

2.1 Introduction

There are many programs around the world to improve drinking water, hygiene and sanitation. However, these programs often fall short of changing behaviour over the long term. Why do they not succeed? Emphasis is often placed on the technology, rather than educating people on how to use and include the technology into their lives. Public awareness and education programs are usually an after thought. By the time their importance is finally recognized, the project money has already been spent. The communication methods used by many projects tend to be unsuccessful and they don't reach the target audience.

Community Health Promoters are key agents in helping the learning process and promoting behaviour change with different groups of people. They play an important role in raising awareness and helping people learn about water, hygiene and sanitation through participatory learning and action.

The approach outlined in this section explains how to be an effective Community Health Promoter and work with different target audiences, including households, community groups and schools. It also provides activities and exercises to help you develop the key knowledge, skills and attitudes. This will help you to support behaviour change and the successful implementation of any type of water, hygiene and sanitation project.

Community Health Promotion at the Grass Roots Level

Sustainable household water treatment cannot be established with a single information event in the community. The knowledge of pathogen transmission routes that cause diarrhea and an awareness of the importance of treating drinking water are quite often lacking and have to be established before information on household water treatment options can be passed on. To establish awareness and to achieve behaviour change is a slow and demanding process. This involves a long and multi-faceted contact with the concerned people and experience in the application of appropriate community health education tools.

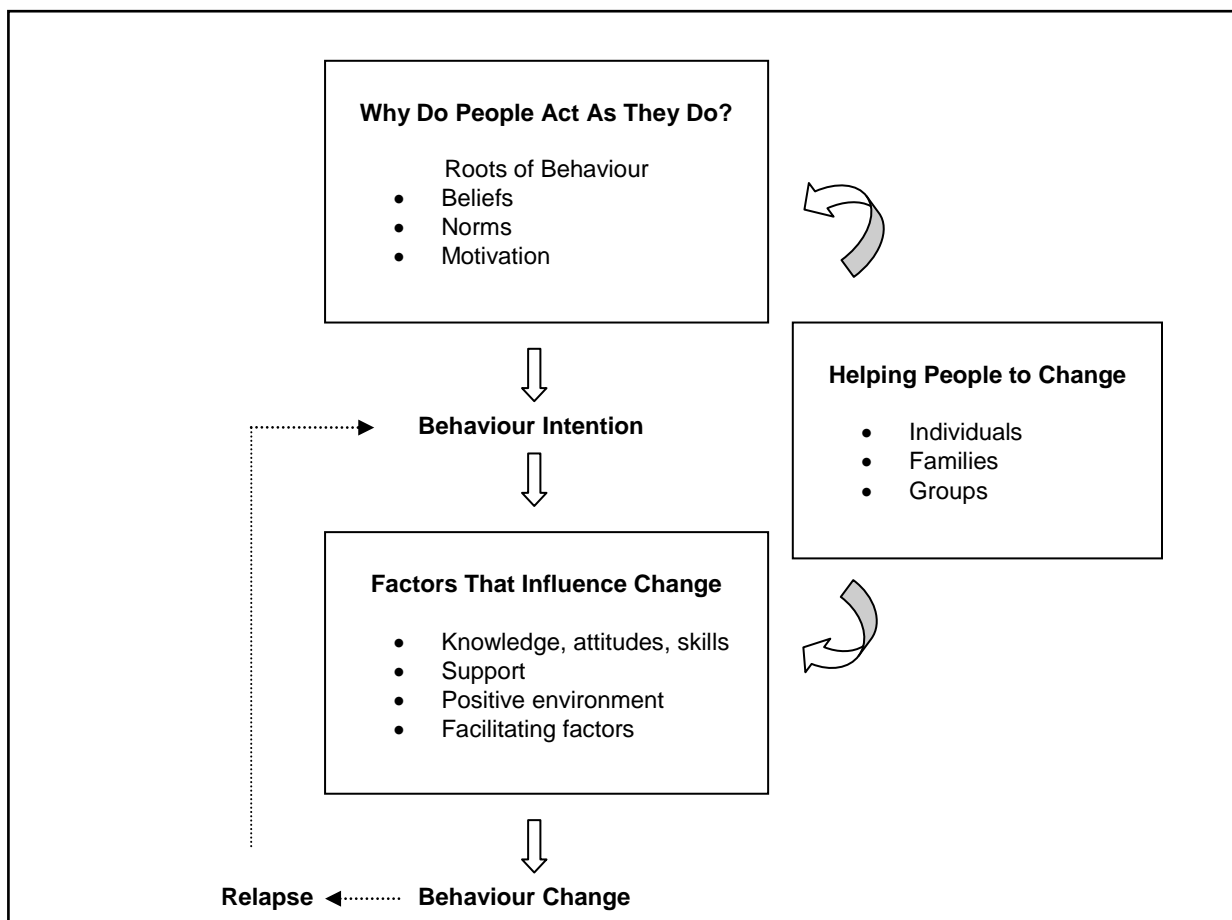
(Paraphrased from EAWAG/SANDEC, 2006)

2.2 How to Change Behaviour

Before going on to practical issues, it is important for us to understand the factors that influence our behaviour. Human behaviour is the way people act, especially in relation to the situation they are in or the people they are with. Habits are ingrained and sustained behaviours, often developed in childhood, which are not easily lost.

You can only help people to change their behaviour if you understand how they think and feel. You have to look through the eyes of other people (put yourself in their position), so that you can figure out how to help them change. The only way to change long-held habits is to understand the factors that shape the behaviour and intentions of any individual. Once we understand why people act the way they do, then we can focus on their needs. Having their perspective in mind will determine the kinds of promotion activities we do.

Model of Behaviour Change



(Adapted from Network Learning, 2003)

2.2.1 Why Do People Act As They Do?

Beliefs

You have a set of beliefs were learned when you were very young. These probably include religious beliefs and beliefs about behaviour, but they cover almost everything. Some beliefs lead you to healthy behaviour. For example, many people believe that fruit is good for you – and it is. Some beliefs may not lead you to healthy behaviour. For example, you may think that at the end of a day of hard work, a plate full of rice is good food; it fills the stomach. In terms of meeting nutritional needs, it is indeed appropriate for people doing hard outside work. However if you sit behind a desk all day, you may put on weight.

Norms

Norms are the normal ideas and behaviours in your society or community. A norm may be to pray before dinner, or to go to the mosque, church or temple once a week. For Muslim women the norm may be to cover their heads. In some communities it is the norm to eat with one's hands, in others it is the norm to eat with a knife and fork.

Motivation

If you are motivated to do or have something, you are likely to take action to accomplish it. If you are not motivated you will not take this action. For example, earning a good salary and having chances for advancement will motivate you to do your work properly. If you are not paid and recognized for your efforts, you probably will put less effort into your work. In school, getting compliments for doing your best will motivate you to work even better. For parents, knowing that if you give your children safe water to drink, they will be sick less often - this will motivate them to treat their water.

You have just learned how behaviour is based on beliefs, norms and motivation. Now look back on your last exercise. Do you recognize more clearly why some activities are easier to include in your life than others?

Exercise – Courage to Change

Use Tool 6: Courage To Change with the group to discover how easy or hard it is to make changes in your life. Looking at the Model of Behaviour Change, you can see that any behaviour is deeply rooted in beliefs, norms and motivations. How easy or hard it is to change depends partly on these roots.

Exercise – Hot Seat

Use Tool 7: Hot Seat to get people to put themselves in others' shoes and think through the implications and pressures faced in different situations.

Exercise – Looking At Others

Now you have considered the roots of your behaviour and how these make you act as you do. So now think about how this works for others. Have a group member read of the following story:

A woman who lives in a poor, rural community confides to you that she has three children who are constantly sick with diarrhea. Her friends who are also young mothers have told her to take her children to the nursing clinic to help make them feel better. However, she is reluctant to because the local healer and some older women think it is wrong to use western-style medicine. They believe the children are sick because evil spirits are haunting her for a past wrong. She is scared to approach her husband for support because his mother also blames her for the children's illness. As well, going to the clinic takes all day. It means that the weeds in the garden will not be pulled and the family dinner will be served late.

As a group, think of this individual and discuss the following questions:

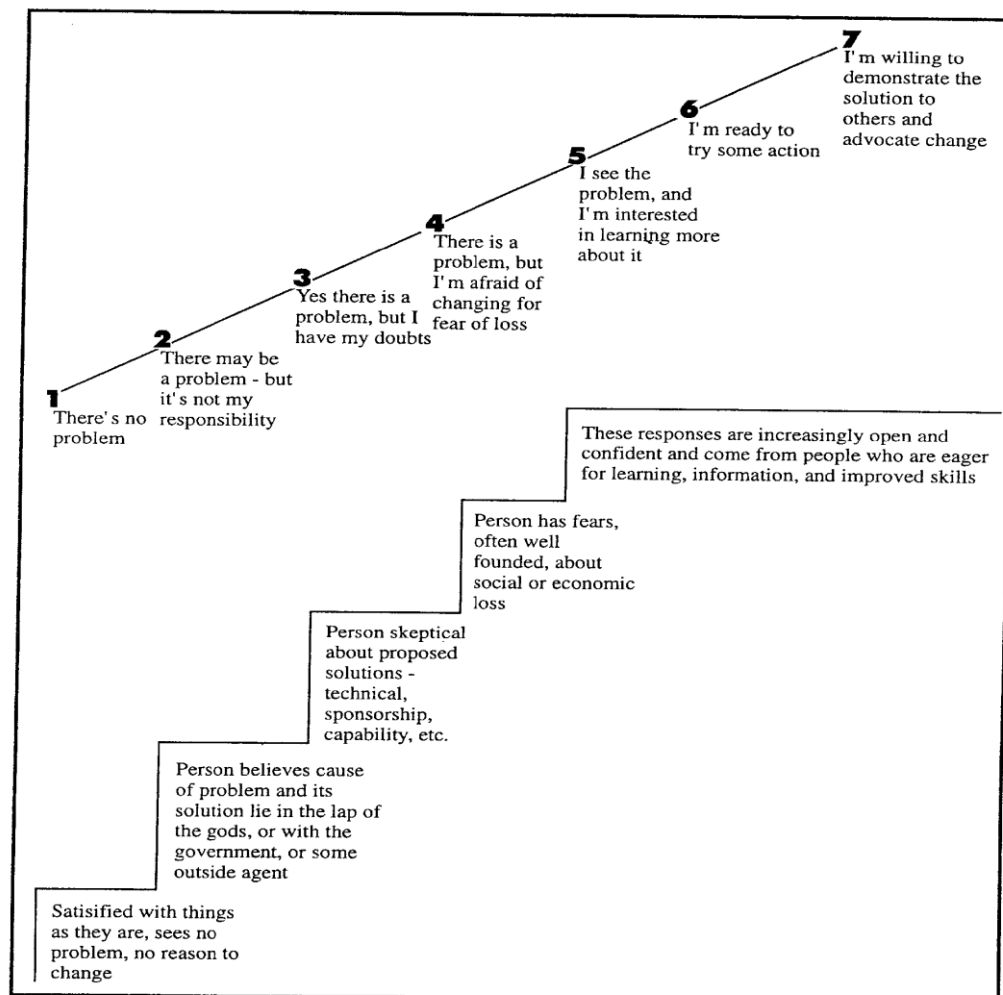
- What is her belief system concerning western medicine?
- How normal is it in this community to seek help from the clinic?
- Looking at her motivation, what encourages her to go to the clinic? What might discourage her?

2.2.2 Factors That Influence People to Change

A good way to think about behaviour change is in the form of a continuum, as shown in the following illustration Understanding Resistance to Change. You will be trying to reach people at different stages of beliefs, norms and motivation about the problem. Your role as the Community Health Promoters is to try to influence people to change by understanding their existing beliefs, norms and motivation.

While habitual behaviours are often learned at an early age, there are opportunities for change, especially at life changing events. A key event for women is the birth of a baby or moving to a husband's home after marriage and learning the habits of the new household.

Understanding Resistance to Change



(UNICEF, 1997)

Knowledge, Attitude and Skills

When faced with people who need to adopt a more healthy behaviour, you can ask the following questions to yourself:

- What do these people need in order to change their behaviour?
- Do they need to know more about the subject or do they need to adopt a different attitude?
- What about skills?
- Where do they need assistance?
- Will this behaviour require more time or money?

Exercise – What is Needed to Change?

Have a group member read out the following story:

A woman, who lives in a poor neighbourhood, has told you that she is tired of her family being sick with diarrhea. She believes that it is because of the drinking water she fetches from the local pond, but is unsure why. Her mother has told her it is because the water has been poisoned by an evil spirit. There is no other water supply available within walking distance of her community so she does not know what else to do. You have observed that the family's latrine is in poor condition and they lack water for basic hygiene, such as washing hands. Both she and her husband work hard all day to support their four children.

Use Tool 8: Knowledge, Skills and Attitudes to help identify the information you should give her to make it possible for her family to be healthier.

Knowledge:

Attitude:

Skills:

Support

With proper support, Community Health Promoters can influence the motivation of people, so that you can help them change behaviour. Some people can only be convinced to change their behaviour when someone they know well and trust tells them that it would be beneficial to make the change.

Positive Environment

To stimulate healthy behaviour, it helps when your services meet the needs of the people. This seems obvious but is not always true. As Community Health Promoters, you need the right attitudes that help people to listen to you. You have to show respect for each and every person. People may bring problems to you that involve your own beliefs, feelings or point of view. You may have to put your own personal feelings aside when helping people.

Behaviour change does not happen until people experience the benefits resulting from the change. If a person has an early negative experience with the new behaviour or technology, it can hurt the person's desire to change. You need to make sure that a person's first experience is positive.

As well, hearing positive stories about benefits that other people have experienced can also act as a catalyst for someone to change their own behaviour. It is easier to convince people if they are told stories of benefits already achieved elsewhere. An example is, "Children are not getting diarrhea every month after water filters were installed in the village" or, "People in 8 out of every 10 villages are not losing so many working days any more because last year they built household water filters and they get sick less often now."

Facilitating Factors

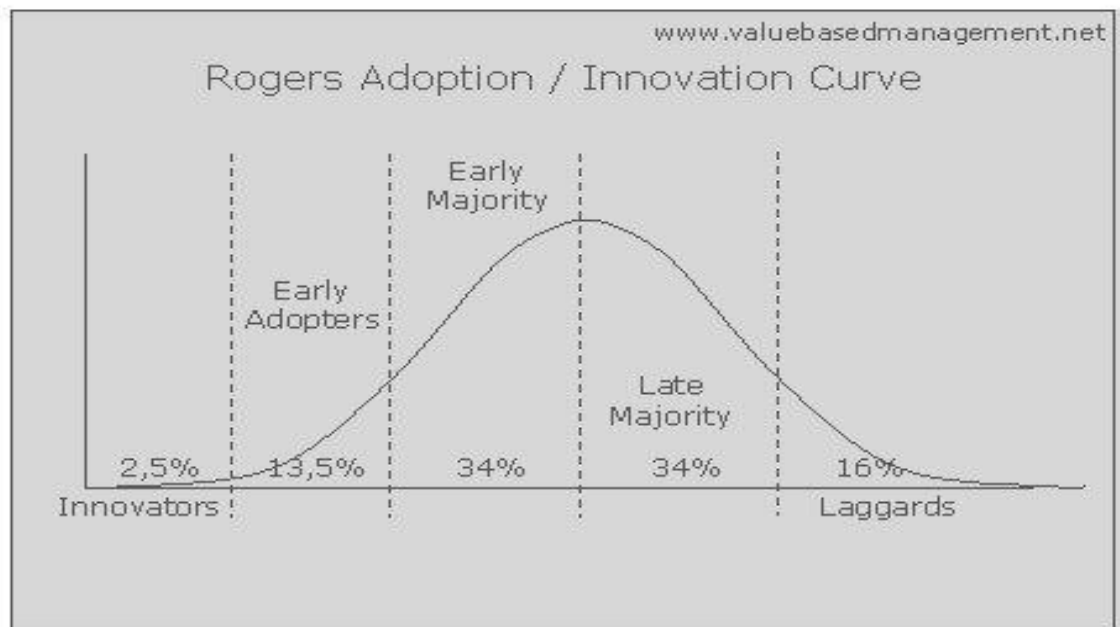
These go beyond the individual's own environment and affect everybody. They include policy and laws that support healthy behaviour. For example, fines for defecating in the open public.

2.2.3 Helping People to Change

Community Health Promoters can help people as individuals, as members of families, or as part of a group. In some cases, it is possible to help people on an individual basis only; in other cases it may be more useful and even necessary to help through the family or group, or to use all three levels at the same time.

We need to understand that the adoption of a new behaviour or technology in a community does not happen all at once. Instead, adoption starts with a few people, and gradually spreads to the rest of the community over time. For this reason, you should not feel bad if everyone does not immediately start changing their behaviour.

The next graph shows how different types of people will adopt a new behaviour or technology earlier or later than others.



The innovators and early adopters are open to new ideas and ready to take action. They are the generally opinion leaders who are willing to try out a new behaviour or technology. The early majority tend to be careful, but more accepting to change than the average person. The late majority are sceptics who will adopt a new idea after the majority are already using it. The laggards are traditional people who are satisfied with things as they are and see no reason for change. They tend to be critical towards new ideas and will only adopt a new behaviour or technology if it has become mainstream or even tradition (Rogers, 1995).

Category	Values	Communication behaviour
Innovators	<ul style="list-style-type: none"> Obsessed with new ideas Risk taker Not constrained by the community 	<ul style="list-style-type: none"> Actively seeks new information through various channels
Early adopters	<ul style="list-style-type: none"> Open to new values Favourable to change High aspirations for advancement in the community 	<ul style="list-style-type: none"> Informal influence over the behaviour of others Active contact with those who positively influence decisions
Early majority	<ul style="list-style-type: none"> Deliberate in their actions 	<ul style="list-style-type: none"> Frequent interaction with local community
Late majority	<ul style="list-style-type: none"> Skeptical to new ideas Cautious Unwilling to take risks 	<ul style="list-style-type: none"> Passively receive information from local community
Laggards	<ul style="list-style-type: none"> Resists change Traditional, conservative Suspicious of innovations 	<ul style="list-style-type: none"> Somewhat isolated from the local community

(Adapted from Rogers, 1995)

There does become a time in the process when enough people in a community have adopted the new behaviour or technology that the rate of adoption becomes self-sustaining. We call this the “critical mass” or “tipping point”. When this happens, the social pressure is great enough to encourage the late majority and laggards to change. They feel that they have no choice but to adopt the behaviour or technology or else they will be excluded from the community.

We can use the “tipping point” to our benefit when trying to encourage positive behaviour change in a community. A good strategy is for Community Health Promoters to initially identify and help the innovators and early adopters. Providing incentives for early adoption can help to create a critical mass in the community needed for the tipping point to take place. After these people have adopted the behaviour or technology, you can then change your focus to helping the late adopters and laggards.

Exercise – Low Hanging Fruit

Use Tool 9: Low Hanging Fruit to identify the innovators, early adopters, majority, and laggards in your community or project.

2.2.4 How to Monitor Behaviour Change

Over time, you should be able to see that the community's habits are improving. Regular monitoring allows the project to be modified and improved over its lifetime. This is best done by keeping records of some key indicators and observing an improvement in these indicators.

It is important that a list of indicators (or indicators by questions) is developed with all of the project partners. Once the indicators have been identified, you will need different methods to find out the information so that you can establish to what extent behaviour change and progress is taking place in the community.

There are many different methods that can be used to monitor behaviour change.

- Structured observations
- Focus group discussions
- Interviews
- Questionnaires and surveys
- Participatory activities

Structured Observations

Structured observation is a way of observing and recording particular practices. It lets you measure specific water, hygiene and sanitation practices directly. Structured observation is carried out by a team of trained observers. The observers ask permission to visit the households, and often come very early in the morning as people get up. They sit as quietly as possible in a space where they can see what is happening. Each time they see a practice of interest they note down what happens on a form.

Tool 34: Structured Observations provides information about how to use this method.

Using Observations in Zambia

Direct observation was used to evaluate a drinking water project in Zambia. Researchers observed training sessions for women and children on hygiene. The study revealed that project staff used very academic terms and language in the hygiene training. The sessions were useless because they were not understood by the villagers. With this information, the training sessions were modified to become more locally appropriate. (IFAD, nd)

Focus Group Discussions

Focus groups are a good way of gathering information on people's ideas, beliefs, practices and behaviour. They gather together people with similar backgrounds for a detailed discussion about a subject. Focus groups work best with people from the same social group or economic background. The technique is now widely used in health research and there are a number of helpful manuals, such as that by Dawson et al (1993). This manual provides a step-by-step, easy to read and follow, set of instructions for the proper use of focus group methods to learn more about social and cultural issues relating to infectious diseases.

Tool 35: Focus Groups provides more information about how to use this method.

Interviews

Conducting interviews is a way to explore what people think about an issue without the formality of a questionnaire or survey. Instead they employ a discussion guide, such as a checklist. The interviewer guides the conversation by asking detailed questions. Interviews can be especially helpful when conducted with key informants, such as community leaders, health workers, teachers, government officials, women, etc.

Tool 36: Interviews provides more information about how to use this method.

Questionnaires and Surveys

Questionnaires and surveys are used to gather data from a large number of people in a structured way. A questionnaire is a simple form with questions used to gather information from people. A survey is a more structured term that might be one or two simple questions or could even be a long questionnaire.

Tool 37: Questionnaires and Surveys provides more information about how to use this method.

Participatory Activities

Tool 38: Most Significant Change can be used to understand the results that an activity or project is having on people, what a person thinks about the change, and the reasons for the change. It can be used to monitor on-going activities or at the end of a project to evaluate its impact.

Tool 39: Before and Now Diagram can assess the impact of a community initiative. It is useful for exploring change over time in a particular situation and the reasons for change. It can also show how significant events have affected people differently.

Tool 33: Monitoring Matrix is a chart that shows what activities are working well and what needs improving according to those who are participating in it. It is useful to monitor the progress of activities with members of the community or project and understand what different people think about activities that were done.

2.3 Participatory Learning and Action

Participatory learning and action (PLA) is a way to help people to participate together in learning, and then act on that learning. It is a group of approaches, tools, attitudes and behaviours that can be used by Community Health Promoters to:

- Demonstrate the relationship between water, hygiene, sanitation and health
- Increase the self esteem of community members
- Help people to share information, learn from each other, and work together to solve common problems
- Empower communities to implement their own household water treatment, hygiene and sanitation improvements

This section gives an overview of PLA, answers frequently asked questions, and presents advantages and disadvantages of participatory approaches in learning.

2.3.1 What is PLA?

PLA encourages people to think for themselves. Participants actively contribute to teaching and learning, rather than passively receive information from outside experts, who may not have local understanding of the issues. It encourages the participation of individuals in a group process, no matter what their age, gender, social class or educational background. PLA is especially useful for encouraging the participation of women who in some cultures are reluctant to express their views or unable to read and write.

Participatory methods are designed to build self-esteem and a sense of responsibility for one's decisions. They also try to make the process of decision-making easy and fun. The fundamental principles of participatory learning and action are:

- participation
- valuing local knowledge and experience
- empowerment
- group analysis and planning
- using visual tools
- actively seeking the unheard voice
- using the right attitudes and behaviours

2.3.2 Why Use PLA?

PLA has succeeded where other strategies have failed. While participatory activities take more time to conduct, they are much more likely to be successful than those which impose solutions on communities. Experience shows that when everyone contributes to the learning process, then people feel more ownership of the problem and develop better solutions for their context.

The participatory techniques used in the PHAST initiative proved to be very successful and rewarding for both communities and for facilitators. So much so, those community workers who took part in the initial pilot study to test the use of participatory techniques for improving hygiene behaviour did not want to go back to their previous methods. They wanted to continue with the participatory approach because results were much better and the process was more enjoyable (WHO, 1998).

2.3.3 Who Can Use PLA?

Anyone who is willing to try it can use PLA. The tools are flexible and adaptable; they can be used with different types of people, in different situations and for different purposes.

2.3.4 When Can PLA Be Used?

Participatory approaches are used when a number of people must work together to solve a problem. PLA can be used at every stage of community mobilization. It can help you to:

- get a community together to address water, hygiene and sanitation issues
- analyze a situation together
- decide what needs doing together
- make plans
- act on those plans
- check on how those actions are going
- evaluate those actions
- reflect on what needs to be done next

2.3.5 Where Can PLA Be Used?

PLA can be used in both rural and urban settings and rich and poor areas. It has been used in different countries around the world.

PLA is best used wherever people feel most comfortable discussing the topic of water, hygiene and sanitation. This may be in formal workshops, offices, religious meetings or health facilities, or in informal meeting places such as people's homes or under a shady tree.

2.3.6 How Can PLA Be Used?

PLA is guided by a facilitator, who helps people to use the tools and ensure that everyone is able to participate equally. As such, Community Health Promoters who are facilitating PLA need to adopt the right attitudes and behaviours to become a facilitator. The role of the facilitator is a very important one and is discussed in the following sections of this manual.

Advantages and Disadvantages of Participatory Approaches to Learning

Advantages	Disadvantages
<ul style="list-style-type: none"> ✓ They use inexpensive resources. ✓ They can be used in any physical setting. ✓ They are interesting and fun – helping to involve people in the subject. ✓ They help people to build self-confidence. ✓ They help people to learn about themselves. ✓ They help people to understand the perspectives of others. ✓ Participants with different degrees of experience and literacy can use them. ✓ They prevent individuals from being singled out for what they know or don't know. ✓ They are less intimidating for less confident participants. ✓ They can help people to analyze complex situations. ✓ Outcomes are often documented during the process and do not depend on jargon. ✓ They are memorable. ✓ Lessons learnt can be brought back to local communities or organizations. 	<ul style="list-style-type: none"> ✗ They are difficult to plan because planning often depends on what participants want to do. ✗ Involving stakeholders takes time. ✗ It can take time for people who are used to being “pupils” rather than “participants” to feel comfortable with these approaches. ✗ Facilitator techniques can be difficult to master and use effectively. ✗ They can make people feel uncomfortable, for example about drawing or role playing. ✗ They can be difficult to document in a report format but can be documented well using photographs or by keeping flipcharts. ✗ Some people may not consider them to be valid ways of working. ✗ Participants may be more focused on the creative, rather than the learning aspect of the activity. ✗ It can be difficult to establish clear action points or conclusions from the activity.

(International HIV/AIDS Alliance, 2001)

2.4 Social Marketing

Social marketing uses commercial marketing tools to target different groups of people to promote habit change and health benefits. Social marketing often reduces the time necessary to change poor habits. Tools include house-to-house education programs, community events such as theatre performances, and training school children to teach their parents to adopt these new habits. People may not readily accept any improvements in their water, sanitation and hygiene situation without targeted and culture-specific education and social marketing programs (Oldfield, 2007).

The following sections describe how to identify your target audience, design key messages, and use different tools to work with households, communities and schools.

2.4.1 Who is Your Target Audience?

Primary target audiences are those who carry out poor water, hygiene and sanitation practices. Mothers and girls are often chosen as the primary target audience, since they are usually the main caregivers for young children and are most influential in a family setting.

Importance of Educating Girls

“Once you educate the boys, they leave the villages and go search for work in the cities but the girls stay home, become leaders in the community, and pass on what they’ve learned. If you really want to change a culture, to empower women, improve basic hygiene and health care, and fight high rates of infant mortality, the answer is to educate the girls.”

(Mortenson, 2006)

While targeting mothers may be useful for influencing change at the household level, there is also a need to involve secondary target audiences who influence their behaviour (e.g. fathers, children, mothers-in-law). There is also a third target audience which is very important: opinion leaders such as religious, political, traditional leaders and elders (UNICEF, 1999; WHO, 2002).



(UNICEF, 1999)

Each segment of your audience can be addressed separately, so while you may arrange for house-to-house visits to reach mothers, street theatre may be more effective in reaching fathers and youths, and leaflets might be appropriate for local opinion leaders (UNICEF, 1999).

Exercise – Who is Your Target Audience?

Use Tool 20: Targeting to identify those most vulnerable to unsafe water, poor hygiene and inadequate sanitation. Discuss the benefits of using targeted social marketing tools with these people, and explore how to increase the impact of your activities.

2.4.2 Designing the Right Message

Communication can be more effective if it focuses on benefits that are important to the target audience. Any promotion strategy needs to be based on an understanding of people's needs and local motivations. These could be as diverse as convenience, safety, privacy, health improvement, or money saving. While good health may seem an obvious need from the public health point of view, it may not be the main concern of the local community. A targeted promotional strategy based on local motivating factors will be more successful than the standard public health based promotion (World Bank, 2002).

Focus on Local Needs	Focus on Public Health
<ul style="list-style-type: none"> Perceptions of community members. Motivating factors are directly related to life in the community. <p>Example thoughts on hand washing:</p> <p><i>"If I wash my hands more often, it means that I have to carry more buckets of water from the well."</i></p> <p><i>"Clean hands smell nice. I'm embarrassed if my hands smell after using the toilet."</i></p>	<ul style="list-style-type: none"> Perception of people outside the community, such as health staff. Motivating factors are related to the prevention of disease. <p>Example thoughts on hand washing:</p> <p><i>"People will get sick more often if they don't wash their hands."</i></p> <p><i>"Hands are a link in the fecal-oral transmission route and the key to breaking that is by hand washing with soap."</i></p>

(Adapted from Nam Saat Central, 2001)

It is also good to focus on positive and useful ideas about safe water and health (e.g. clarity, taste, good health, ease of use) rather than negative ones. It is not a good idea to create messages around the fear of disease and the death of children. Messages about diarrhea don't always make sense to people, and can disgust people because they are unattractive. The tone of the message should be upbeat and encouraging, especially if the ultimate goal of the behaviour change is a happy and healthy family.



Every society already has explanations and words to talk about disease, water, hygiene and sanitation, so messages should be based on existing practices and beliefs. Avoid contradicting traditional beliefs. Try to integrate and include these beliefs into your messages. As well, try to use common words and situations that are familiar to everyone.

Too many messages at one time are confusing to people. Look at the lists of messages below. These are all common in water, hygiene and sanitation education projects. But there are so many! You need to keep it simple and focus on two or three key messages for good communication. Which ones would you choose?



(UNICEF, 1999)

Exercise – Designing the Right Message

Have a group member read out the following case study:

Between 1993 and 1996, research was conducted in Zou Department in the Republic of Benin, West Africa. The goal was to find out why some households had decided to change from open defecation, and install a pit latrine at home, and why most others had not.

Interviews with many households identified that prestige and well-being were the main motivators for installing a latrine. Owning a home latrine allowed the owner and their family to:

- Display their connections with the urban world;
- Show modern views, goals and new values gained outside the village; and
- Imitate some of the privilege, wealth and status of the Fon Royalty.

People also wanted to protect their family's health and safety from dangers, accidents, snake bites, and crimes associated with open defecation. There was also a desire for increased convenience, comfort and cleanliness associated with using a latrine. As well, people wanted to protect themselves from supernatural dangers associated with open defecation.

Preventing fecal-oral transmission of diseases (the classic health benefit used in most messages) was hardly mentioned. When infectious diseases were mentioned, they were traced to smelling or seeing human feces. Beliefs that the smell of feces made a person sick and weak, and that seeing it in the morning brought misfortune and bad luck, were widespread in the study area.

(World Bank, 2004)

Based on the information provided in the case study, design two or three key messages to encourage households to install a pit latrine. Try to focus on people's needs and local motivations. Remember to keep it simple and focus on the positive.

Message 1:

Message 2:

Message 3:

2.5 How to Work with Households

Door-to-door household visits can be a good method for awareness building and educating about water, hygiene and sanitation issues. However, visiting individual households requires time and is not always practical for organizations with limited human resources.

Generally, mothers and child caregivers are your target audience during household visits. The following are some things to consider for conducting an effective household visit:

- **Appearance.** This is very important. For example, when working in a rural community, try to identify with local people and by wearing simple clothes and using appropriate language.
- **Introductions.** Introduce yourself and ask the person you are addressing to introduce them self, in a locally acceptable manner. This will help to assure the individual that you are genuinely interested in learning about them.
- **Terms of Address.** When asking questions, use the individual's name. This helps the visit to remain informal or conversational rather than formal or interrogative. The person being asked questions should not feel that they are on trial or being given a test about what they know.
- **Establish confidence** by stressing to the individuals that you are interested in her/his/their opinions, knowledge and beliefs. Make it clear that your intention is to learn and not to judge.
- **Be positive** by focusing on what a household is doing well rather than what they are doing wrong. It is best to start a conversation from a positive point or achievement.
- **Establish confidentiality** by assuring the individual that your conversations will not be repeated to others and that when you write a report, they will not be identified by name.
- **Privacy.** You should be very careful about intruding in people's privacy. Private and sensitive questions such as asking to see people's latrines can cause embarrassment. This can be minimized if the person is well-informed about your motives and interests. If people understand why you are asking them such questions, they are more likely to cooperate with you.
- **Timing.** Visits to people's homes should take into account local patterns of activities. For example, you should avoid arriving for visits at meal times.

Exercise – Household Visit Checklist

Make a checklist of important attitudes and behaviour that you think a Community Health Promoter should have when they conduct a household visit. Remember that the target audience is usually mothers and child caregivers. An example checklist could look like the following...

Did the Community Health Promoter...

- | | | | |
|--------------------------------------|------------------------------|--------------------------------|-----------------------------|
| 1. Greet people politely? | <input type="checkbox"/> Yes | <input type="checkbox"/> A bit | <input type="checkbox"/> No |
| 2. Introduce them self? | <input type="checkbox"/> Yes | <input type="checkbox"/> A bit | <input type="checkbox"/> No |
| 3. Explain the purpose of the visit? | <input type="checkbox"/> Yes | <input type="checkbox"/> A bit | <input type="checkbox"/> No |
| 4. Etc. | | | |
| 5. Etc. | | | |

Record your checklist in the space below.

Exercise – Role Play a Household Visit

Use Tool 21: Role Play to help with this activity. With the whole group, pick a topic that is relevant to your project that you would like to discuss with a household. Work with a partner to rehearse what a Community Health Promoter should say and do about this topic. Sometimes it helps to write down your thoughts and prepare a script. The water, hygiene and sanitation posters provided in Appendix 2 can be a helpful tool to facilitate your discussion with a household.

Next, one partner will play the part of the household while the other plays the Community Health Promoter. It is fine to use your notes and posters as a guide during your role play. Afterwards, the partner playing the household role should complete the checklist created in the previous exercise. Did the Community Health Promoter demonstrate the important attitudes and behaviour? Share with each other what went well and what part of the visit needs more work. Switch roles and practice the household visit again.

Remember that it is OK to make mistakes - that is why we are practicing! It may take lots of practice before you are comfortable with the topic and how you will act during a household visit.

Pure Water for the World Successfully Working with Households

Pure Water for the World (PWW) has installed about 14,000 biosand filters in Honduras since 2001. The initial focus was to distribute as many filters as possible, however over time, the project team realized that more household education was needed to ensure long-term use and proper maintenance of the filters.

PWW now has a successful Community Health Promotion program to work directly with households. Early adopters volunteer to support 10 to 15 homes in their community and help monitor the filters. PWW covers the cost of their training and provides free education materials, such as posters, pamphlets and stickers using CAWST designs. PWW is pleased with the outcomes of the program, including improved use and maintenance of the filters, as well as a stronger connection with the local communities.

2.6 How to Work with Community Groups

The following steps outline how to successfully work with community groups to raise awareness and promote behaviour change:

- Identify the target groups you want to reach;
- Design key messages;
- Choose effective communication methods;
- Prepare the communication materials and activities;
- Deliver the activity and message.

We have already discussed how to identify target groups and design the right message based on local needs and motivations, so now we will focus on the remaining steps.

2.6.1 Choosing Effective Communication Methods

There are many methods that have been used to engage and educate communities around the world. When selecting a communication method for a particular audience, consider the following questions:

- Who are the members of each target group?
- Where are they?
- How many of them are there?
- What languages do they speak?
- Who listens to the radio or watches television regularly?
- What proportion can read?
- Do they read newspapers?
- To which organizations and groups do they belong?
- Which methods of communication do they like and trust?



(UNICEF, 1999)

By finding out how many of the target audience reads papers, listens to the radio, belong to social groups, etc. you can see which methods are most suitable for your messages. For example, using printed information in the form of pamphlets or posters is not appropriate if the majority of the community cannot read.

Partnering with Existing Community Organizations

Both formal and non-formal community-based organizations (CBOs), clubs, self-help groups, religious communities and political organizations exist in many communities to bring about positive changes. Such groups may be unknown until you talk with the community. Whether the organization is legally recognized or not, they can be an important resource and should not be overlooked or ignored. You can explore the situation and mission of any existing organizations and see if there is potential to work together to meet a common goal.

Local Leaders

Local leaders are the prominent people in the community who can influence the behaviour of people. This group includes opinion leaders such as religious, political, traditional leaders, teachers and elders. You can approach and inform local leaders to help promote safe water, hygiene and sanitation in the community.

Demonstrations

People often believe more what they see than what they hear. Seeing others experiencing benefits is a powerful motivator. People observe the benefits that neighbours have with a household water filter or latrine and want the same thing for themselves and their families. A small number of successful installations of household filters or latrines can have a positive influence among the families without the facilities.

Mass Media

Mass media campaigns usually focus on a few key messages for the general public. Simple messages can be disseminated to a wide audience using television, radio, and newspapers. Mass media can be very timely (eg. Just before the rainy season about cholera) and does not require a high number of personnel.



The limitations of using mass media are:

- Provides only one-way communication;
- May only reach select audiences (i.e. only wealthy households may own a television or radio);
- Not very effective for promoting long term behaviour change; and
- Centrally produced, so it may not be appropriate for diverse ethnic/linguistic groups within a region.

Radio has been frequently used to pass on information since it can be an efficient means for wide coverage in a short time. Information can be broadcasted in the forms of a radio drama, news item, information bulletin, contests or other formats used by the community.

You can also try to publish local newspaper articles about issues that are relevant to the community on water, hygiene and sanitation.

Radio Competition in Lao PDR

In cooperation with the Centre for Health Education, Lao National Radio has been broadcasting information about good personal hygiene and prevention of diarrheal diseases across the country. Every week, following an informative talk, a question is given to the public. People write in their answers and the correct ones are put into a draw. The winners are announced every week and prizes are sent out. The radio competition gets hundreds of answers from all over the country. The organizers are very pleased with the response that they get from listeners. Some of the answers are very strange, which gives the radio people feedback on how clearly they gave the information. (Nam Saat Central, 2001)

Publications, Posters and Pamphlets

There are numerous examples of publications, posters and pamphlets that have been created on water, hygiene and sanitation. Appendix 2 provides CAWST posters which can be adapted to fit the needs and language of the community.

Pure Water for the World has adapted the CAWST posters from Appendix 2 to create a pamphlet that is given to households and stickers that are placed on safe water storage containers. The cartoon illustrations remind people how to use and maintain their biosand filters.

Participatory Activities

Using community level participatory activities allows people to contribute to teaching and learning, rather than passively receive information from outside experts. It encourages the participation of all individuals in the community, no matter what their age, gender, social class or educational background. Participatory activities also make learning fun and interesting.

There are many different participatory activities that can be used in the community, including the following:

- Tool 21: Role Play
- Tool 22: Story With a Gap
- Tool 23: Case Studies
- Tool 24: Community Drama
- Tool 25: Participatory Photography
- Tool 26: Participatory Video
- Tool 27: Picture Story
- Tool 28: Storytelling



(International HIV/AIDS Alliance, 2006)

Exercise – Create Your Own Participatory Activity

The facilitator will divide you into small working groups. Each group will be given a different community scenario. Your task is to create a product or activity to inform, educate and communicate specific knowledge, skills or attitudes to the community.

To start off, discuss the following questions within your group:

- Target Audience – who will be the specific audience for the product/activity?
- Topics – what specific issues and topics should the product/activity cover?
- Communication method – what form of product/activity would be most appropriate for that audience and topic?

Next plan the content of your product/activity in detail, including the:

- Exact message
- Roles and responsibilities
- Materials required
- Location where the activities will take place

Be prepared to share your results with the entire group. See Tool 29: Production of Information, Education and Communication Materials if you need more information.

Communication Tips

The best key messages and communication methods:

- **are attractive:** so that they pull people in
- **use local language and situations:** so that people feel it concerns them
- **are repetitive:** so that messages are retained
- **are easy to understand:** so nobody gets confused
- **are participatory:** an exchange of views is most effective
- **are provocative:** so that they are memorable and discussed
- **show by example:** so that the new practices are seen to be possible.

(Hiam, Kotler and Graeff cited in UNICEF, 1999)

2.6.2 Facilitating Group Activities

Group Size

Group size is important. For the group to take on its own identity, everybody must know everybody else. If groups are too big, then it is difficult for everyone to participate equally. If the group is too small – for example below 8 members – it can forget what its task is and just become a friendship group.

Group Norms

Normally the group can suggest its own “ground rules” and participants will generally mention things like respect, punctuality, attendance, and use of cell phones.

Exercise – Ground Rules

Use Tool 31: Making Ground Rules to establish the group expectations that will guide everyone’s behaviour during the session.

Gender Mix

The gender mix should depend on the group task. Having a gender balance can be good for everyone to understand both perspectives on an issue. If a group is all female or all male then there is a tendency to reinforce stereotyped values like “Isn’t it terrible the way men/women behave – they’re all the same”.

Physical Arrangements

In informal groups, you should sit with the other participants; sitting in a circle is sometimes the most appropriate. Rooms should be quiet and free of interruptions. If applicable, nurses or other official facilitators should probably change out of uniform into ordinary clothes.

Whole Group Versus Small Group Activities

Depending on the objective of the activity it may be necessary for people to work on their own, with people from the same community or organization, or in mixed groups. Activities can also be carried out with the whole group or with several small groups. Working with the whole group is best when dealing with an activity in which participants give each other positive feedback.

Working in smaller groups is recommended when every participant has to participate more than once or if the activity is longer. Using small groups gives every member a chance to fully participate and exchange opinions. At the end of small group work, at least a few minutes should be dedicated to work with the whole group. A spokesperson from each small group then responds back to everyone about what the group was doing and what conclusions and results they reached.

Dividing People Into Small Groups

There are many ways to divide participants into groups. When there is no logical groups necessary for the activity (for example, same gender, same organization, same age), participants can be divided by:

- Random mix (for example, all those wearing brown shoes or have names beginning with the letters A to M).
- Mixing levels of work experience (for example, those with lots of experience with those with little experience).
- Counting 1, 2, 3, 1, 2, 3 etc. or different fruits (for example, apple, orange, mango) so that each group includes those that have not been sitting together.
- Mixing gender and ages (ensure that people's ages are not discussed openly if this is inappropriate).

(International HIV/AIDS Alliance, 2006)

Keeping Records of Activities

The group should keep a record of its answers and decisions along the way. Usually, these answers and decisions will be clear from the product of the activity. The results of each activity can be displayed on walls. How records are made will depend on several factors, including the literacy level of the group and available writing materials. Keeping records means participants can quickly review their progress when they need to.

Generally, it is best if the group selects one or more volunteers to keep records. If no one volunteers, you could ask someone whom you think would do the task well. Make sure the records are brought to each meeting so that the results of previous meetings can be easily reviewed. If the group is unsure of what to do, confused, unable to reach an agreement, or if participation is slowing, you may need to help the group review decisions reached in past meetings.

Evaluate Each Activity

It is important to receive feedback on the relevance of activities, on what the group thought was good or bad, and on where improvements could be made in the future. Each activity or the end of each meeting should be evaluated. They can be carried out by using questionnaires or participatory activities. See Appendix 4 for different evaluation methods.

Tips for Facilitating a Participatory Activity

1. Have all materials for each activity ready before starting.
2. Make sure the materials are large enough to be seen by all participants.
3. Make sure that people can talk to one another easily; use a circle where possible.
4. Introduce yourself and the purpose of the session. Ask each person to introduce themselves to the group.
5. Begin each new session with an energizer activity, such as a game, song or dance movement. Examples of different energizers are provided in Appendix 3.
6. Agree on the “ground rules” with participants, including the need to respect opinions and confidentiality. See Tool 31: Making Ground Rules for more information.
7. Go through each activity one step at a time and give exact instructions.
8. Encourage and welcome the input that individuals make. Be careful not to find fault or make critical comments when you respond to people. Remember that there are no wrong answers.
9. Try to facilitate the group, do not direct it.
10. Try to encourage the active participation of everyone by paying attention to who is dominating discussions and who is not contributing.
11. Take into account the participants’ literacy level and work out ways in which they can keep records of what is discussed and agreed upon.
12. Have the group keep the materials and records in a safe place.
13. At the end of each session, 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. See Appendix 4 for different types of evaluations that can be used.
14. At the end of each session, summarize the main points, decisions that have been made, and action points that have been agreed. Thank the participants for their effort and explain briefly what will be covered in the next session.
15. At the beginning of each new meeting, get the group to review what it has done so far and the decisions it has taken.

Aceh's Very Own Broadway Show

While Raju and Era weren't opening a Broadway show, they did not let that detail come in the way of their daily theatre practice in a tsunami-affected region of Indonesia. They are part of a cast of four tsunami survivors staging a drama promoting safe water handling practices for their friends and families. Their Aceh community was in an area nearly wiped off the map by the 2004 tsunami waves.

At the opening performance, the actors nervously walked onto the makeshift stage in the community centre. Within five minutes, the crowd of mostly women and children were laughing and clapping. "The topic was interesting. I wanted to take part in this drama because I want to encourage all my friends in the community to keep our environment clean and healthy," says Raju.

Despite the simple set and wardrobe, the actors received an encore from the audience. "We know that we are supposed to wash our hands. But many times we don't do it because we are busy or because we don't think it's that important. Our children see this and they imitate us. Then when our children get sick or we get sick, we wonder why," says Mauliadar, a community member who saw the play. "Health campaigns like the Canadian Red Cross' safe water play makes us realize how important safe hygiene is. But in an entertaining way!"

This is one of the many ways in which Canadian Red Cross is working to improve the lives and living conditions of tsunami survivors across Aceh province. The environmental health program of Canadian Red Cross in Indonesia supports volunteer groups in developing health campaigns to promote safe hygiene and sanitation practices in their communities. One of the most effective ways is by using traditional methods of communication to deliver educational messages.

"By communicating hygiene information through this infotainment method, my hope is that community members will be more engaged in learning and implementing this information in their everyday lives," says Meiry, a Canadian Red Cross hygiene promotion coordinator.

After the drama, through the use of games and quizzes, the Canadian Red Cross Hygiene Promotion team determines if the audience understands the messages on safe water handling.

"Behavioural change is very difficult to measure. We continuously conduct follow-up visits to ensure that the families who participated in the hygiene campaigns are putting the information to good use. Even if 30 per cent of families have changed their behaviour, I consider it a success story. Small steps can make a difference," says Meiry.

After the play ends, the women leave to prepare supper before evening prayer time. Two children stayed behind in the hall and asks Meiry when there is going to be another drama. "I want to be the chosen again for the next drama," says Era, her eyes shining with excitement.

(Mardiati, 2007)

2.7 How to Work with Schools

Water, sanitation and hygiene education can be incorporated into formal school curriculum or informal child education programs. Children tend to be more open to adopting new practices, and they influence the behaviour of their families, peers and neighbours.

Child's Play in Bangladesh

Eleven-year-old Shobu Tara comes from Kallyanpur Pura Bastee slum in Dhaka, Bangladesh. Through WaterAid she has been learning about good hygiene practices.

"My name is Shobu which means Star and I come here to learn about good hygiene. I will be less ill if I learn well. I have already changed some of my behaviour by wearing slippers to the latrine to protect me from getting worms in my feet."

"I didn't even know about washing my hands before, but now I do. I tell my family and neighbours about hand washing and keeping things clean. If I see anyone using a bad hygiene practice I tell them."

"The group I am with gets together and then goes and tells adults about good hygiene. We are braver in a group and feel like we can tell adults what to do with more confidence."

(WaterAid, nd)

The primary school age group (children who are approximately 5 to 14 years old) often miss out on public health programs which tend to focus on children under five years old. Diarrheal diseases, hepatitis A, urinary tract infections, constipation and intestinal worms cause children to miss school and lack concentration (World Bank, 2007). All of these illnesses are linked to poor water, hygiene and sanitation practices.

School water, hygiene and sanitation programs need to go beyond the construction of facilities. They should also aim to improve children's healthy behaviour and their quality of life. Addressing water, sanitation and hygiene in schools is very useful since young children are far more open to new ideas than adults. They can be stimulated to adopt habits of good personal hygiene which will last through their adult lives.

However, getting children to practice hygienic behaviours is not that simple. Although health and hygiene education in schools may increase children's knowledge about illnesses, this rarely translates into them practicing hygienic behaviours (World Bank, 2007).

2.7.1 Designing the Right Message for Children

Children often know all about the health problems associated with poor hygiene and sanitation. So education alone is not enough to help children change their behaviour. Similar to adults, we must also understand what motivates children to change their behaviour and how to effectively communicate messages to them. Children are not “little adults” who model their behaviour after their parents and teachers. Most often they follow the lead of their peers and have a different perception than adults.

Differences in the Perceptions of Children and Adults

In one school, parents complained that pupils kept losing their underpants and the school management had found soiled underpants in the toilets. During the research project, pupils finally revealed that it was shameful to ask for toilet paper in front of the whole class before going to the toilet. The adults wanted to avoid toilet paper wastage, but it created shame amongst the students. The children resorted to using their underpants in place of toilet paper.

(World Bank, 2007)

A research project completed among primary schools in Dakar, Senegal gained the following insights about children's motivations to wash their hands:

- **If everybody is doing it, why not me?** During the study, no child wanted to be left out and all washed their hands at the specified times.
- **My hands smelled nice.** Children were keen to have nice smelling hands and they preferred the scented beauty soap to the odourless soap.
- **Avoiding diseases means more time with friends.** Children were concerned about disease, because it meant missing time with their friends not because they were afraid of being sick.
- **Clean hands mean clean books, which mean better marks.** Children were very worried about losing marks because their notebooks were difficult to keep clean without hand washing facilities.

(World Bank, 2007)

Why Don't Children Wash Their Hands?

When children were asked why their peers did not wash their hands they suggested stubbornness, the rush during breaks, the time it takes away from their playtime, and the state of the toilets. They explained that stubbornness arose from not wanting to do what they were told by adults. According to them, hand washing is an activity done alone, which takes time away from fun activities with friends. They also said that the toilet/washing facilities are scary places that smell bad so they are in a rush to get out and prefer not to stay behind to wash their hands.

(World Bank, 2007)

2.7.2 Developing Activities for Children

Based on understanding children's need and motivations, the following recommendations should be taken into consideration when designing learning activities and programs for schools:

- **Make hygiene and sanitation “cool”.** Children live in a social world where the approval of peers is often their highest goal.
- **Make hygiene and sanitation fun and part of a socializing activity.** Children hate to waste socializing time. Activities that can make hygiene and sanitation playful and social are more likely to work in schools.
- **Find classroom-by-classroom solutions.** Children's school class is often the most important social unit after their family.
- **Build a sense of pride in belonging to the classroom and school.** Building the feeling that “our classroom or school is the best” can work to encourage change. Inter-classroom and inter-school competition often works to motivate children.

Children learn in many different ways. It is generally understood that they learn the least from reading or memorizing and the most from experience. It is useful to have a variety of learning activities which encourage children to actively participate inside and outside the classroom. There are many types of participatory activities that can be used in schools, from drama, art and songs to competitions and games.

Some other things to consider when you are developing activities for school children:

- First meet with the school principal and teachers to explain your purpose and find out their needs and expectations.
- Make an agreement with the school and set up the logistics (e.g. time, place, how the visit will be handled, class size, age group).
- Remember that teachers are very busy and usually have a lot of responsibility. You are trying to make their job easier, not give them more work to do. Try to integrate activities into the school curriculum or as an after school activity so that it won't take away from class time.
- All materials should be low-cost or free. Teachers and schools do not need to buy special materials or kits.

There are several resources available to help you plan learning activities for children about water, hygiene and sanitation:

- **The Joy of Learning: Participatory lesson plans on hygiene, sanitation, water, health and the environment** by IRC (2005) is an excellent guide for people who want to design participatory learning activities. It is divided into two parts: theory and lesson plans. The lesson plans are organised into three sections: hygiene (including personal and food hygiene), sanitation and water. Each section contains a series of information sheets for planning, doing and evaluating participatory learning activities on a specific subject. Examples include personal hygiene, the safe transport and handling of water, protecting local water sources, and local disease transmission routes.

The guide is characterised by its participatory activities, the possibility of adjusting each activity to local conditions and cultures, a combination of hygiene and health education with more formal education goals, a focus on socio-psychological life skills such as cooperation and mutual understanding, and the linking of learning activities in schools, homes and communities. Activities require the exclusive use of no- and low-cost materials which are easily available and affordable.

- **Life Skills-Based Hygiene Education** is another manual developed by IRC (2004). Life skills-based hygiene education can help to create effective education and hygienic schools by giving children knowledge as well as attitudes and skills for coping with life (hence the term life skills). Part of this coping is in water, sanitation and hygiene and includes the learning of practical hygiene skills. Life skills-based hygiene education helps children to change behaviour and so reduce risks and prevents water and sanitation related diseases. Teaching children through life skills-based hygiene education materials involves the use of interactive and participatory methods with room for information-focused sessions and child-centred sessions.

This document contains an overview of life skills-based education in general and the development of life skills-based hygiene education materials in school sanitation and hygiene education programmes in particular. Its focus is life skills-based sanitation and hygiene education for primary school children. As there are many adolescents in primary schools in developing countries, the age groups covered are from 6 to 14 years.

- **WaterAid's Learn Zone** website provides teaching and learning resources for use in the classroom, including teaching packs, online games, and videos.

2.8 How to Create a Field Kit

A field kit is the set of materials that a Community Health Promoter uses as visual aids for facilitating activities. It is recommended that a basic field kit include the following materials:

- Tool 1: Transmission Routes
- Tool 2: Analyzing the Barriers
- Tool 3: Three Pile Sorting
- Tool 4: Sanitation Ladder
- Appendix 2: Water, Hygiene and Sanitation Posters
- Checklists

The ideal field kit consists of drawings that reflect the local culture and circumstances. CAWST has developed four sets illustrations for Tools 1-4 that represent different regions and cultures:

- Latin America
- South Asia
- Southeast Asia
- Africa

These materials are generally applicable over a wide cultural area where customs, housing and clothing are similar. The materials are open source and are available for you to copy and use free of charge.

In some situations, you may want to have a local artist modify the drawings to look more like the specific setting in which you will be working. You can also translate the text so that it is in the local language.

Facilitators will generally need a number of sets of drawings. You should keep a master set that can be photocopied when needed. It is also suggested to laminate or cover your drawings in plastic to help protect and make them last longer.

There are different ways to keep your materials together. Some Community Health Promoters put all of their materials into a binder or plastic folder that it easy to remove activities when they are needed. Others use a cloth or plastic bag to carry their materials.

During an activity do not use glue or any other permanent adhesive to attach the drawings to a surface because they will need to be moved around, removed and reused.

2.9 Additional Resources

Behaviour Change:

Network Learning (2003). Health Education for Behaviour Change: A Workbook to Improve Skills. Website: www.networklearning.org

Participatory Learning and Facilitation Techniques:

International HIV/AIDS Alliance (2001). A Facilitator's Guide to Participatory Workshops with NGOs/CBOs Responding to HIV/AIDS. Available at: www.aidsalliance.org

International HIV/AIDS Alliance (2006). Tools Together Now: 100 Participatory Tools to Mobilise Communities for HIV/AIDS. Available at: www.aidsalliance.org

World Health Organization (1998). PHAST Step-by-step Guide: A Participatory Approach for the Control of Diarrheal Disease. Available at: www.who.int/water_sanitation_health/hygiene/envsan/phastep/en/index.html

Communication:

UNICEF (1999). Towards Better Programming: A Manual on Hygiene Promotion. Available at: www.unicef.org/wes/files/hman.pdf

School Activities:

International Water and Sanitation Centre (2005). The Joy of Learning. Available at: www.irc.nl

International Water and Sanitation Centre (2004). Life Skills-Based Hygiene Education. Available at: www.irc.nl

WaterAid Learn Zone. Available at: www.wateraid.org/international/learn_zone/

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World Bank (2004). Who Buys Latrines, Where and Why? Field Note, Water and Sanitation Program, Africa Region. September 2004. Available at:

World Bank (2007). Can Hygiene Be Cool and Fun? Field Note, Water and Sanitation Program, Africa Region, March 2007. Available at:

World Health Organization (1998). PHAST Step-by-step Guide: A Participatory Approach for the Control of Diarrheal Disease. Available at:
www.who.int/water_sanitation_health/hygiene/envsan/phastep/en/index.html

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