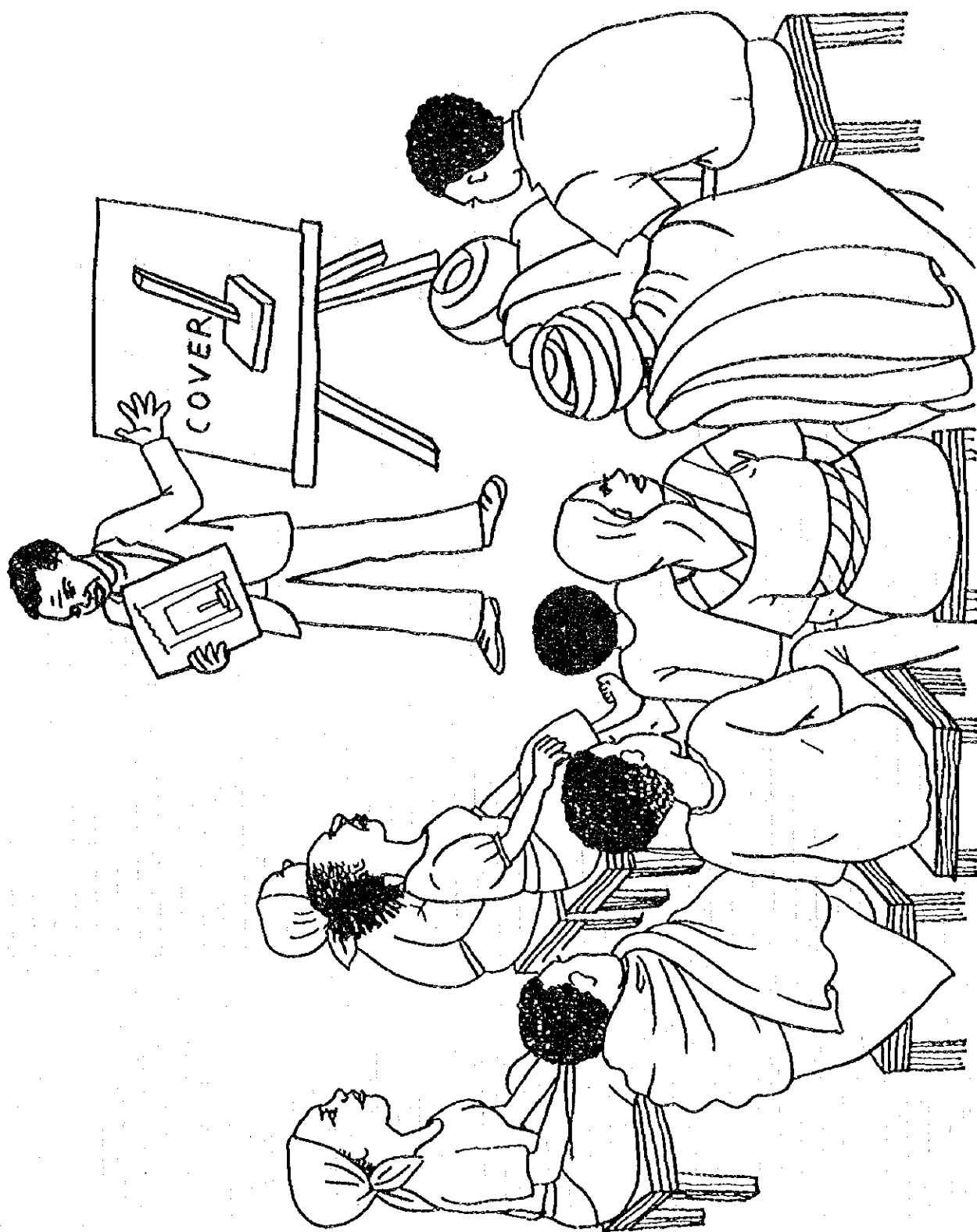












4B Exploring Adult-Adult and Child-Adult Interactions

The purpose of this session is to show participants the difference between didactic and collaborative teaching methods and know some of the important conditions necessary for adult learning to take place.

- Ask for some volunteers in the group to act out a short scenario in which a child is being told off by her mother for taking a long time to fetch water.
- Whilst the volunteers are preparing the short role play ask the rest of the group to consider how the mother might respond and how the child might react.
- Watch the play, then ask for comments on the role play and the behavior of both parties.
- Ask the group how they would react if another adult were to tell them off in this way. Ask them if they can recall any examples of this happening and how they reacted.
- Ask the group to imagine alternative ways of responding to an adult who is doing something that is thought to be wrong.

5 Sanitary Education Activities - Small Groups

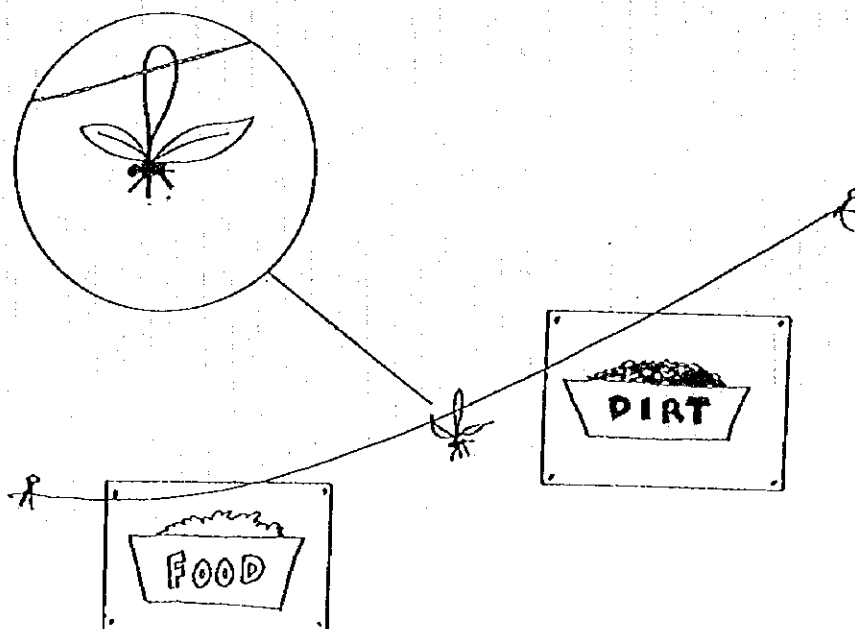
The sanitary education activities included in this manual have been tried and used in many other countries and have been felt to be effective. These techniques are explained below. In the manual there are many illustrations. Some of the sanitary education activities and the illustrations have not been used before in Ethiopia. *Before using the sanitary education activities and the illustrations, some degree of pre-testing is necessary.* This will make sure that misunderstandings do not occur between you and the community. Before using the materials, try them experimentally first with friends or colleagues, preferably those from a similar social and cultural background to those you will be using the materials with. If people have problems in understanding, you should adapt that part before using it with the community.

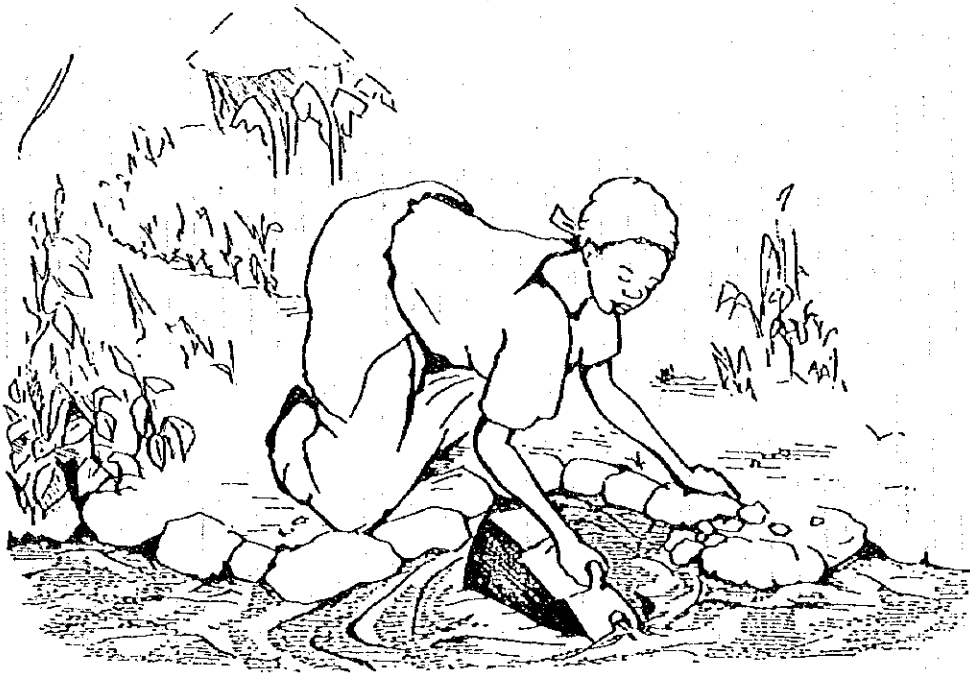
5A Routes of Transmission

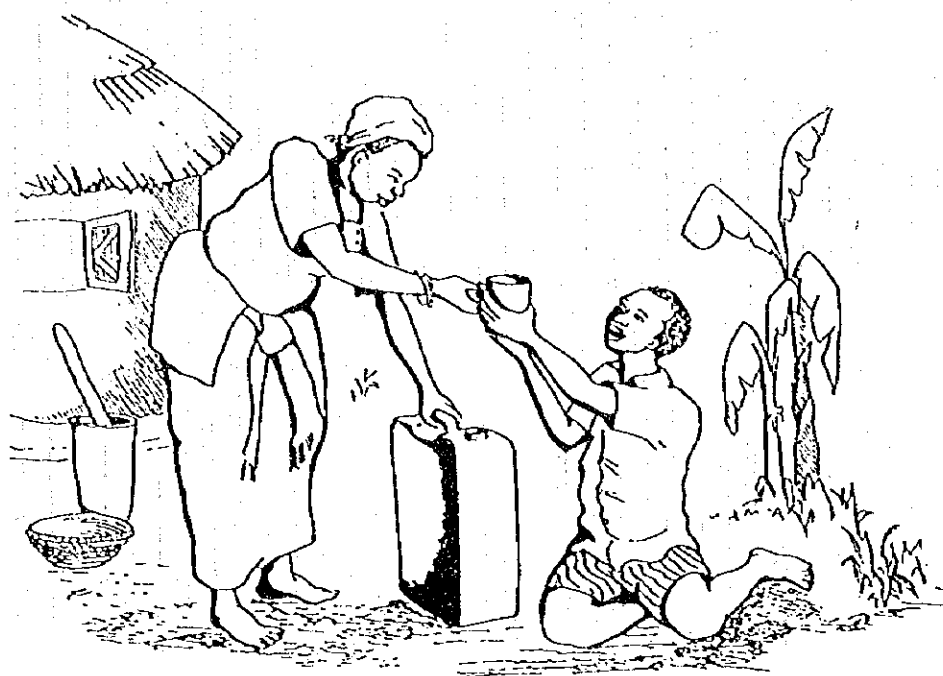
The purpose of this session is to draw on the participant's knowledge about the transmission of disease using a problem solving approach. At the end of the session the participants should be able to describe the transmission routes of common water and excreta related diseases and list ways of interrupting the transmission route.

- Divide the group into smaller groups of five or six people. Present each group with a set of randomly ordered sequence pictures.
- Instruct the groups to sort the pictures to form a sequence of events or story depicting how diseases are spread.
- Facilitate the process by asking groups to justify their choices.
- Allow the groups to come to their own conclusions before discussing the results with the whole group. Ask the group to think of ways in which the transmission could be prevented.
- Lastly, ask the group to think about who should be responsible for taking such actions.

Note - This activity could be followed up by a teaching session on the spread of disease using the examples given. A simple explanation of "unseen germs" may be necessary. If a magnifying glass is available this may help learners to grasp the idea of how a microscope works. Actual demonstration of transmission routes using pots of water, food, hands and small pieces of paper to represent flies or germs may also be useful. Traveling posters using model flies on strings to pass between food and dirt or excreta can also be very effective.







5B Using Drama (a)

The purpose of this session is to give participants the opportunity to examine ways of preventing the transmission of disease and the potential constraints that might stop people from accepting new ideas. At the end of the session the participants should be able to describe some of the main routes of transmission and the ways in which the path of transmission can be interrupted. They should also be able to explain why it may be difficult for some people to change their practices in order to prevent disease.

- Ask each group to act out a different transmission route sequence from the previous activity and to invent the subsequent scenario of how the cause of the problem is discovered and what actions might be taken to prevent the illness occurring again.

- The dramas should last between five and ten minutes.

- The group should also try to include reasons why the preventive measures might not be accepted. e.g.

Son: "The teacher said in school today that we should make sure that when we go to the toilet that flies can't walk on the excreta and then walk on to our food"

Mother: "How do we do that?"

Daughter: "The teacher says we should have a cover over the hole in our latrine to stop the flies getting in and that even when our baby brother excretes, that we must put this in the latrine and then wash our hands with soap"

Mother: "And how does the teacher think I am going to build a latrine lid and have the time to clear up my younger son's excreta and put it in the latrine and use our precious soap to wash my hands so often?"

- And so the drama could continue. It could end unresolved. The important thing is to discuss with the whole group some of the constraints to taking preventive action and ways that these can be overcome.

5C Using Drama (b)

The purpose of this session is to discuss some of the ways in which some of the blocks to improved sanitary behaviors might be solved. Participants at the end of the session should be able to describe some of the problem situations that are common in their community and identify some of the ways in which those problems might be tackled.

- Divide the participants into smaller groups of about five or six people.
- Present each group with one of the following titles for a drama or if they prefer they can invent their own title.
- Ask the group to invent a short drama focusing on a particular problem in their community which is evoked by the drama title. The drama should last between five and ten minutes.
- Instruct the group to leave the situation unresolved and to end the drama on a critical note so that the audience can then discuss what happened next and how the situation was resolved.

As the facilitator you should try to draw out some of the links with water and sanitation.

Suggested titles

What this town needs is a ...

Many wives make light work

The bag of sorrows

Why is Ali sick?

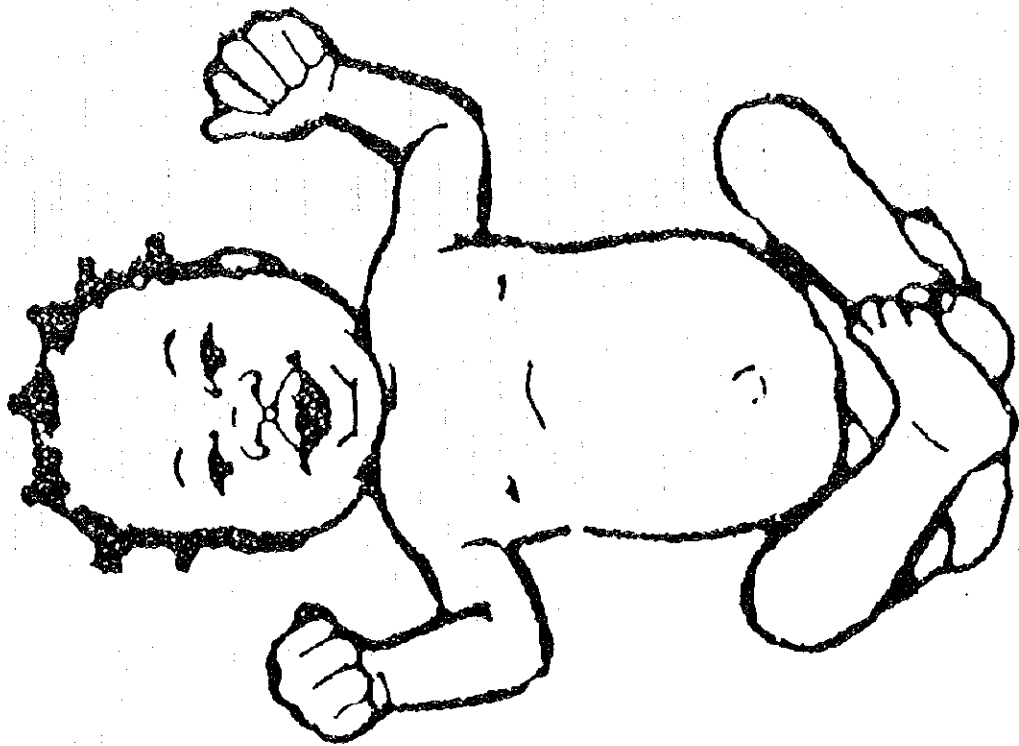
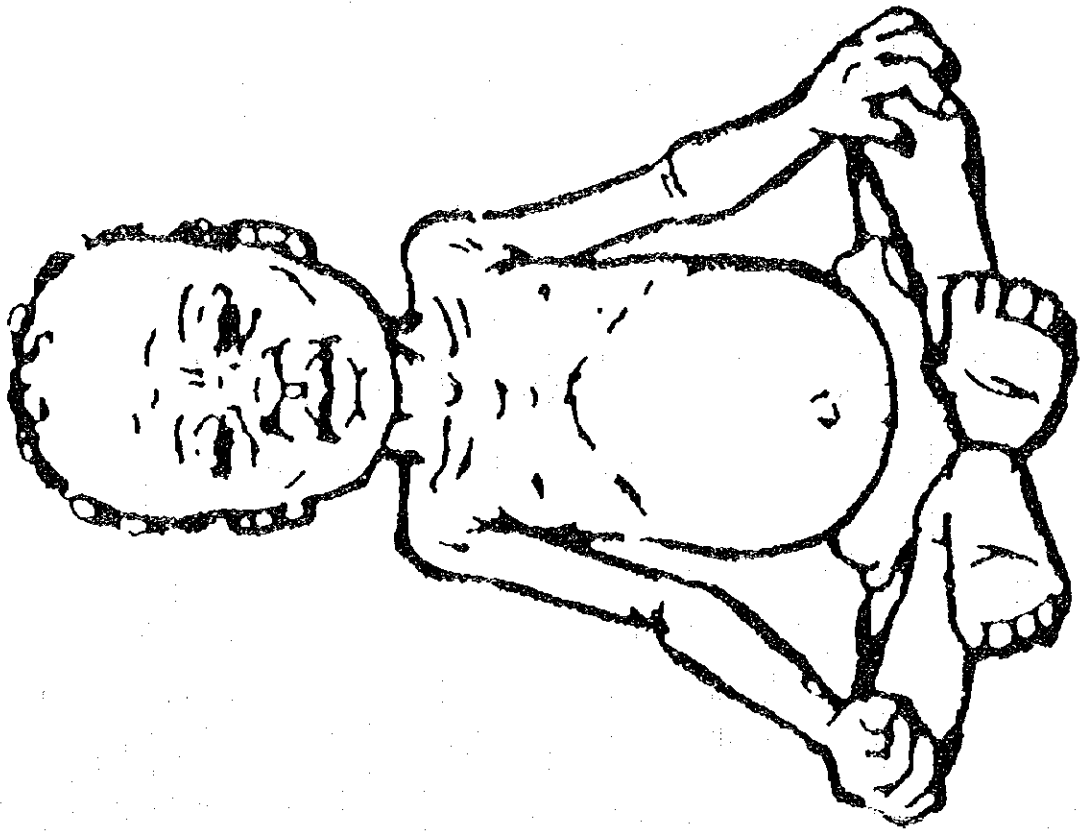
No more school

5D Healthy Baby

The purpose of this activity is to allow participants to examine some of the good and bad sanitary practices which may be common in their community. At the end of the session the participants should know the good practices which are common in their community which keep a baby healthy. They should also be aware of the bad practices which are common in their community which can lead to disease.

- Place the two pictures of babies on a board or wall in front of the participants.
- Divide the group up into two groups. Then present each group with a set of randomly selected "unhealthy" and "healthy" pictures.
- Ask the groups to decide which practices lead to an unhealthy baby and which to a health one.
- Ask one or two people to represent their group's findings in plenary describing the practice that was raised by the picture and affixing it under the appropriate baby.
- Ask participants how common these practices are in their community and whether they can think of any others which could be added to the list.

Note—Ideally the facilitator should have discovered any other practices during the baseline survey and drawn pictures to represent them before the session.



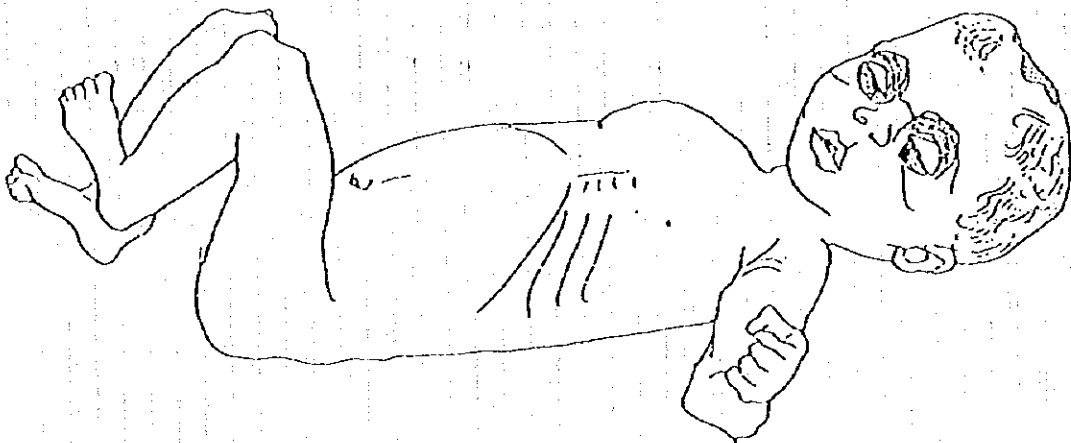
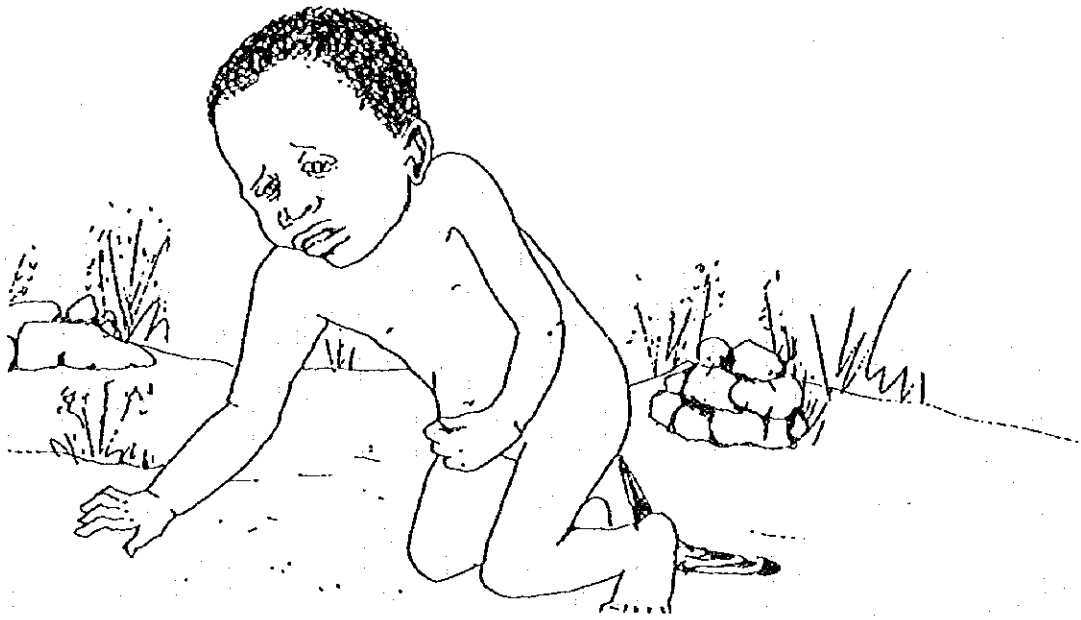
5B Diarrhea Treatment

The purpose of this session is to ensure that the participants are aware of the most effective treatments available for diarrhea. At the end of the session participants should be able to list the diseases that can be treated with ORS and be able to make up ORS using appropriate ingredients in the correct quantities.

- Place a picture of a child with diarrhea on the wall and invite participants to list the different diseases that the child might have. There might be several local names that the local community give, e.g. diarrhea with or without blood may have different names as may diarrhea with different consistencies. There may also be other diseases where diarrhea is one of the symptoms e.g. measles, malaria, typhoid etc.
- Ask the group to discuss what might happen to a child with frequent diarrhea.
- Place the second picture of a dehydrated child on the wall and invite participants to describe the appearance of the child.
- Place a dried/dead or wilting plant in front of the participants to show what happens to other living things when they do not get enough water to drink. Invite comments from the participants.
- Explain to the group that a child who loses a lot of water may die in the same way that plants die when they don't have enough water.
- Ask the group what treatments they would give to a person with diarrhea. Which of these treatments give water back to the body?

Emphasize to the group that at the first sign of diarrhea a person should be given extra drinks or watery foods. If there is no improvement and the diarrhea continues a special drink known as ORS should be made up.

Demonstrate the preparation of ORS and allow participants to make this up for themselves in smaller groups. (The recipe is described in the illustrations at the back of the manual.)

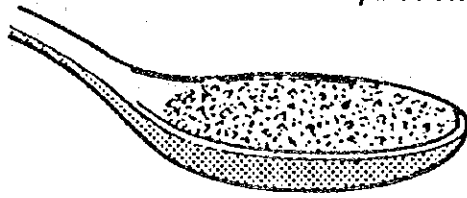


5F Review of ORS - The Ingredients Game

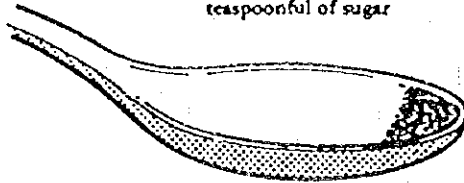
The purpose of this session is to review the knowledge about treatment of diarrhea. At the end of the session the participants should be able to list the correct quantities of salt, sugar (or flour) and water necessary for preparing ORS and describe other ways of helping to treat diarrhea.

- Ask the group what method they use for treating diarrhea and discuss the advantages and disadvantages of the various methods.
- Divide the participants into small groups and give each group a set of ORS cards.
- Each group should then shuffle the cards and deal out three cards to each person. The remainder of the cards should be placed face down within reach of each member of the group.
- Each person then looks at their own cards. The aim of the game is to be the first one to get a set of cards which represent the correct ingredients for making up ORS.
- Each person in turn should then take a card from the central pack and decide whether the card is useful or not. If they decide that it is more useful than others in their hand, they can take the card, but must throw down one from their own hand and put it at the bottom of the pile instead.
- Whenever a participant has the necessary ingredient cards they should call out something like "full house" and lay the cards in the center of the group, face up. Other team members should check the cards to make sure that the ingredients cards are correct. If correct they announce that participant the winner.

Oral Rehydration Solution

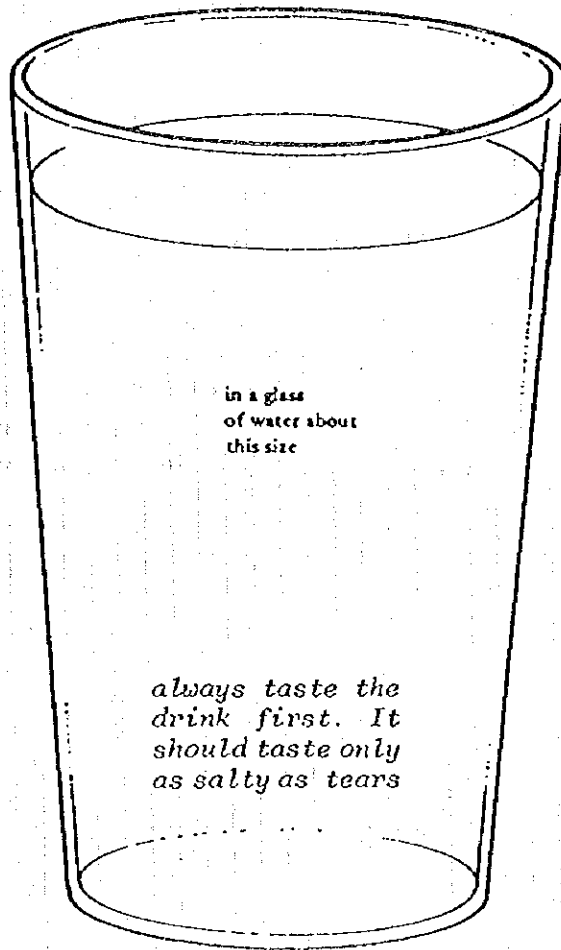


one level
teaspoonful of sugar



SALT

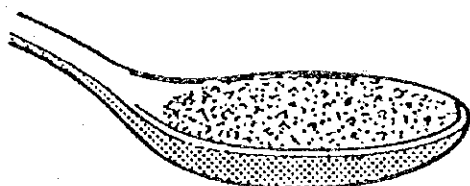
a little salt
at the end of a spoon



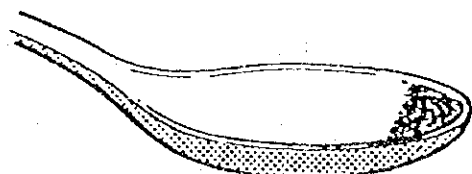
in a glass
of water about
this size

*always taste the
drink first. It
should taste only
as salty as tears*

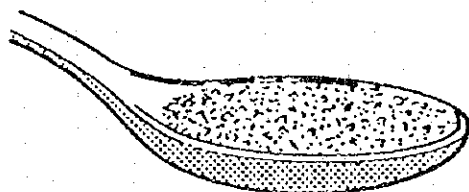
The Ingredients Game



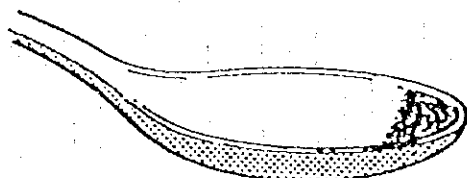
one level
teaspoonful of sugar



SALT
a little salt
at the end of a spoon

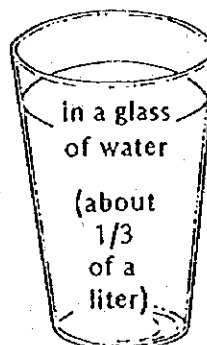


one level
teaspoonful of SALT



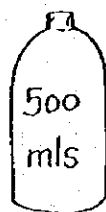
a little sugar
at the end of a spoon

You will require two of
these sheets for every three
players.



in a glass
of water

(about
 $\frac{1}{3}$
of a
liter)



+



IN
1 LITRE
OF
CLEAN
WATER

Cut out the cards to play.

5G Three Pile Sorting Cards

The purpose of this activity is to encourage discussion about common practices in the community and to allow the participants to explore their attitudes towards them. At the end of the session the participants should know some of the bad and good aspects of common sanitary practices in their community, identify who might be responsible for those actions and come up with actions that they themselves could take to help to resolve those problems.

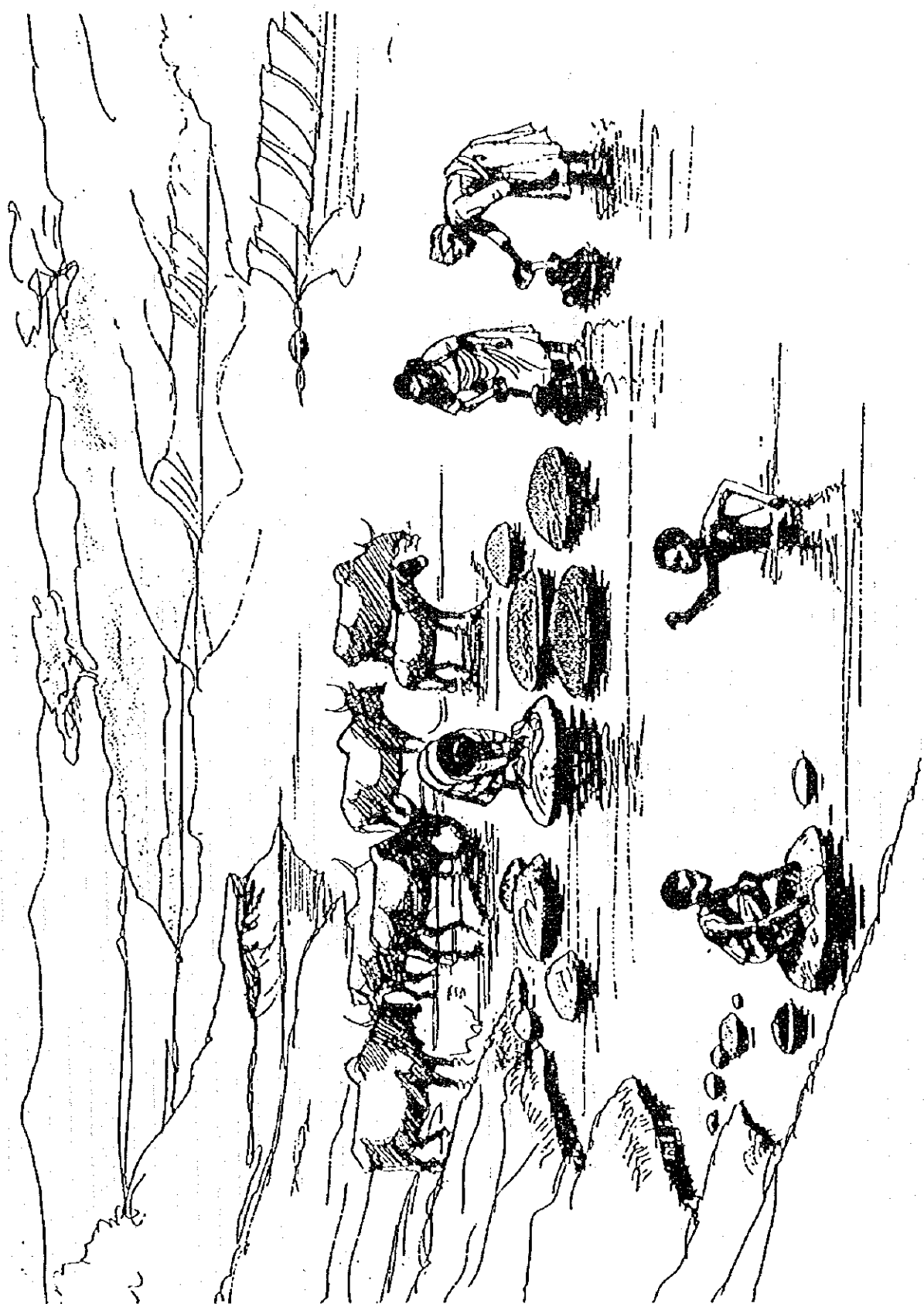
Some of the pictures in the manual can be made into small pictures to be used as cards for this exercise, or you may want to use other pictures which you have found or made.

- Divide the participants into small groups of five or six people.
- Present each group with a set of cards and ask the group to sort the cards into three piles according to good, bad and indifferent practices as regards to health.
- Explain to the group that the aim of the session is to provoke as much discussion as possible and to get the participants to analyze their different practices and behaviors with specific reference to their own community.
- Encourage the group to look at the pictures in different ways e.g. boiling water might be thought of as a good practice but what if there is insufficient firewood or firewood is very expensive?
- Ask the groups to select one or two bad practice cards that represent practices that are problems in their community and to describe the actions that would be necessary to resolve the problem. They may then try to identify who should be responsible for taking each action.
- Ask the group to consider what actions they could take to help to resolve some of these problems.

5H Problem Situations

The purpose of this session is to review in a systematic way some common hygiene problems, ways in which those problems might be tackled and the resources and constraints that might help or hinder this process. At the end of the session the participants should be able to list some of the common problems that lead to ill health, explain some of the ways in which these problems can be solved and know some of the resources that are available in their community to help solve some of these problems.

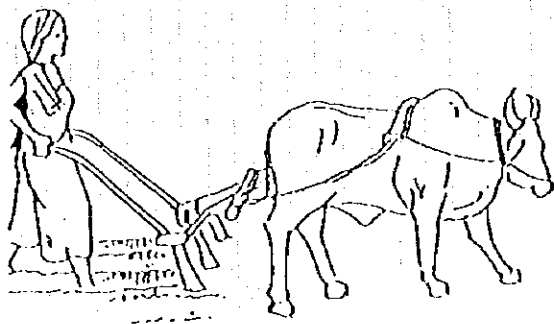
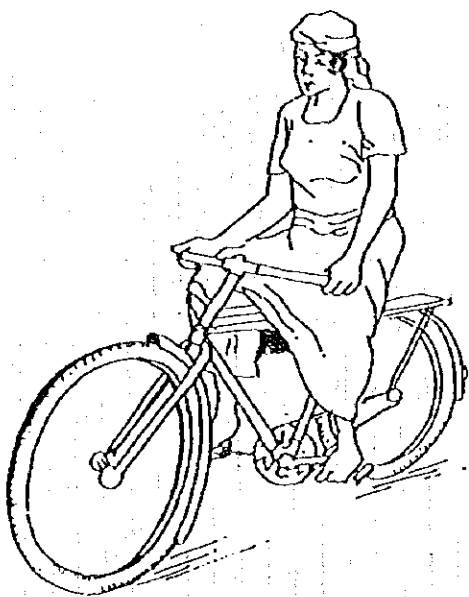
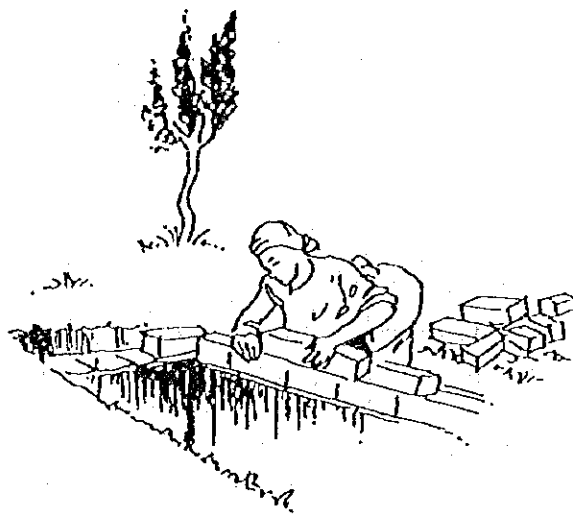
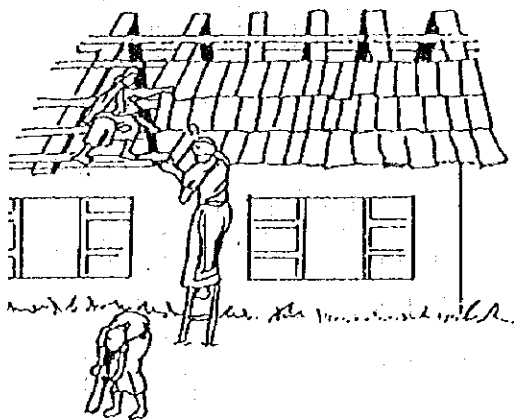
- Divide the participants into small groups of five or six people.
- Give each group one picture showing poor sanitary behaviors and ask them to identify the problems represented. Ask them to be very specific about the actual problems, i.e. not to say "lack of hygiene" but to specify "people defecating near the water source", "people not washing their hands" and so on.
- Ask them to imagine that this community represents their community and that the people in the picture are members of the actual group that they are working in. Then ask them to consider the possible solutions to some of these problems.
- Have each group feedback their ideas to the larger group on the problems and their solutions.
- Then ask each small group think of the reasons that people would give to explain why they can not solve their problems.
- Feedback to the larger group and then discuss with the whole group what resources are available to tackle some of these problems.



51 Women's Roles

The purpose of this session is to encourage discussion about the roles of men and women with a view to allowing women to be more involved in the planning and decision making for interventions associated with water and sanitation. At the end of the session the participants should be able to list the activities that men and women are involved in and how much these activities overlap, *they should recognize some of the skills and knowledge that are necessary for each activity and explain who makes the decisions that are involved.*

- Divide the participants into smaller groups. If the session has invited both men and women, ensure that there is an equal mix of both in the smaller groups.
- Provide each group with a set of activity cards. Ask the groups to sort the cards into three groups according to those activities which are usually performed by men, those usually performed by women and those usually performed by men and women to the same extent.
- Explain to the groups that the exercise is designed to encourage discussion and differences of opinion and that they should be used constructively to gain insights into how the different roles of men and women are viewed.
- Encourage further discussion by asking the groups to consider what knowledge is necessary in order to perform each task and what decisions must be made before each task can be performed.
- Finally ask the group to consider who is responsible for deciding about each different activity.



5J Case Study

The purpose of this session is to look at some of the ways in which sanitary education programs may fail to encourage participation. At the end of the session the participants should be able to explain why some sanitary education programs fail and decide on which criteria are important for the success of a sanitary education intervention.

- Read out the following case study to the group and ask for their comments.
- Ask the group to explain why Tessfaye's enthusiasm and new found knowledge were not enough to encourage acceptance of the program.
- Tell the group that you will read out the case study again and they should try to listen out for some of the reasons why Tessfaye experienced difficulties in getting people to accept his new scheme.
- Ask the group to consider what Tessfaye should have done to encourage people to participate.

Case Study

Tessfaye was a community participation promoter and had recently attended a workshop in Arba Minch on sanitary education. It had given him lots of new ideas on how to prevent water contamination and he was eager to pass on his new found knowledge.

As soon as he returned to work he went on a field trip to a small town called Werota. By meeting with the leaders and walking round the town and talking with the residents Tessfaye realized that only some people had latrines and even the latrines that were there were poorly maintained and dirty. Children did not use the latrines and were allowed to defecate anywhere. Very few people washed their hands with soap before eating or after defecating.

The town water supply did not work on Sundays and when the supply was not functioning, people were using water from unprotected springs and wells. Animals were grazing nearby to these sources and were likely to be contaminating them with their excreta. Tessfaye suggested to the Kebele chairman that a water committee should be formed to encourage the community to protect the supplementary water sources.

He offered to train the committee members about proper hygiene and suggested that they visit other members of the community in their homes to pass on this information. At the same time he reasoned, they would be able to identify poor sanitary behaviors and to correct them.

The committee members were fired with Tessfaye's enthusiasm and made several visits to community members in pairs and to the primary school. At the school they discovered that there were no hand washing facilities next to the new latrines. They informed the headmaster who said that he would speak to the other teachers but in fact he was not very

pleased that the committee members felt that there was a problem in the school when everyone had worked so hard to get the new latrines constructed.

After visiting a few families they found that other members of the committee had also visited them. Several families seemed to be resentful of the visitors and later complained to the Kebele Chairman that they should have been informed about the visits. They said that they did not feel it was right of the committee members to criticize them for not having a latrine when they knew that there were several members who also did not have latrines. They also wanted to know why the committee members had asked them questions about when they used soap and water to wash their hands.

When Tessfaye returned to Werota town he organized a meeting with the committee and was surprised to find how demoralized they all were after having left them in such high spirits. They explained what had happened. The chief, who was also at the meeting suggested that perhaps they needed to hold a general meeting with the whole village to discuss the problems in the village and to try to find out some of the solutions by working together.

5K Using Stories

The purpose of this session is to highlight the way in which diseases may be spread by storytelling as a means of learning. At the end of the session, the participants should be able to describe some of the ways in which disease can be spread and use the framework of common stories to highlight how diseases can be spread and/or prevented.

- Read the following story to the group and follow this with a discussion on how flies can transmit disease and ways of interrupting the transmission route.
- Ask the participants to think of any other stories that they know which could be adapted to show how diseases are spread and to spend some time discussing how this might be done. Give the group twenty minutes to discuss this.
- Invite them to feedback any ideas they have to the larger group. If the group seems to be enthusiastic about using stories they might like to have more time to invent other stories for themselves.

Story

Long before the times of Solomon in the Abbsynian Empire lived a proud and foolish young prince called Nega. Prince Nega was very fond of hunting. One day he decided to ask his friend the fly to go hunting with him. You must remember that this was in the days when the fly was on the best terms with man. If only things had stayed that way!

On this occasion the fly was very pleased to accept and quickly gathered together his hunting spear and set off with the prince. They headed off towards the Forest of Sighs. On the way there they spotted a gazelle darting through the thicket. It was the fly who managed to spear it first and they both rushed to examine their prey. The prince said that they should build a fire straight away so that they might feast on the gazelle and then continue their hunt the next day.

Fly felt very proud of his skill in killing the animal and said that to make the meal even more delicious he would go into the woods to find some wild berries. He returned within a few hours imagining the sight of the gazelle roasting away on the spit and his taste buds began to water. He could not believe his eyes when he returned to see the prince and the embers of the fire. The prince ran up to his friend saying that a terrible thing had happened and that the roasting gazelle had been stolen by a wild cat who had the cheek to sit eating the animal in front of his very eyes and that was why the fly could now see the bones scattered around. The fly was most disappointed and had to content himself with the berries he had gathered. He was surprised that the prince refused to eat anything saying that he was too upset at the loss of their catch.

The next day they both arose very early and set off to hunt anew. It was not long before they saw a monkey and this time the prince took aim and managed to spear him. As they were very hungry they decided to build a fire and cook the monkey straight away. Whilst it was roasting, the fly offered to go and collect some fruits of the forest that might make their meal even more enjoyable.

On his return he found the prince sleeping by the fire but there was no monkey to be seen. The prince explained that a wild hyena had come along and stolen the roasting monkey. The prince had given chase but had not been able to catch up with the cunning old hyena. He was so tired on his return that he had collapsed and fallen asleep where the fly had now found him.

The two of them decided to continue and to see if they could track down something else. It was not long before the hyena spotted another monkey lurking in an acacia tree. He took aim and hurled his spear. The monkey dropped to the ground. The fly urged the prince to build another fire straight away, whilst he went off to look for some edible leaves.

Once again the fly returned to find that the monkey had disappeared. The prince tried to explain that a large pack of wild dogs had smelled the monkey cooking and had run off with it before he could stop them. The fly was very disappointed as by now he was getting very very hungry. So he told the prince that they should set off again without delay before it got dark.

After a short while the fly spotted the footprints of a wild boar and followed them until he saw the creature in a clearing in the middle of the forest. He took aim with his spear and there was no escape for the wretched creature.

Now this time the fly had begun to get a little suspicious of the prince and waited until the boar was almost ready and then volunteered to collect some edible roots to eat with it. This time, instead of disappearing into the depths of the forest he circled the clearing and returned to hide behind a tree. And from there just as he had expected, he saw the prince devouring the boar that was meant to be for the two of them. The fly was enraged and immediately flew off home to his family.

For days he fumed and raged and ranted and vented his anger against the prince. When he had calmed down a little his wife suggested a plan. Why did he not call together the whole tribe of flies and let them decide on what to do. As you will know, there are several billions of Mr. Fly's friends and relatives, so he called them all together and told them what had happened and how he had been betrayed. What we must do he said is to somehow take advantage of man's stupidity. You know well the way that man excretes in the open without any regard for hygiene. What we could do is to walk all over this dirtiness and then when they are not looking we will walk all over their next meal and in this way we will force them to eat their own excreta. The billions of flies who were listening all laughed, cheered and applauded this cunning plan and to this day man has forfeited his friendship with the fly and he has suffered the consequences of his greed.

6 Sanitary Education Activities - Large Groups

6A Using Films and Videos

The purpose of showing films and videos is to consider the use of entertaining mass media as a way of passing on sanitary education information. They do tend to have the disadvantage of being more entertaining than educational. Film projectors, screens and generators are expensive items of equipment but are available through WSSA. Films and videos are available on all sorts of health and development topics. Two suggestions for sanitary education in Ethiopia are as follows:

"Prescription for Health" is a film produced in Thailand by UNICEF and although not exactly depicting Ethiopian conditions is very relevant to any sanitary education program. The sound track is available in Amharic or English. *Copies of this film (as film or video) are available at UNICEF, Addis Ababa.*

"Simple steps to better health" is a video produced by WSSA/JICA for the Eleven Centers Study Team. The video shows ways in which sources of water are contaminated by poor sanitary behaviors and suggests simple measures to prevent contamination happening. The sound track is available in Amharic, Afarigna and English. *Copies of this video are available at WSSA in Addis Ababa, Bahir Dar and Assaita.*

- Choose a site to show the film or video. (Films can be shown to audiences of a few people up to as many as one thousand people at a time. If the weather permits, films can be shown after dark outside. Videos can be shown to a few people or up to a maximum of thirty people, anywhere, day or night.)
- Ask permission to show the film or video from the relevant authorities. Ask permission to publicize the show by use of loudspeaker announcements, by public notice and/or by informing relevant people, including the police to assist you with crowd control if you are inviting many people.
- If you have something important to say in connection with the film, say it before the show.
- Show the film or video and then dismiss the audience.

With small, specially invited audiences, discussions about the film can be facilitated. With large audiences, people prefer to leave rather than sit around discussing the film. They get bored because they expect to be entertained.

6B Using Street Theater (Drama and Puppets)

Street theater has its roots in story telling and can be used as a way of passing on sanitary education information. Street theater tells a simple story, is short lively and spontaneous and is flexible enough to allow audience participation. *Street theaters tend to be more entertaining and more educational than other mass media techniques.* Equipment for street theater is minimal and productions can be put on anywhere, literally in the street.

- Research the subject fully and make sure that everyone involved with the show understands the subject. It may help to invite along doctors, health workers and victims of a disease to find out their experiences and note any physical characteristics for a realistic performance.
- Contact other groups performing dramas, songs, puppet shows (preferably on the chosen topic) and learn from their experiences.
- Identify the most important messages of a chosen topic for different audiences e.g. markets, schools, training sessions.
- Brainstorm to gather ideas about how the messages can be communicated, the plot line, characters etc. From this list the best ideas can be chosen and developed.
- Make up plots to convey the agreed messages for dramas and puppet shows bearing in mind that the shows will last a maximum of ten minutes each, and that large audiences may not hear complicated speech from a distance.
- Make or gather required props or puppets.
- Distribute roles and act out shows. Agree who will act as announcer/questioner.
- Make up songs to convey agreed messages using popular local songs but with different words.
- Practice the shows to make sure they run smoothly. Do not over practice as spontaneity will be lost. Amend according to comments of the group or test audience.
- If required, develop evaluation forms for markets and a way of recording results or work out questions for school classes.

When preparing plays for public performance:

- Invite police, teachers, WSS and clinic staff to help seat the crowd in readiness for the performance.
- Play music while the crowd gathers and is seated.

- **Announce the start and ask for applause. Wait for crowd laughter to die down before continuing speech. Don't rush the performance.**
- **Ask questions of the crowd at the end of the show and repeat correct answers. Ask for applause for each correct response**
- **At the end, thank the crowd and ask them to disperse.**



Do's and don'ts for street theater dramas

Do's

Men dressed as women

Comic village stereotypes e.g. drunkards, "lads", obsequious servants, simpletons, beggars, traditional healers, dishonest merchants, religious leaders etc.

Exaggerated characterization.

Villain/hero conflicts (goodies and baddies)

Macabre incidents, e.g. ghosts returning, death, white sheets

Dance and song

Asking the audience questions (Where is she?) and getting them to replay (She's behind you!)

A few simple messages

Frequent repetition of the messages and Messages made clear through actions rather than words

Audience participation (asking members of the audience to come into the performance area and join in with certain tasks)

Spontaneous and lively with a minimum of characters and props

Dont's

Long gaps between scenes

Fast speech

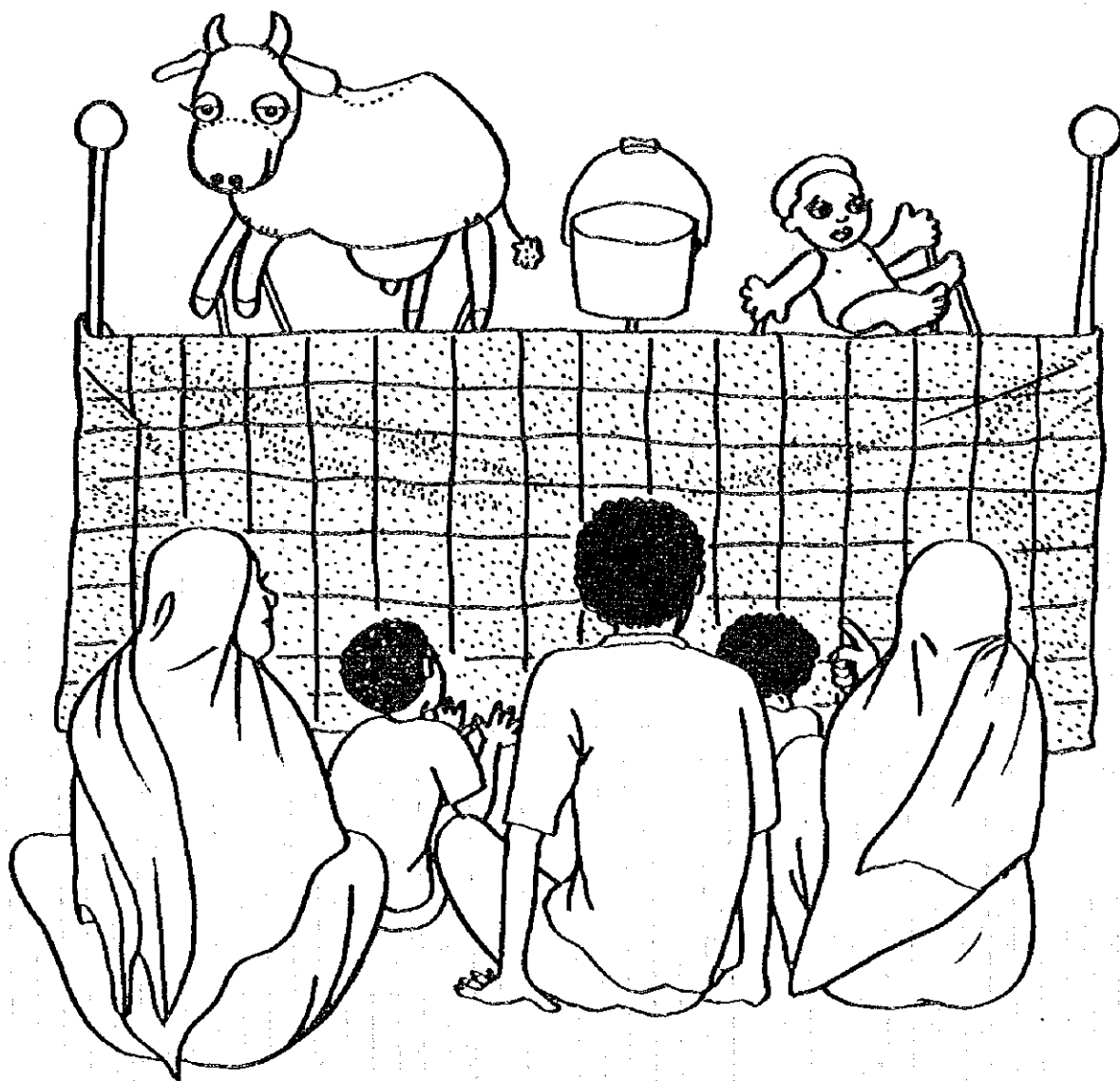
More than one person speaking at one time

Scenes involving sitting or lying down

Long speeches or dialogues without action Lecturing one actor by another

One actor playing different roles that may be confused e.g. dishonest pharmacist and doctor

Complicated plots and detailed scripts



Do's and Don'ts for puppet shows

Do's

Short simple plots

Stock characters e.g. traditional healer, beggar, villain

Speaking animal characters, e.g. fly, louse, worm etc.

Interaction between puppets e.g. beating, carrying, embracing (especially those interactions that human actors can not do)

Swift changes between scenes

Very loud, slow speech

One character speaking at one time

Music and dance

Comic sound effects e.g. baby excreting

Character moving when speaking

Don'ts

Long monologues by single puppet

Messages conveyed through words rather than actions

Puppets asking the audience questions during the play

7 Child-to-Child Approach

Many young children are often taken care of by their older brothers and sisters. These young minders not only play with their younger siblings but also generally look after them. It is not unusual for a small child to spend more time with an older sister or brother than with a parent. If these young minders can learn more about how to protect the health of their younger siblings, they can make a big difference in behaviors and also in the educational process it encourages. These are some of the principals:

- Children are not only a first priority for health work but are an enthusiastic source of health care providers.
- Through learning in an active and practical way about health care when young, children become better parents.
- Child-to-Child can help introduce a liberating learning process into schools and through the children into families and the community.
- Children become more aware of their own ability to change and improve their situation, through sharing and helping each other.
- Child-to-Child is founded on the belief that children are able to take on a responsible role in family health. This means that they are respected and trusted. They are valued as important people in their own right. The approach encourages children to learn through experience. Rather than being told, they conduct their own surveys, perform their own experiments and discover answers for themselves. They are encouraged to think, observe, explore and to invent. This makes learning fun and encourages independence.

The steps are as follows:

- Ask permission from parents and others involved. Plan the timescale and scope of the work and the main issues to be covered, e.g. Diarrhea
- Organize games, drawings, discussions, role-plays and word games in order to develop a sense of sharing and cooperation among the children.
- Ask the group to discuss all ideas considered to be of interest to the group around the subject, e.g. diarrhea.
- Ask the participants to form groups based on areas of interest. Ask them to share and collect information relevant to their topic, e.g. this could be a survey of diarrhea incidence in the community relating to different sanitary behaviors or to diarrhea incidence in different seasons.
- Share information gathered among the group thus developing presentation skills.

- Ask the group to design strategies for action, according to target groups (such as younger children, parents etc.) along the interest areas and skills of the children involved. Some ideas might be organizing a "kill the fly" campaign or demonstrations of how to make ORS, or a street theater at the health center about the hazards of open defecation.
- Ask the participants to prepare plays and puppet shows, leaflets, posters etc. to put their messages across. Circulate or perform these activities to the target audience.
- Ask the participants to review the success and failures of their activities.

Through these stages, the following of the children's agenda is critical. What one age group considers to be important will differ from older pupils' and from adults' views.

Through gathering information for this purpose and taking action on aspects of their own choosing, children take in the ideas and information. They develop from that responsible attitudes and their self esteem is raised.

8 Monitoring Change

Monitoring and evaluation are systematic ways of learning from experience in order to ensure that a program and activities within that program are as effective as possible.

In any community program, the ultimate aim is to improve the quality of life i.e. in the case of sanitary education by improving health and the living environment. This will involve a process of change. However there are many different factors that influence the health of a community and so we need to break this aim down into short achievable goals and objectives. Digging a pit latrine may be thought of as such a goal but will this of itself improve health? We might then look at other goals such as ensuring that latrines are used and kept clean. We might also want to know if awareness about the importance of having latrines has spread to other members of the community and if we have empowered people to make other changes in their lives.

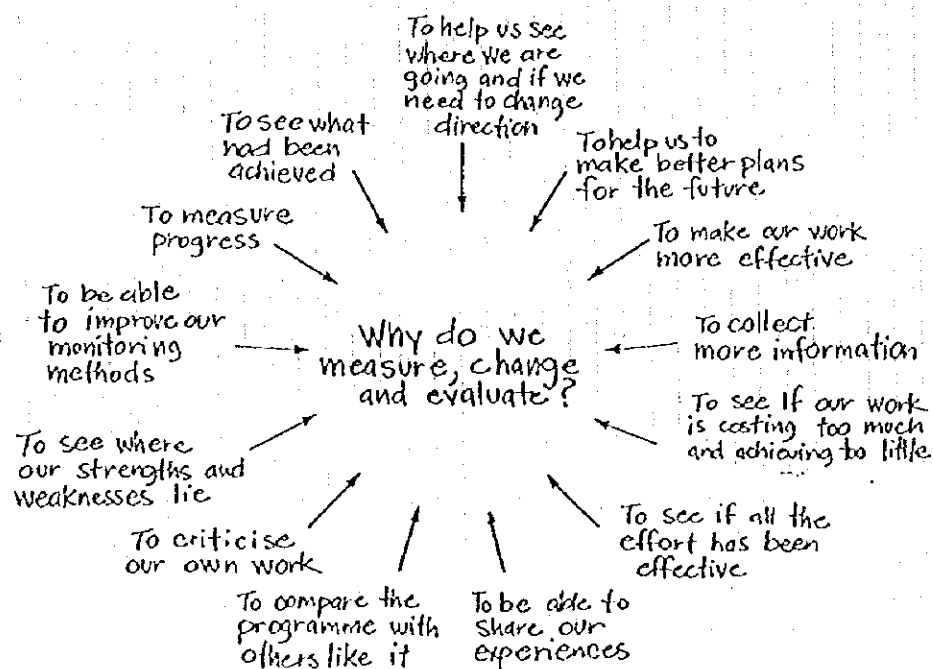
Indicators allow us to measure change and to know whether we have reached our stated objectives.

e.g.

Objective - Sanitary disposal of children's excreta.

Indicators - Absence of children's faeces around the compounds of houses
Children observed using the latrine
Mother aware of options available for the disposal of faeces

Gathering information for the process of monitoring and evaluation can be done using similar methods to those that were used for gathering baseline data. They represent a continuation of the learning process that is essential to the success sanitary education.



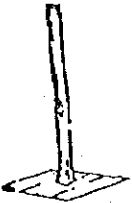


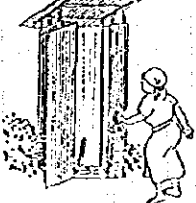

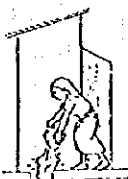
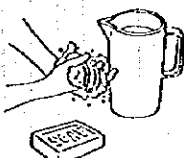
8A Self Monitoring Forms

The purpose of this session is to involve the community in the process of data collection so that they will have access to information which may encourage improved sanitary behaviors. These can be used by the participants in various training sessions

- Ask the group how they can use what they have learnt in the training sessions. Are there any practices that they feel could be changed in their own households?
- Ask the group how they will know what changes have occurred in the community as a whole as a result of the training. How might they keep track of these changes?
- Provide each person with a self monitoring form for recording sanitary behaviors in their own families and ask them to study it for a few minutes. Ensure that the representation of each behavior is understood and agreed upon by everyone.
- Decide with the group on a suitable method for recording one indicator behavior and how long they will monitor the situation for (It is preferable to do this initially for a short time only, so that any problems can be discussed and rectified at an early stage).

Training sessions themselves need to be evaluated and a record kept on what was taught and whether modifications need to be made in content or delivery. An evaluation sheet such as the faces shown at the beginning of Section 3 could be used after each training session. *Participants are invited to circle the face that best describes their response to the training session. A consensus is reached on the meaning of each image in prior discussion with the group.*

Example of self monitoring form

Sanitary Behaviour	Month 1	Month 2	Month 3
			
			
			
			
			
			
			

9 Acknowledgements, list of useful materials and other useful organizations in Ethiopia

Acknowledgements must be given to the following publications, whose original ideas and illustrations have been adapted for this manual. They are :

"Making the Links", Guidelines for Hygiene Education in Community Water Supply,
IRC Occasional Paper series, No. 5
Marleke T. Boot, 1984

The Copy Book, Copyright-Free Illustrations for Development,
Intermediate Technology, 1991

Oasis Partnership Supplement
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Wealth Ranking in Smallholder Communities : A field Manual
Barbara E Grandin, Intermediate Technology Publications, 1998

Education for Better Health ; A manual for Senior Health Educators
Reidulf K. Molvaer,
UNICEF/Ministry of Health, Addis Ababa, 1989

The Hygiene Education Training Manual for Community Use
Suzanne Ferron
British Council, Nigeria, 1995

Actions Speak ; The Study of Hygiene Behavior in water and sanitation projects
ODA/WHO/UNDP/IRC/London School of Hygiene and Tropical Medicine, 1993

Tools for Community Participation ; A Manual for Training Trainers in Participatory
Techniques Lyra Srinivasan
PROWESS/UNDP Technical Series-Involving Women in Water and Sanitation, 1990

Children for Health-Children as communicators of facts for life
Child-to-Child Trust/UNICEF, 1993

Helping Health Workers Learn
David Werner and Bill Bower, The Hesperian Foundation, 1991

Just Stir Gently ; The way to mix hygiene education with water supply and sanitation
IRC Technical Paper Series No. 29, 1991

Partners in Evaluation : Evaluating development and community programmes with
participants
Marie-Therese Feuerstein, 1986

Also various other publications prepared and produced in Ethiopia by the Ministry of Health, Health Learning Materials Development Production Division, P.O. Box 1234, Addis Ababa. These include "Prevention of Water Related Diseases", "Taking Care of Health", "TBA Guidelines", "Taking Care of Environmental Sanitation" "Community Health Directives" "Health Care Education and Instruction" and "Methods of Prevention, Vaccination and Diarrhoea".

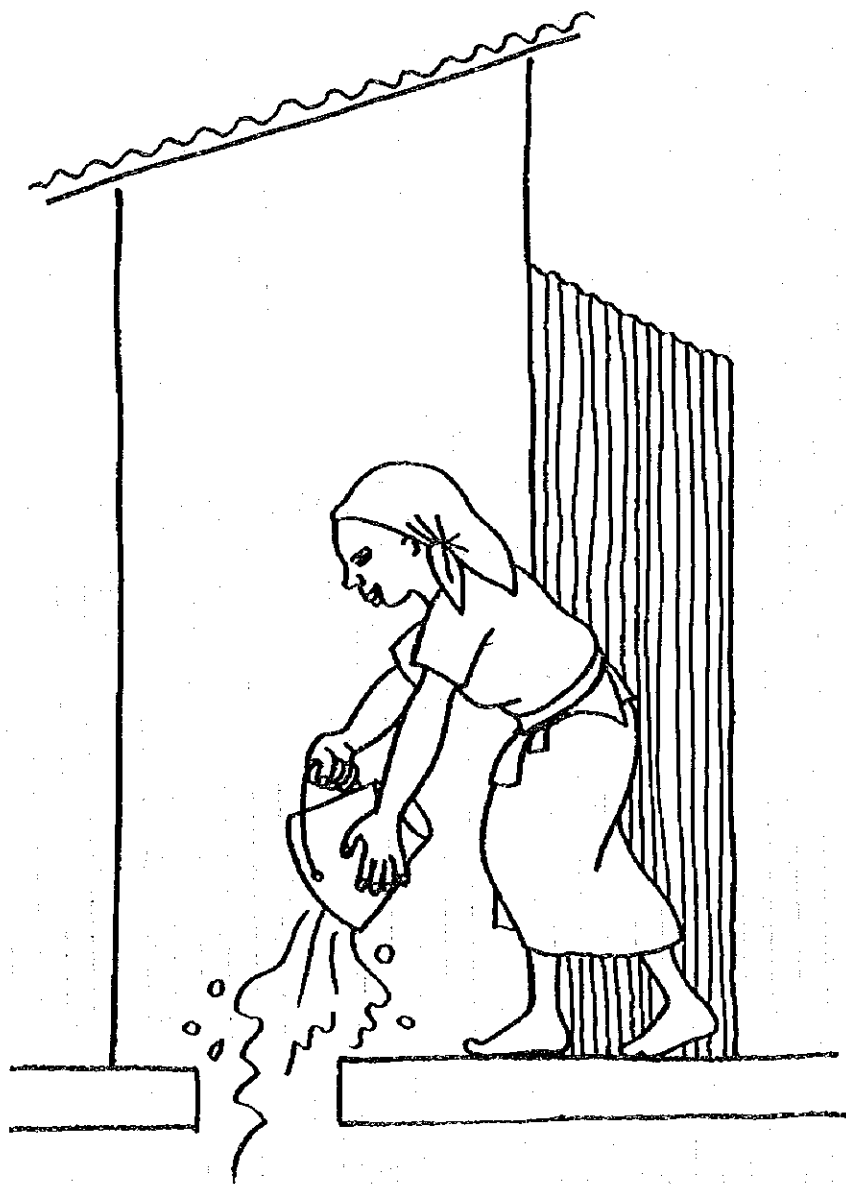
Other organizations producing materials and/or having resource materials for sanitary education and related fields in Ethiopia, include CRDA, UNICEF, OXFAM (UK and Ireland), WaterAid, FINNIDA, Seventh Day Adventists, Norwegian Church Aid and Agriculture Service Ethiopia. Other Ministries working in sanitary education include Ministry of Health, Ministry of Education and Ministry of Agriculture.

A special thank you is extended to Suzanne Ferron for her assistance in gathering this information together.

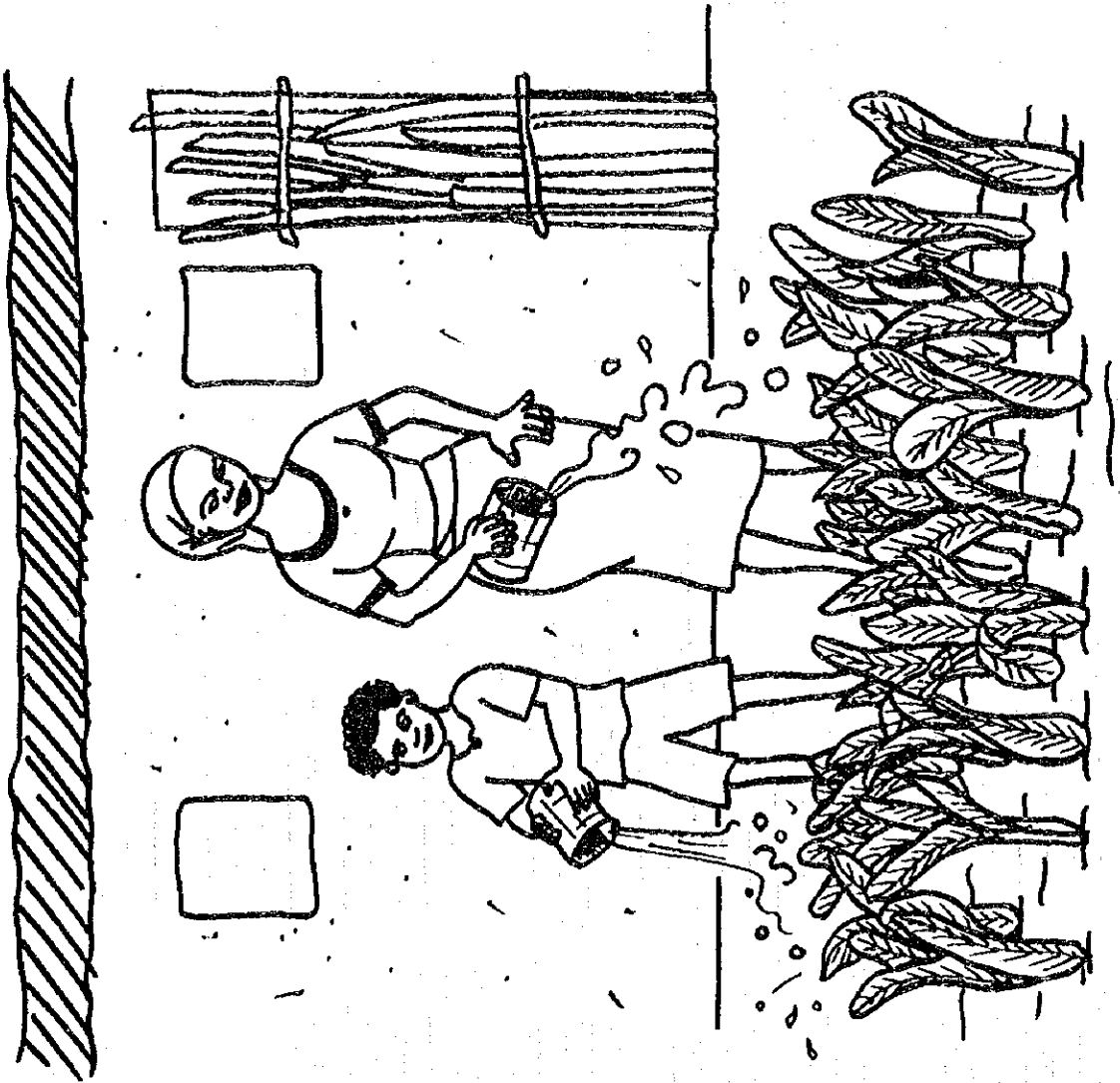
Reference Illustrations

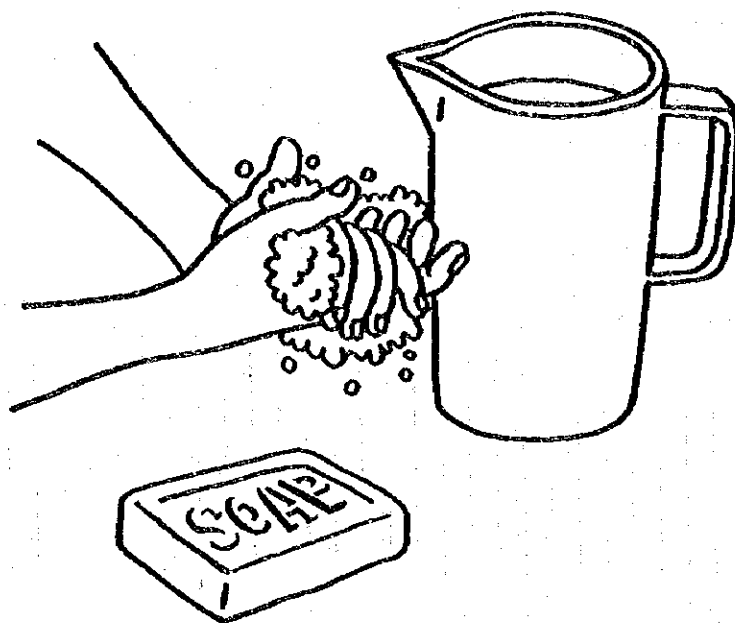




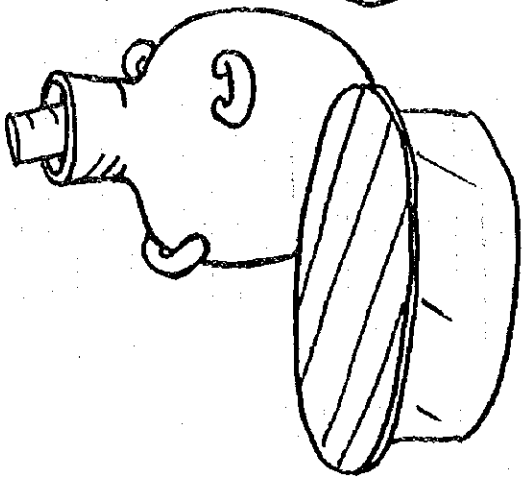
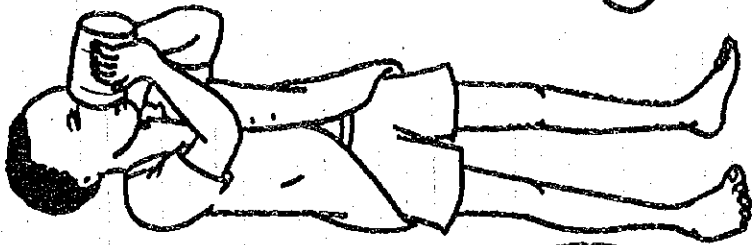
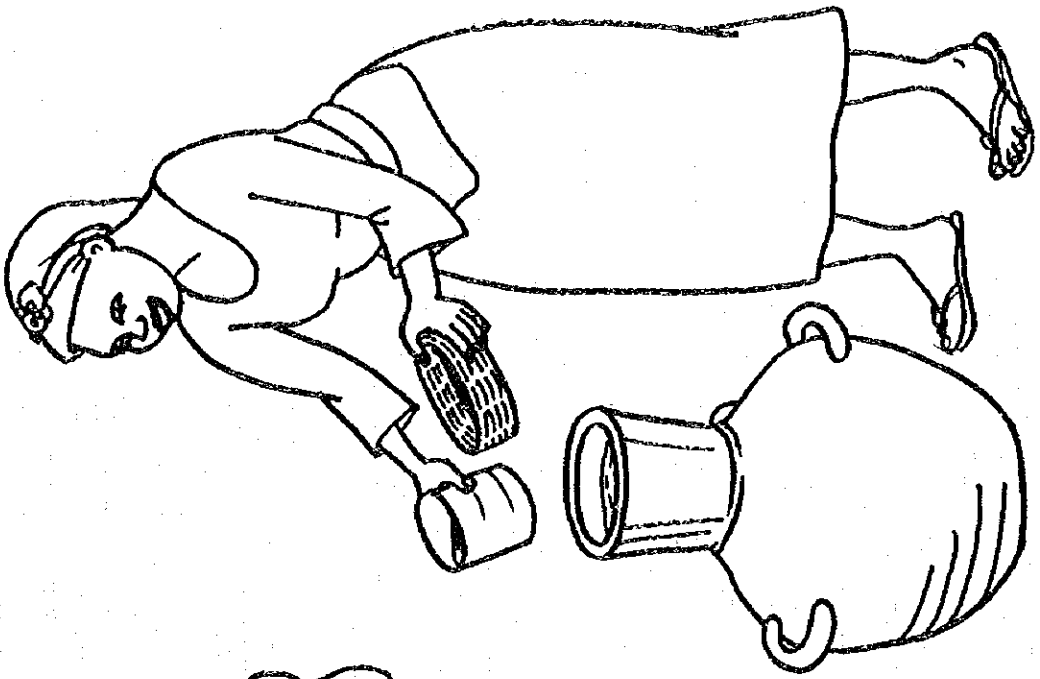


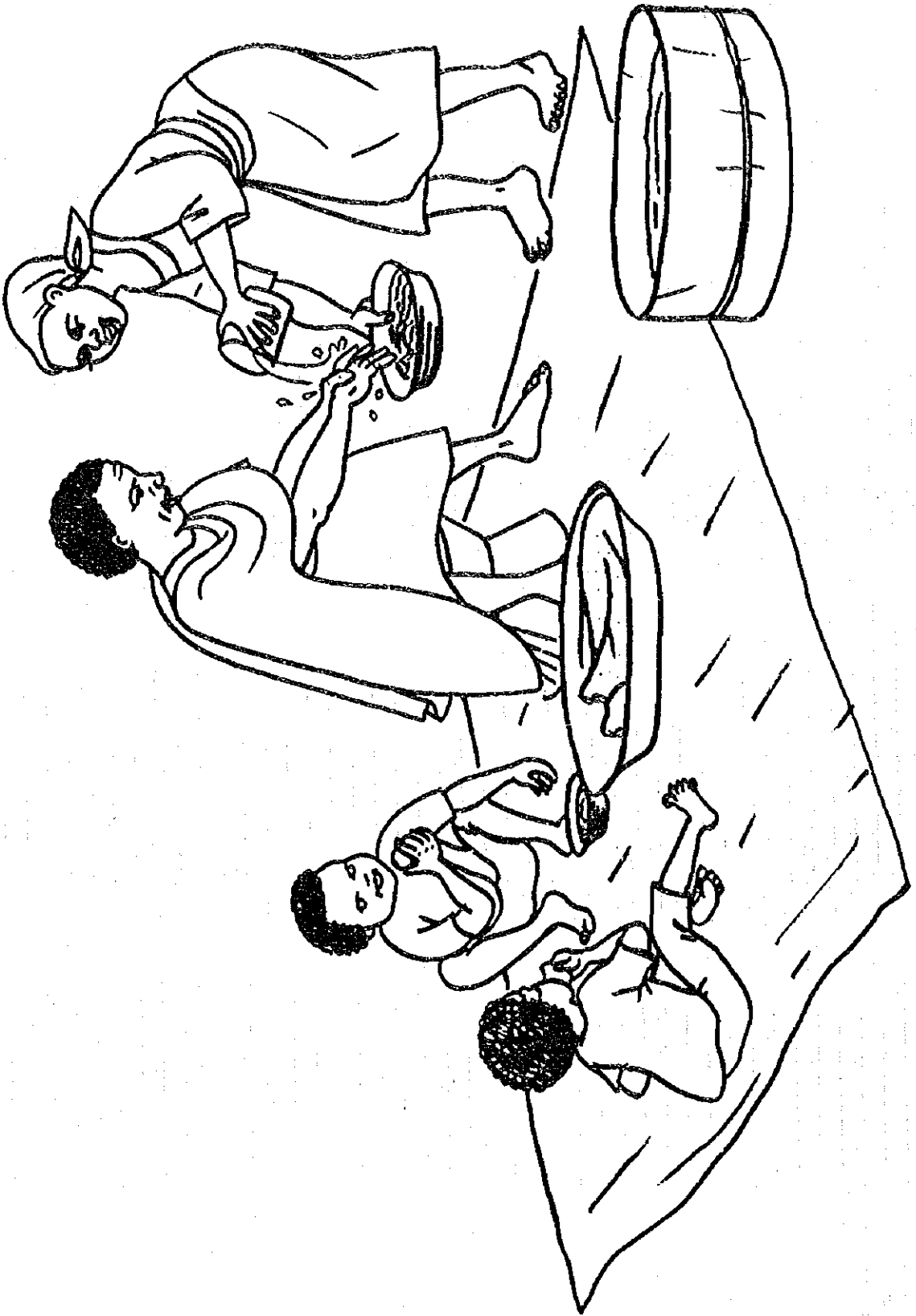




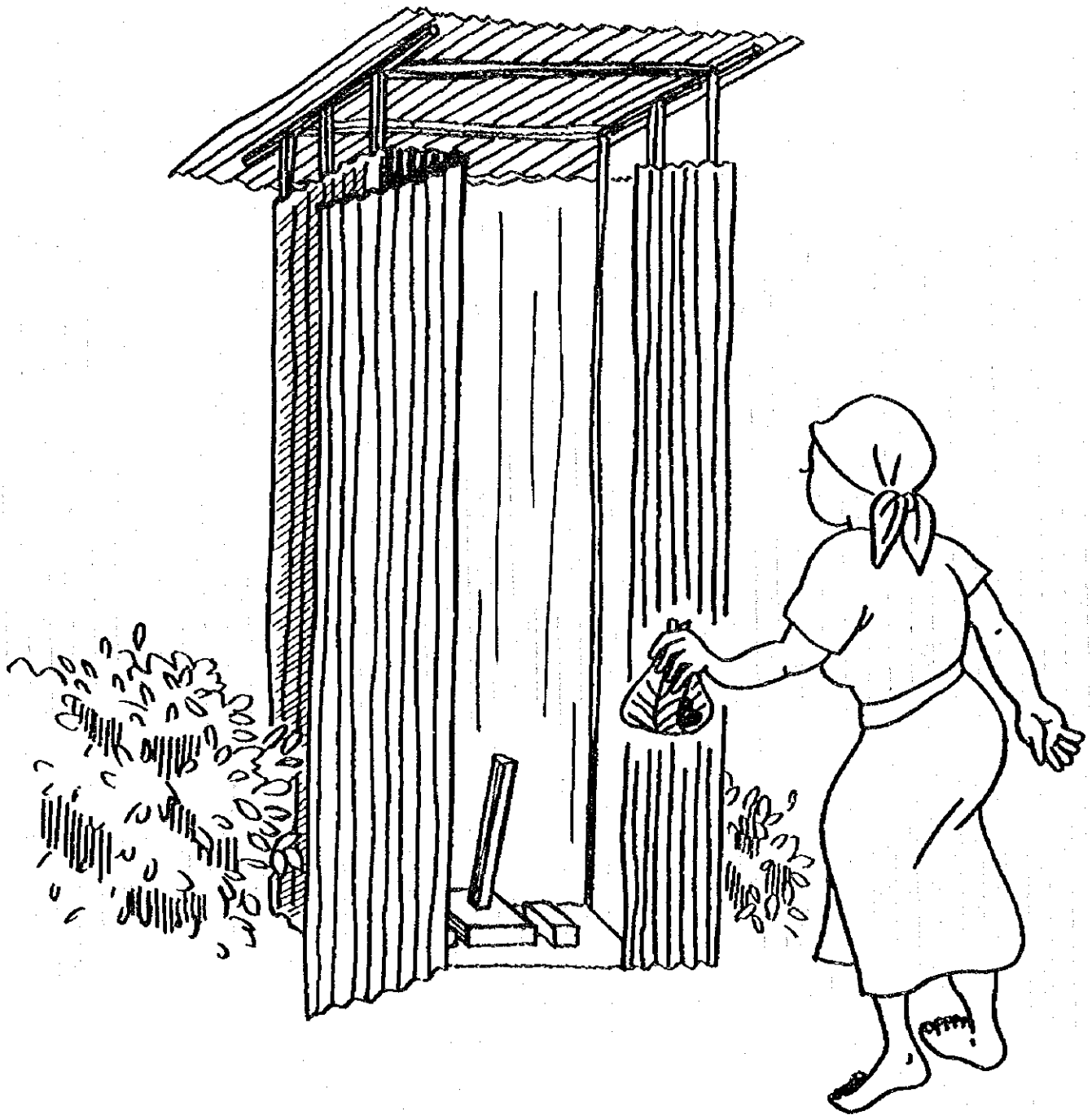


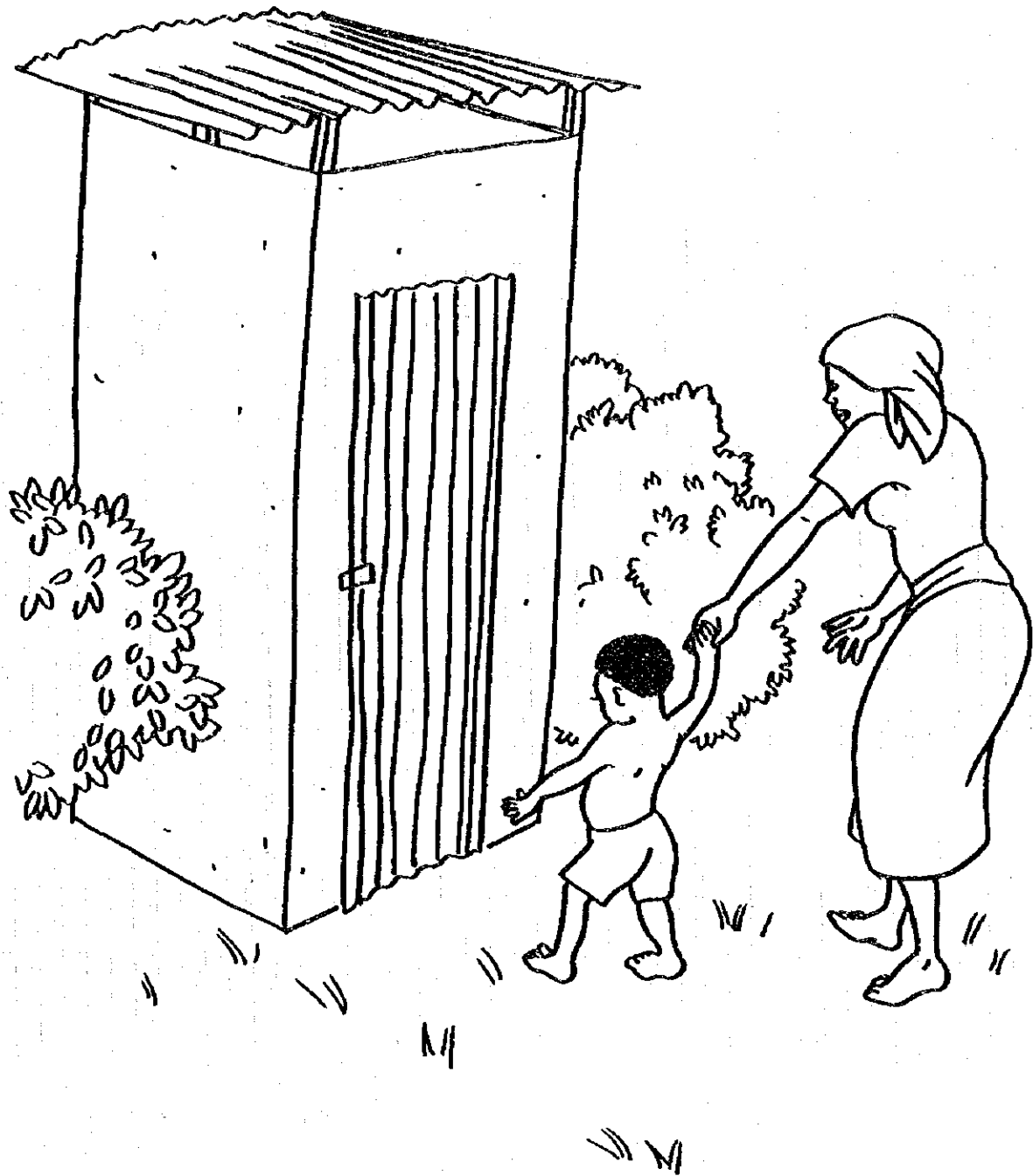


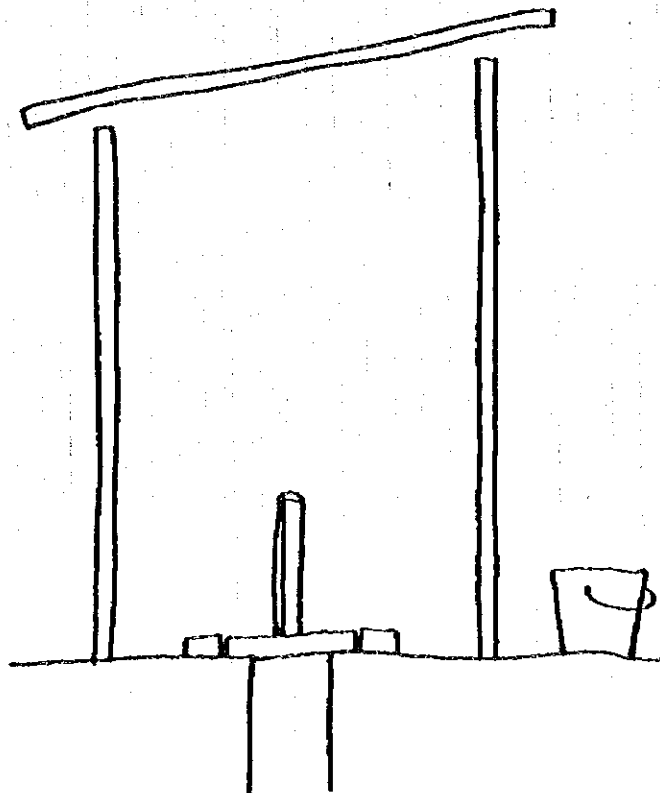
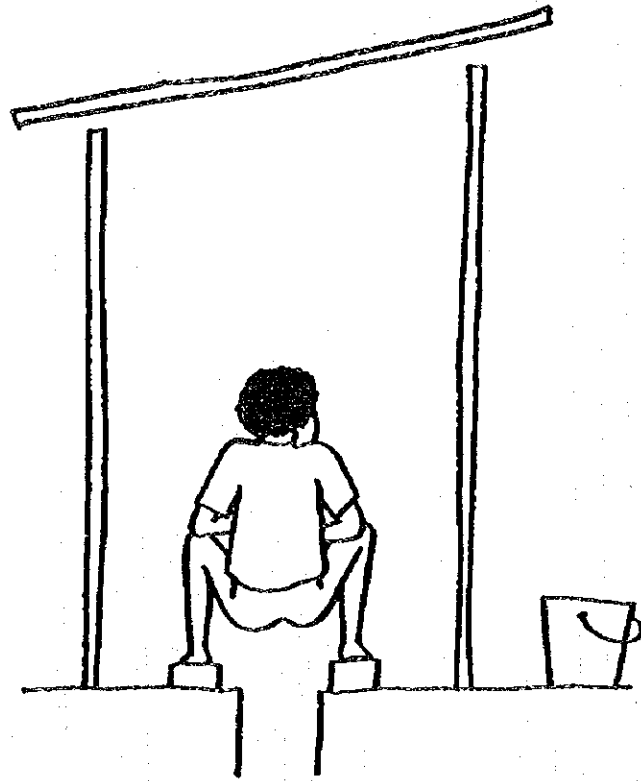




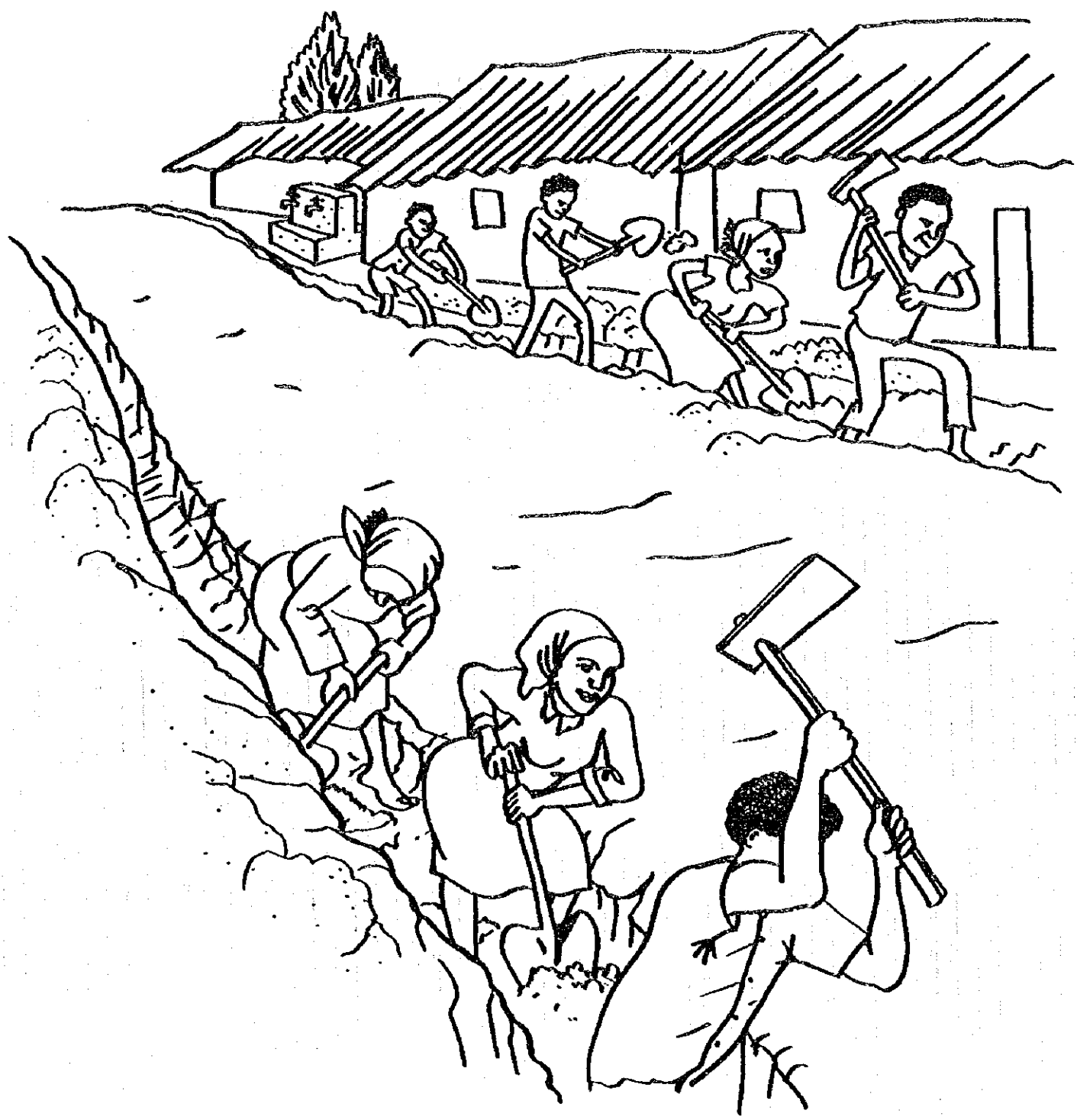












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