

RWSGEAP: Hygiene Education Field Guide

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# **A FIELD GUIDE FOR COMMUNITY TRAINERS**

**Participatory Hygiene Education for  
Water Supply and Sanitation**

**MON/93/005**

**Mongolia: Technical Assistance and Capacity Building Project  
August 1995**

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Hygiene Education for  
Water Supply and Sanitation

A FIELD GUIDE FOR  
COMMUNITY TRAINERS

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Women's Federation

UNDP/WORLD BANK  
Water & Sanitation Program

Mongolia: Technical Assistance and Capacity Building Project  
MON/93/005  
August 1995

## ACKNOWLEDGEMENTS

This Field Guide is the result of two years of community training experience from the Mongolian Technical Assistance and Capacity Building Project (MON/93/005), a UNDP-funded community based water and sanitation project executed by the UNDP/World Bank Water and Sanitation Program.

A PROWWESS Participatory Methodology workshop for training provincial trainers was conducted in Mongolia in July/August 1993. The workshop focused on the SARAR approach to participatory training, as described in *Tools For Community Participation: A Manual For Training Trainers In Participatory Techniques*, by Lyra Srinivasan, 1990. It was facilitated by PROWWESS trainer, Ron Sawyer and assisted by Vathinee Jitjaturunt, Raju Joshi and Mary Judd. Alicia Sawyer coordinated and produced the artwork with local artists. During the course of the workshop, participatory materials were developed and adapted. These were subsequently field tested in the project communities.

Core national trainers, Tsedendamba (MONNAA); Dr. Buzmaa, Dr. Saijaa, and A. Batchishig (Ministry of Health); and Prasain Nath (UNV-Project Manager) conducted a PROWWESS training in September 1993 for provincial trainers. Materials produced at the training in July were used, adapted and further developed.

A Follow up Workshop for provincial/district trainers was held in May 1995, facilitated by the national trainers and the Hygiene Consultant. The experience of the provincial trainers--Tsendsuren, Otgon, Khurelkhuv, Enkhargal, Undarmaa, Puravdorj, Yanjinlham, Tserennadmid and Bataa, with materials and methods was reviewed. Materials and tools with particular focus on hygiene education were further refined, adapted and developed and comprise this Field Guide For Community Trainers.

As well as the valuable contributions of trainers, many additional people assisted in or facilitated the processes of training and the production of this Field Guide. These include AIDAB, who provided the necessary financial support for hygiene and sanitation training and for materials production, the Mongolian Ministry of Health: Health Learning Unit for advice and assistance in layout and printing, the artists for their creative and attractive drawings and illustrations, and the support staff for translation and organizational arrangements.

Finally, special recognition must be extended to the community members of Yarmaq, Horo #4; Deren Sum; Tsogt and Tseel Sum and Altai City, Mongolia, for their participation in training activities and their significant input into participatory training methods and materials for water supply and sanitation improvement.

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July, 1995

## ORGANIZATION AND USE OF THE FIELD GUIDE

This Field Guide has been developed to assist Mongolian Community Trainers in providing participatory rural community based Hygiene and Sanitation Education, including planning, implementing and evaluating activities.

The Field Guide brings together a set of tools for the provision of Hygiene and Sanitation Education in *rural and periurban* Water Supply and Sanitation Programs in Mongolia.

These tools were developed in two Training of Trainers Workshops -- a PROWWESS Workshop in Community Participation held in July/August 1993, and a follow up Workshop focusing on Hygiene Education held in May, 1995.

The material in the Guide is divided into four main sections:

- Section 1. Planning and Organization for Community Based Hygiene Education.
- Section 2. Participatory Methodologies to promote active community involvement and commitment to behaviour change.
- Section 3. Water and Sanitation related Health Problems, Prevention actions, and main Hygiene Messages for target groups.
- Section 4. Monitoring and Evaluation Tools.

An Annex containing reference materials prepared by the national trainers is included. This consists of Water Quality Standards, Guidelines for local Government, Guidelines for the Protection of Water Sources and Supplies, and other articles related to Water Supply and Sanitation.

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## **INTRODUCTION**

The availability of adequate amounts of safe drinking water and the provision of environmental sanitation are basic requirements for good community health. When these are insufficient, many diseases can spread, weakening the productive capacity of families, as well as causing great pain, suffering and death.

### **DRINKING WATER**

While surface water provides the source for many countries' drinking water, ground water is the primary source of protected water supply for most settlements in Mongolia. Traditional sources of water: dug wells (usually 2-3m), surface water in the summer, and ice in the winter, are used for agriculture and water supply purposes, and are highly susceptible to contamination. Recently, deep bore drilled wells with handpumps have been installed by the MON/93/005 Project in Ulaanbaatar, Deren, Tsogt and Tseel districts (Sums).

### **SANITATION**

The use of latrines in rural and periurban areas is common practice for adults and older children in Mongolia. These are located within family compounds or outside the compound and shared by a number of families. Many facilities are dry, simple pit latrines having a wide gap in the wooden planks of the floor. These are unsafe for children and adults, provide sources for fly breeding and easy access to rodents, and have a foul odour in the summer.

### **WATER USER AND SANITATION PRACTICES**

Long term conservation practices due to water scarcity, the harsh climate and long winter, the cost of water, and the unavailability of easy access, have served to limit the use of adequate and safe water supplies. When these conditions are combined with unhygienic sanitation facilities and practices, the risks for contracting water and sanitation related diseases are increased. The diseases that flourish include communicable diseases such as Typhoid, Paratyphoid, Dysentery, Diarrhoea, Salmonella, Hepatitis A and Hookworm. Eye and skin infections are also common. Recent statistics of disease cases in Mongolia<sup>1</sup> indicate that some water and sanitation related diseases are increasing. The following brief

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<sup>1</sup> Department of Epidemiology, Mongolian Ministry of Health, 1995

list shows the increase in cases of Typhoid, Hepatitis (A) and Dysentery in a one year period.

	<u>1993</u>	<u>1994</u>
Typhoid	39	75
Hepatitis	5888	7840
Dysentery	1468	1948

The consumption of water of above normal standards of mineralization has also caused kidney and heart problems.

## **HYGIENE EDUCATION**

Provision of new or improved water supply and sanitation facilities are required to increase community access to safe water and environmental sanitation. However, these alone will not reduce the spread of disease. Additional changes in hygiene conditions and behaviour are also needed to reduce the multiple transmission routes of water and sanitation related disease. Hygiene and sanitation education addresses these changes and provides the necessary links between improved facilities and practices.

In order to provide effective Hygiene Education, specific objectives for activities are needed to provide the basis for planning, organization and monitoring processes. Another essential factor is the need to actively involve community members in the identification and solving of existing health problems. This can best be done by using participatory methods that motivate and draw on the knowledge and experience of the community. Only with the active involvement of community members in identifying, analysing and solving health problems will positive changes in community behaviour occur and be sustained.

SECTION ONE

**PLANNING AND  
ORGANIZATION FOR  
COMMUNITY BASED HYGIENE  
EDUCATION**



# PLANNING AND ORGANIZATION FOR COMMUNITY BASED HYGIENE EDUCATION

The effective implementation of Hygiene Education activities is dependent on good planning and organization. This is particularly important when educational activities and construction activities are integrated in a water supply and sanitation improvement program.

In Mongolia, community based hygiene and sanitation education/training is being undertaken by different professional groups of provincial and district government employees. Planning and organization of government staff is needed to ensure that sufficient time and effort is directed to community based activities outside the regular job requirements.

Community organization is also required. Formation of community groups for participatory education activities and establishment of Water User Committees to manage the operation and maintenance of water supply points, can facilitate the effectiveness and efficiency of educational/training efforts.

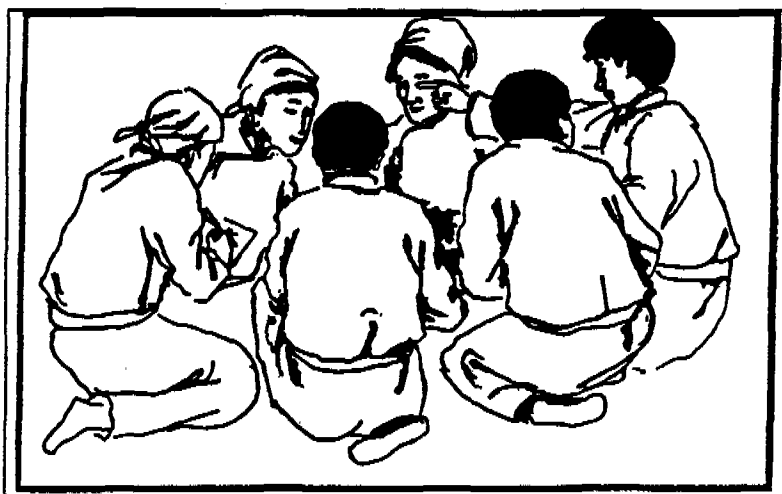
## WHAT RESULTS DO YOU WANT?

1. A comprehensive plan of activities for community based hygiene education that supports the following objectives:



- Promotion of hand washing with soap, ash or other cleansing substances after defecation and before food preparation and eating.
- Increased use of water for personal and domestic hygiene.
- Improvement of latrines.

- Provision of maintenance, and protection of wells and handpumps
2. Community learning groups and Water User Committees have been organized.



### HOW ARE YOU GOING TO DO IT?

1. Form a Training Implementation Committee at the Provincial/District level.
2. Make a Plan of action to include:
  - assessment of community water and sanitation practices
  - identification of water and sanitation diseases in the community and water quality problems
  - identification of community target groups according to age education/occupation and gender
3. Identify community facilitators from within target groups.
4. Form Water User Committees to manage the care, operations and maintenance, and monitoring of each pump/well.



## WHAT STEPS ARE YOU GOING TO TAKE?

- Meet with other community trainers and administrative staff to develop a Plan of Action for the organization of community hygiene education events. If construction activities are also being planned, hygiene education activities should precede the construction phase, be integrated with construction activities when they occur, and continue during operations and maintenance.
- Meet with local community administrative staff and leaders of groups to discuss the plan.
- Hold a general community meeting and describe the plan for hygiene education, including the objectives. Ask for feedback.
- Identify target groups. Women and school children should be emphasized.
- Assess community water and sanitation practices with community leaders and target groups.
- Organize and schedule hygiene education activities for each target group.
- Train Water User Committees in the hygienic care and use of water facilities.

## WHAT MATERIALS DO YOU NEED?

- Job Descriptions: Guidelines for Community Trainer, Water User Committee and Caretaker.
- Format for Action Planning.
- Guidelines for Information Collection.
- Participatory Training Tools.....(See Section Two)

## **MATERIAL: JOB DESCRIPTION**

### **COMMUNITY TRAINER: for Hygiene and Sanitation Education**

#### **MAJOR RESPONSIBILITIES:**

The Community Trainer is responsible for training, organizing and motivating community members to install, use and maintain water and sanitation facilities in a hygienic way. The Trainer reports to the Water supply and Sanitation Program Coordinator and the Provincial/District Health Department.

#### **TASKS:**

1. With communities, identify the existing knowledge, attitudes, and practices related to water supply and sanitation, and existing water supply and sanitation facilities/resources.
2. With local health staff, identify the prevalence of water and sanitation related diseases in the community.
3. Select community target groups based on age, educational level, gender and occupational status. Special attention should be directed to women and schoolchildren.
4. Select community facilitators from within target groups to do regular house visits, demonstrate hygienic practices, and to promote community input into activities.
5. Prepare and implement training activities for the different target groups. Select problems/topics and methodology which provides for the maximum participation by participants.
6. Focus activities on protection of water sources, latrine improvement, and personal hygiene practices, particularly handwashing with soap.
7. Monitor for behavioral change by regular inspection, observation and review with community members. Evaluate the impact of training by discussion with training group participants.



## **MATERIAL: JOB DESCRIPTION**

### **WATER USER COMMITTEE:**

#### **MAJOR RESPONSIBILITIES:**

The Water User Committee is responsible for the planning, organizing and monitoring of the operations and maintenance of water points in the community, including the use of facilities by community members. The Committee reports to the local Administrative Unit.

#### **TASKS:**

1. Develop a quarterly and annual workplan, reflecting the recommendations of the users, administrative unit and other community organizations in regard to siting, capacity, operations, and design of facilities.
2. Monitor activities regularly.
3. Implement a joint assessment of monitoring results with the water users.
4. Discuss the results and define follow up action: by state, rural/local organizations, by the community users as a group, and by individuals. Special attention is to be focused on meeting the needs of local/domestic users.
5. Implement required action in cooperation with related organizations.
6. Establish and administer a Water user fee system and fund, using Water user fees from domestic and private users. The user fee system should be based on prepayment and should not be restricted by the amount of water collected. Records describing Income and Expenditures must be noted and should include:

#### **INCOME:**

- Planned Budget
- Donations from companies and organizations
- Donations from domestic users

- Profits
- Assistance from International Organizations
- Money borrowed
- Savings

#### EXPENDITURES:

- Operations and maintenance costs
  - Salary/wages of caretaker
  - Major and ongoing repairs
  - Investment and technological renovation
  - Other
7. Provide a report to the fund contributors on the status of the fund on a regular basis.
  8. Assist in training community members in the proper use of facilities and the safe collection of water. Provide rewards for exemplary actions.
  9. Select and provide full support to the caretaker to do preventative maintenance, record defects, and to send information to the Administration for major repair.
  10. Regularly monitor the water quality and request the local MOH for periodic water tests.

#### NOTE:

The members of the Water User Committee should be elected by the community at large, and represent the various groups in the community. Women must make up at least 50% of the membership. The total number of members is dependent on the size of the water user group as a whole ( may be 7-9 members).

## **MATERIAL: JOB DESCRIPTION**

### **CARETAKER:**

#### **MAJOR RESPONSIBILITIES:**

The Caretaker is responsible for maintaining the good working order of one or more water points. The caretaker reports to the Water User Committee.

#### **TASKS:**

1. Regularly inspect the water system.
2. Daily, clean the water point area (pump house, platform, soakpit and drains).
3. Carry out minor repairs as required.
4. Store and use tools, spare parts, and other materials properly.
5. Keep the Water User Committee informed about the general condition of the water supply system; spare parts, new tools, other materials and labor needed; minor repairs done; and major repairs needed.
6. Inform the water users of correct collection practices, demonstrating hygienic procedures when needed.

**MATERIAL: WORKPLAN**

**WORKPLAN FORMAT**

Date	Activities	Objectives	Target Group	Methods & materials	Location	Facilitator	Remarks

## MATERIAL: INFORMATION COLLECTION

### GUIDELINES FOR INFORMATION COLLECTION

#### WATER

##### PRACTICES:

- Who collects water;
- When is it collected;
- How is it collected;
- How much is collected each day;
- What is it used for - how much and how often;
- How is it stored;
- How is it taken from the storage container;
- How are the water storage/collection containers cleaned;
- How often are they cleaned;
- What are the handwashing practices;
- Where is the soap kept.

##### FACILITIES:

- What facilities are available;
- When are they available;
- Who are they available to;
- Who looks after the facilities;
- How is this done;
- How is fee collection done;
- Who cleans the facility;
- Who repairs the pump;
- How many people are using the water point.

#### SANITATION

##### PRACTICES:

- Where do adults defecate;
- Where do children defecate - a) preschool; b) schoolage;
- How do people clean themselves;
- Do they wash their hands after defecation; where;

- What happens to animal defecation;
  - How is garbage handled in the home; outside the home.

#### FACILITIES:

- Where are the latrines located;
- How are they cleaned - how often;
- Who cleans them;
- Who constructs them;
- How are they constructed.

#### **PERSONAL AND DOMESTIC HYGIENE**

- How much water is collected and used by each family/day;
- Is water boiled before drinking - for how long;
- How often do adults bathe - a) in summer; b) in winter;
- How often are infants and young children bathed - a) in summer; b) in winter;
- Are hands washed with soap before food preparation and eating;
- How often are clothes washed;
- How often is the house cleaned;
- How is wastewater from the home disposed.

SECTION TWO

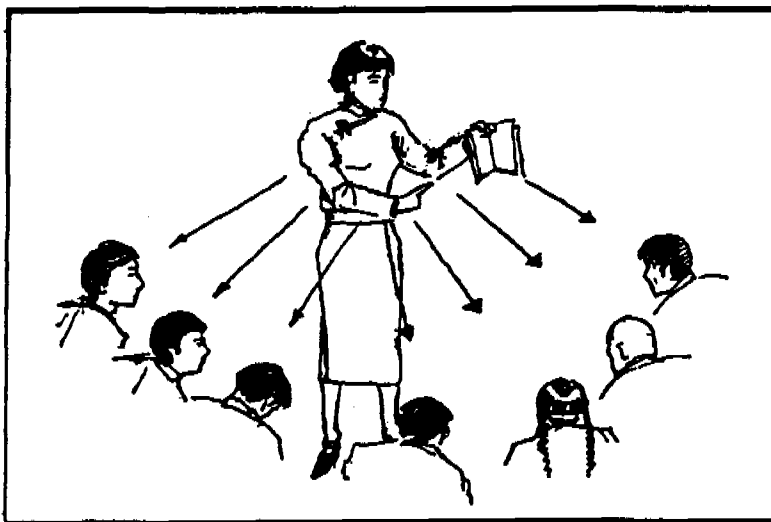
**PARTICIPATORY  
METHODOLOGIES FOR  
COMMUNITY PARTICIPATION**



## PARTICIPATORY TRAINING METHODOLOGIES FOR COMMUNITY PARTICIPATION

Relevant and productive Hygiene Education should result in desired behavioral change. That is, new and healthier practices are adopted by community members as a result of the hygiene education activities. The training approach that is selected by the Trainer with community groups is critical in promoting a successful outcome.

Traditional training approaches are based on the premise that learners need new knowledge in order to change their behavior. It is the responsibility of the trainer to provide the participants with the required knowledge. The trainer preselects the content and presents the information to the learners. Communication is one way - from the trainer to the learner.



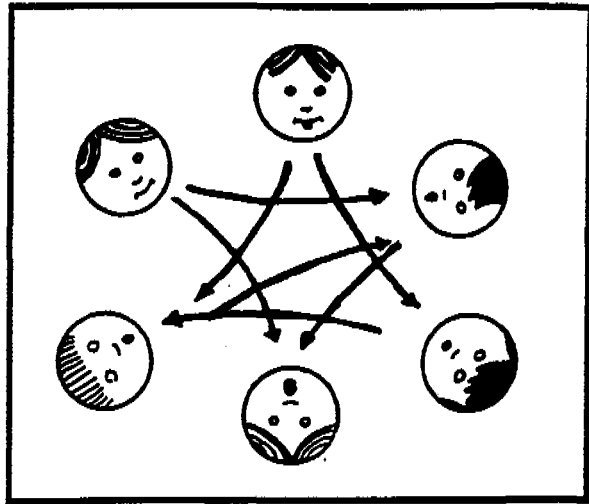
The advantages of this approach are centered around increasing the ease of the trainer in communicating information to large numbers of people. The disadvantages are that simple transfer of information does not assure change in behavior or attitudes.

Experience in implementing hygiene education programs has shown that the best sustainable results come from training approaches that are highly participative in nature. When community members work together in groups to solve health problems that they have been involved in identifying and analyzing,



their motivation, confidence, competence and commitment to bring about change is significantly increased.

In the Participatory approach, the trainer and learner work together as partners and communication is two way. The content of the training is not prescribed as a set body of knowledge, but is centered around solving a problem.



A series of participative exercises or tools (PROWESS Approach<sup>1</sup>) has been adapted and field tested in Mongolia. Structured around problem solving and teamwork, these exercises provide the foundation for active involvement of the community members in hygiene education activities.

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<sup>1</sup> This approach is based on the SARAR methodology which focuses on the development of human capacity. Characteristics of self-esteem, associative strengths, resourcefulness, action planning, and responsibility are emphasized.

## WHAT RESULTS DO YOU WANT?

Use of a participatory training approach that motivates and stimulates community members' active participation in identifying and solving water and sanitation related health problems, resulting in their willingness to take action to correct unsafe conditions and practices.



## HOW ARE YOU GOING TO DO IT?

- Meet with target group members at a time that is convenient for them and in a location that is informal and comfortable.
- Meet with target groups separately.
- Use participatory exercises and tools to stimulate problem solving, drawing on the knowledge and experience of community members.
- Support exercises with provision of required information such as handouts and demonstrations, according to the need of the learning groups.

## WHAT STEPS ARE YOU GOING TO TAKE?

- Select one problem (training theme/topic) appropriate for the target group. This could be community assessment, health problem identification, resource identification, planning, monitoring of activities, etc.
- Select the participatory training exercise appropriate for the target group and according to the problem to be discussed.
- Prepare materials required (paper, pictures, handouts etc.).
- Notify participants of time, place and discussion problem.
- Promote an informal and open environment.
- Implement training activity.

## WHAT MATERIALS DO YOU NEED?

### SARAR TOOL KIT FOR COMMUNITY PARTICIPATION:

1. Flexiflans
2. Unserialized Posters
3. Map Building
4. Problem Classification
5. Three pile sorting
6. Story with a Gap
7. Resistance to Change Continuum

## **TOOL NO.1: Flexi-Flans** \_\_\_\_\_

### **PURPOSE:**

To demonstrate community activities and roles by the creative use of figures and props. Flexi flans may be used to increase participation in any training activity.

### **TARGET GROUP:**

School children and selected adults.

### **MATERIALS:**

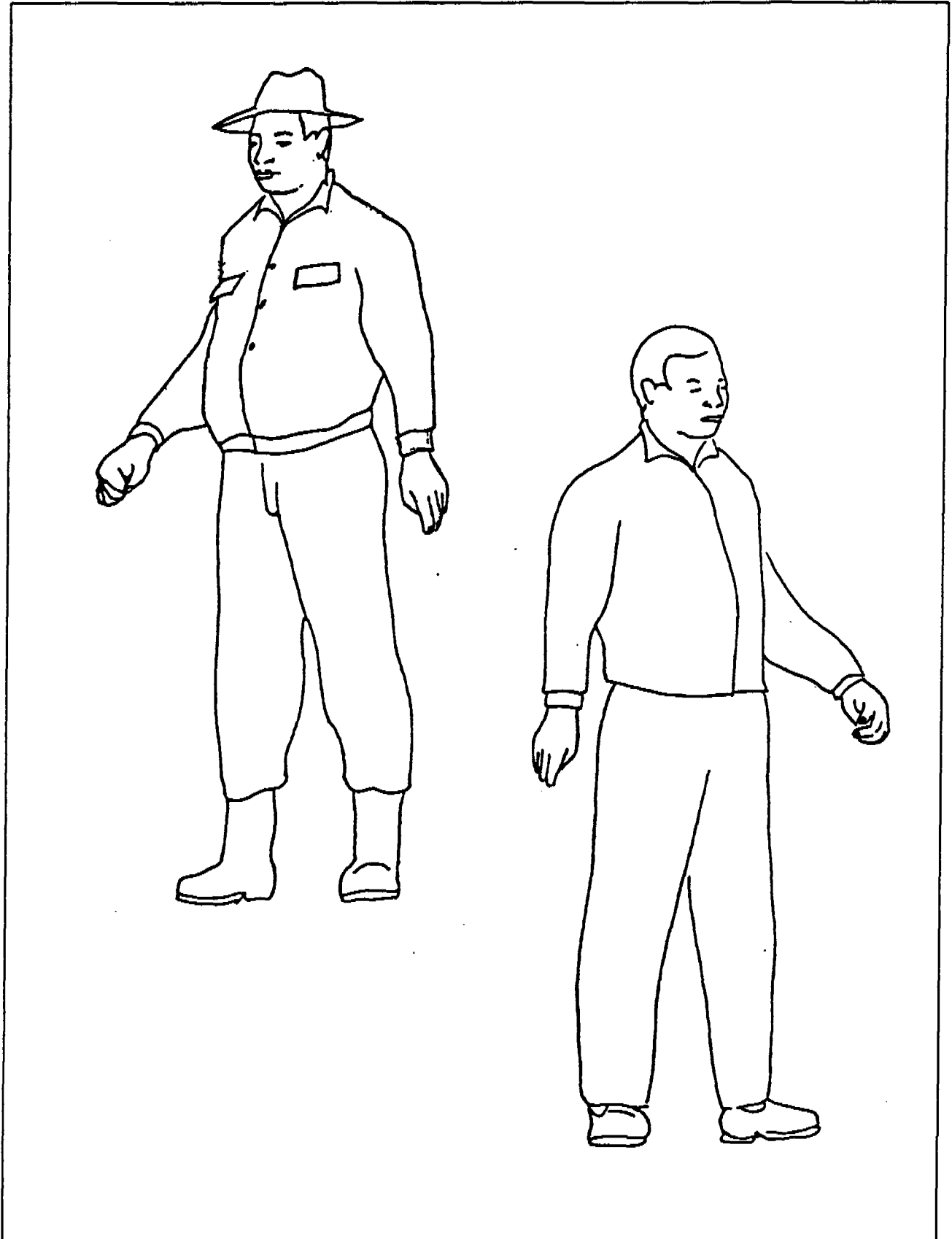
Sample Flexi-flans patterns.

- Human figures with flexible arms, legs and torso
- Props
- A board to arrange them on
- Snaps

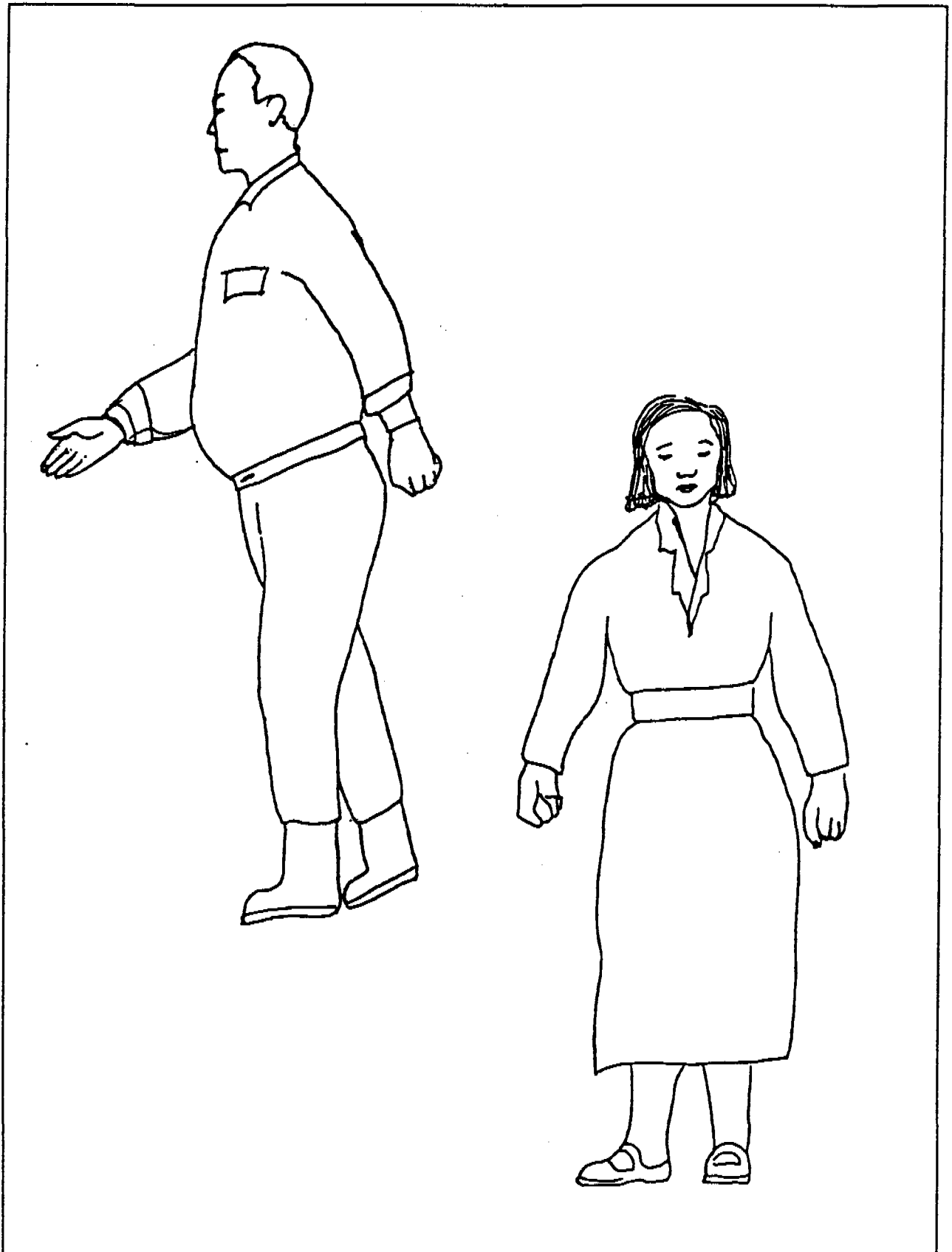
### **STEPS:**

1. Divide participants into groups.
2. Introduce flexiflans as a general tool to communicate ideas or feelings, or to describe events.
3. Provide a theme or community problem and allow for complete creativity by the groups.
4. Have the groups share their results with the others.
5. Have a general discussion and summarize.

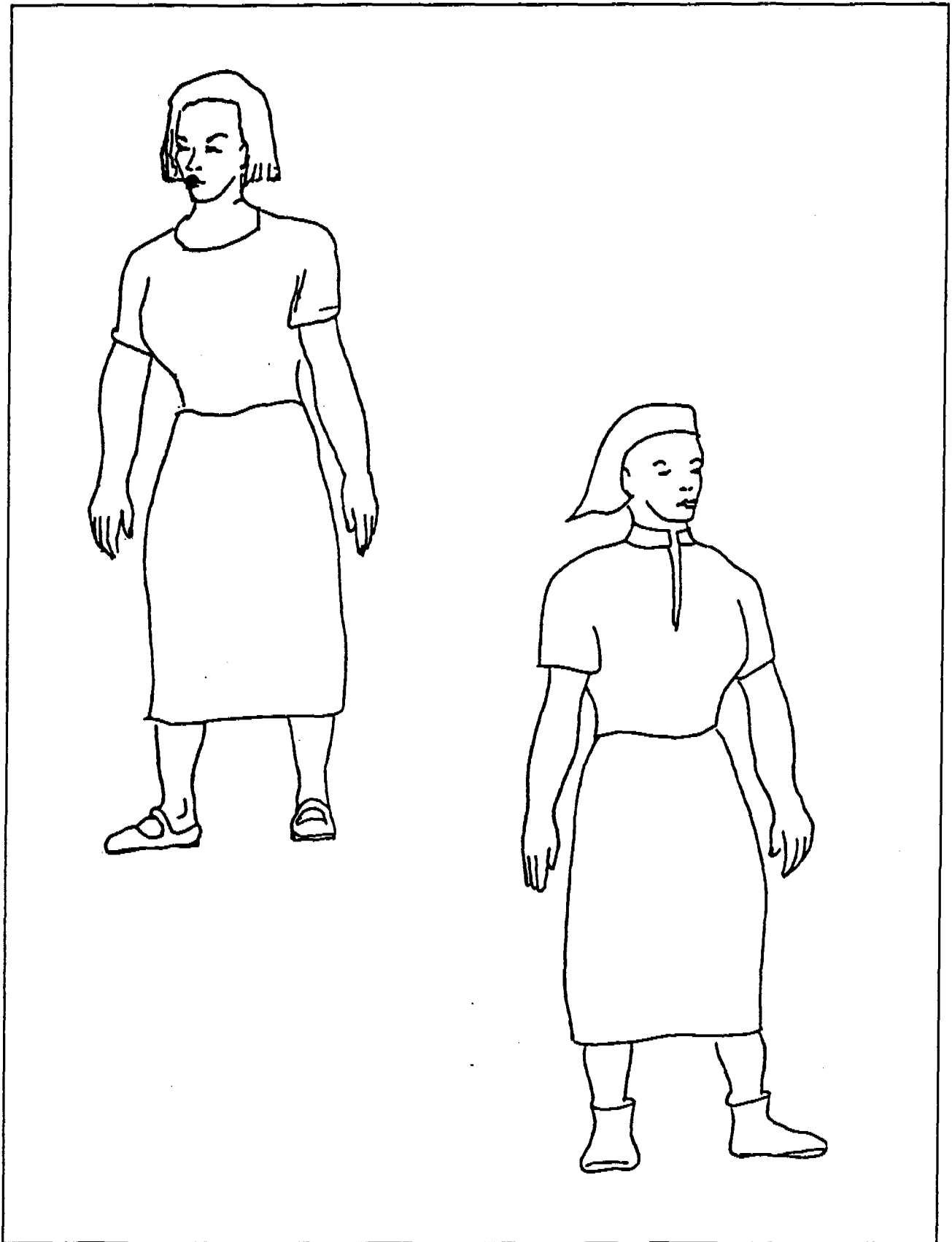
**MATERIAL: Flexi-Flans**



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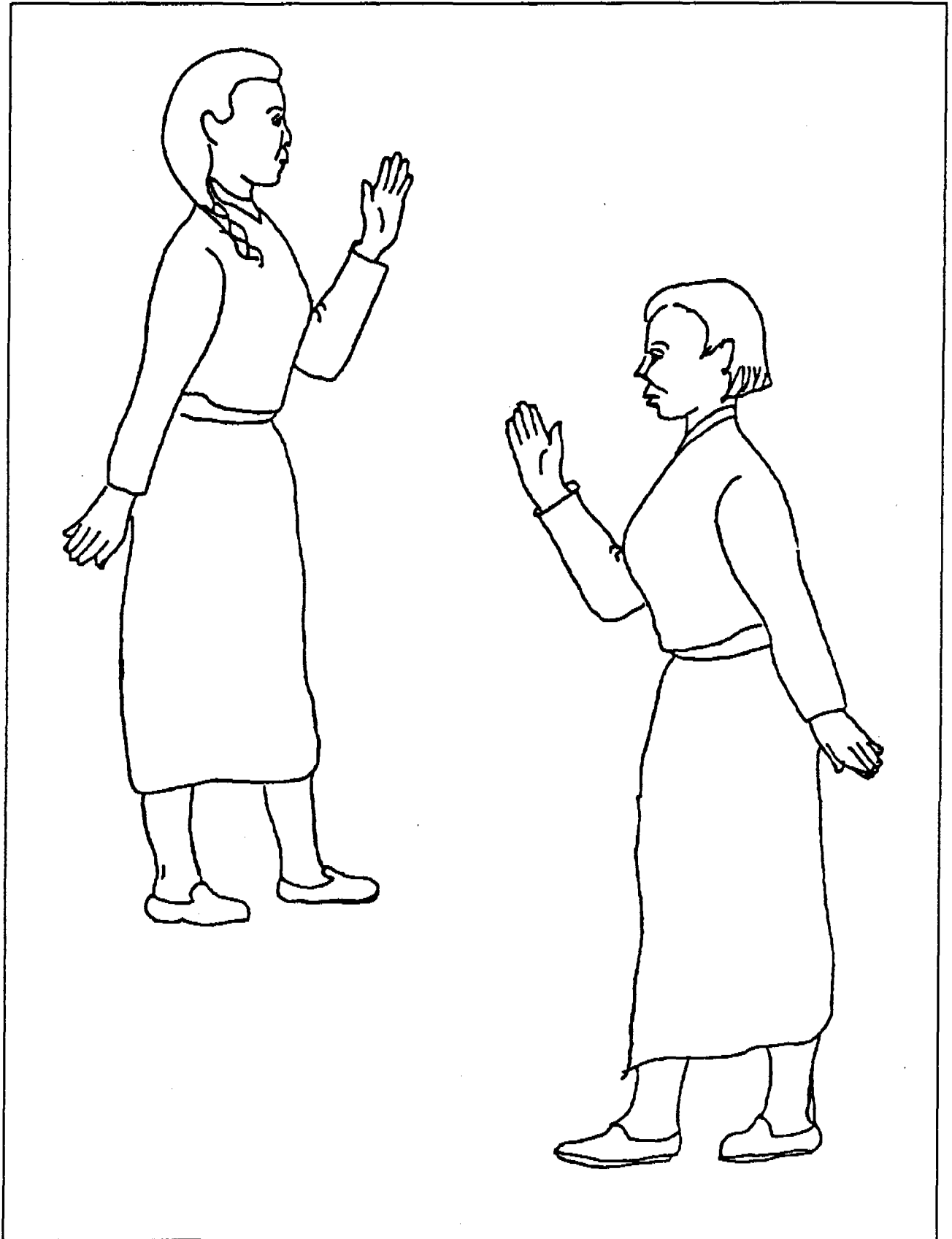


**MATERIAL: Flexi-Flans**

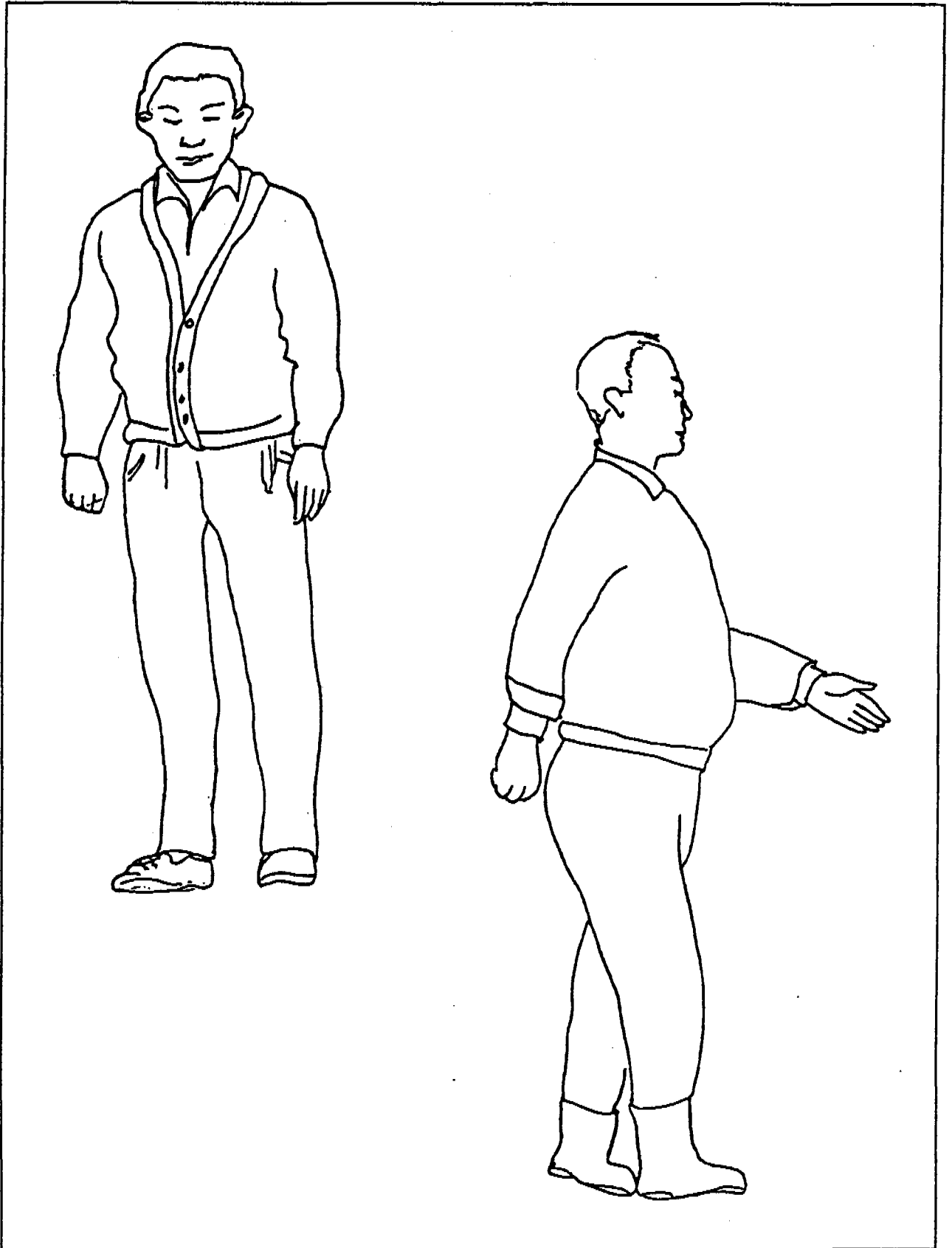




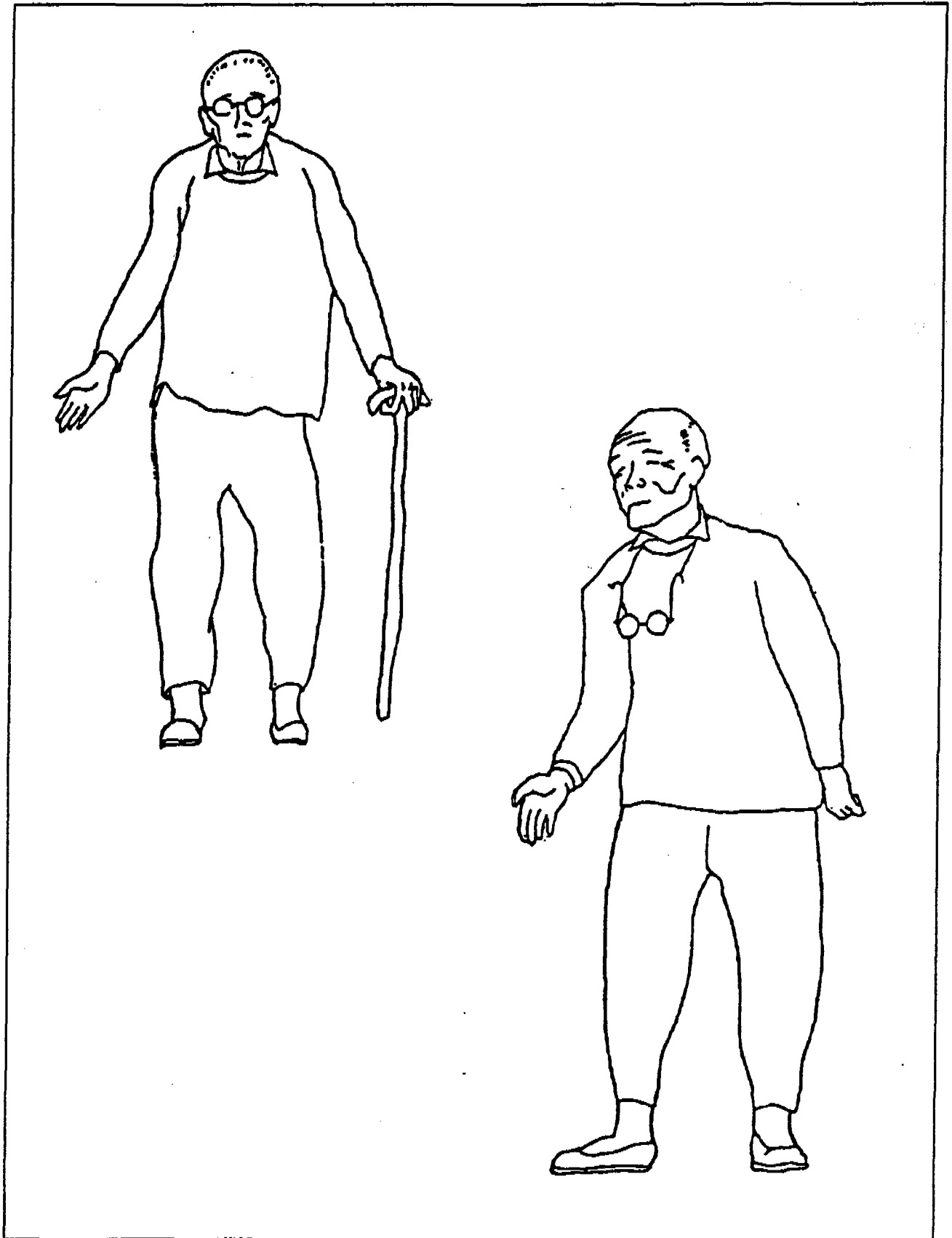
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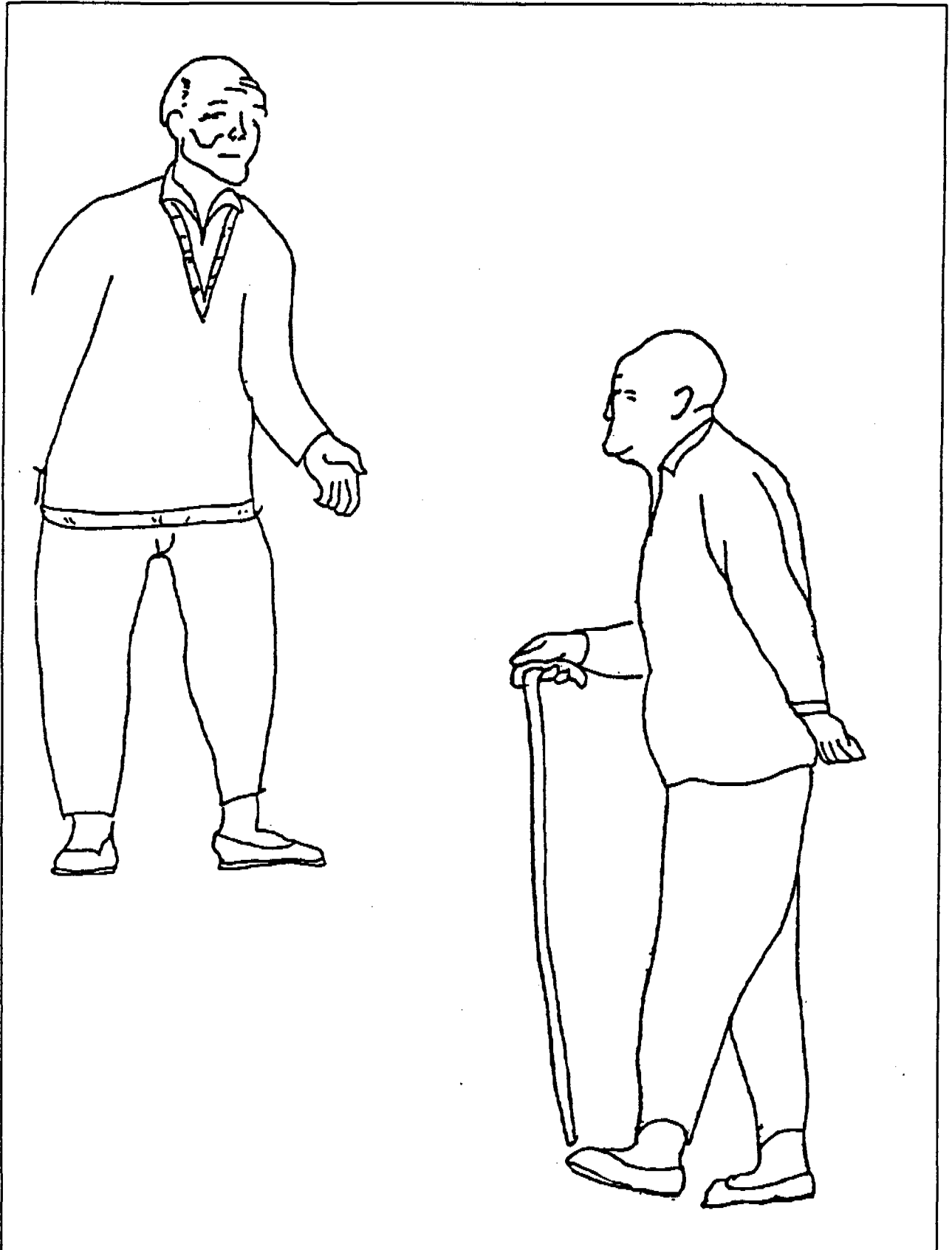
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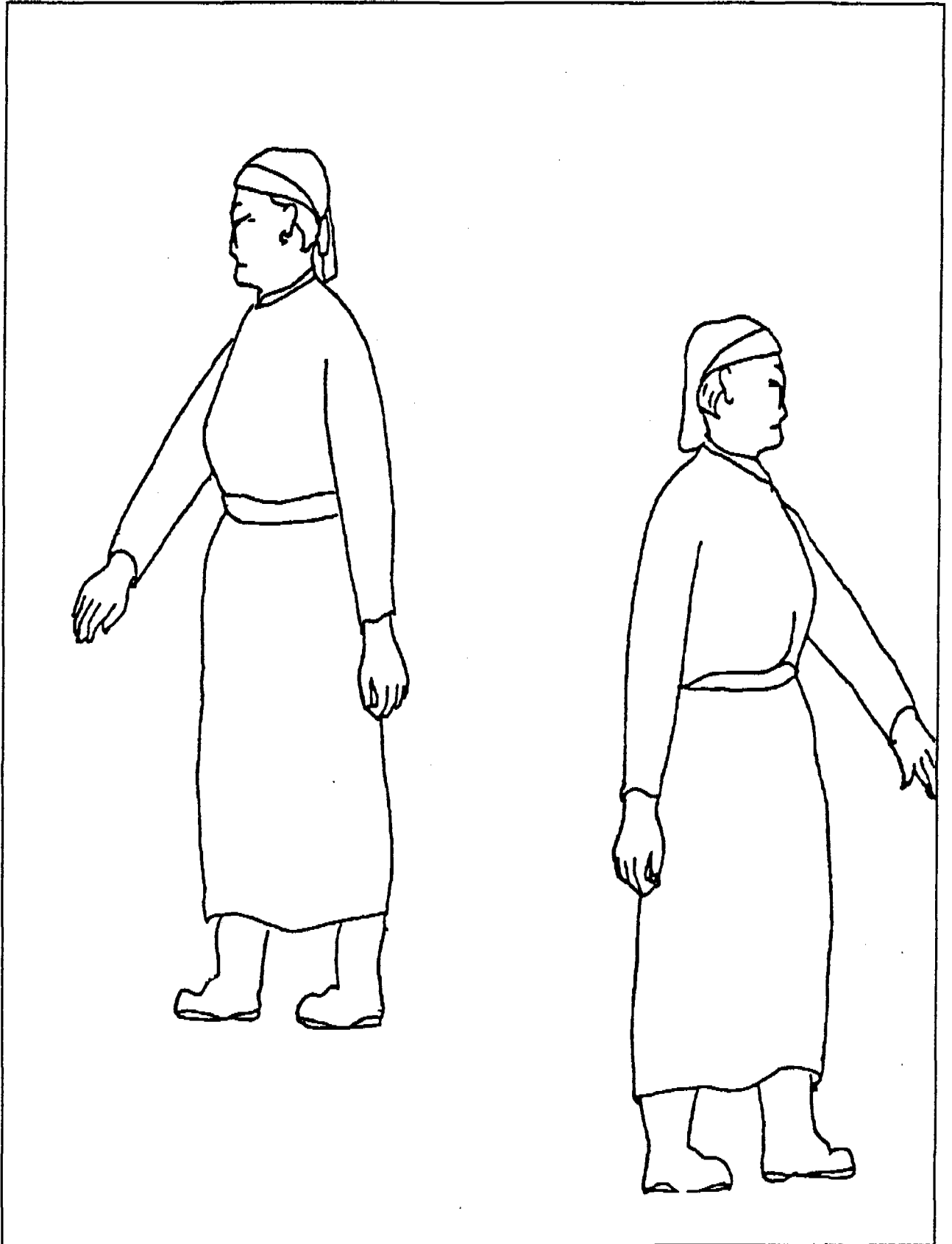
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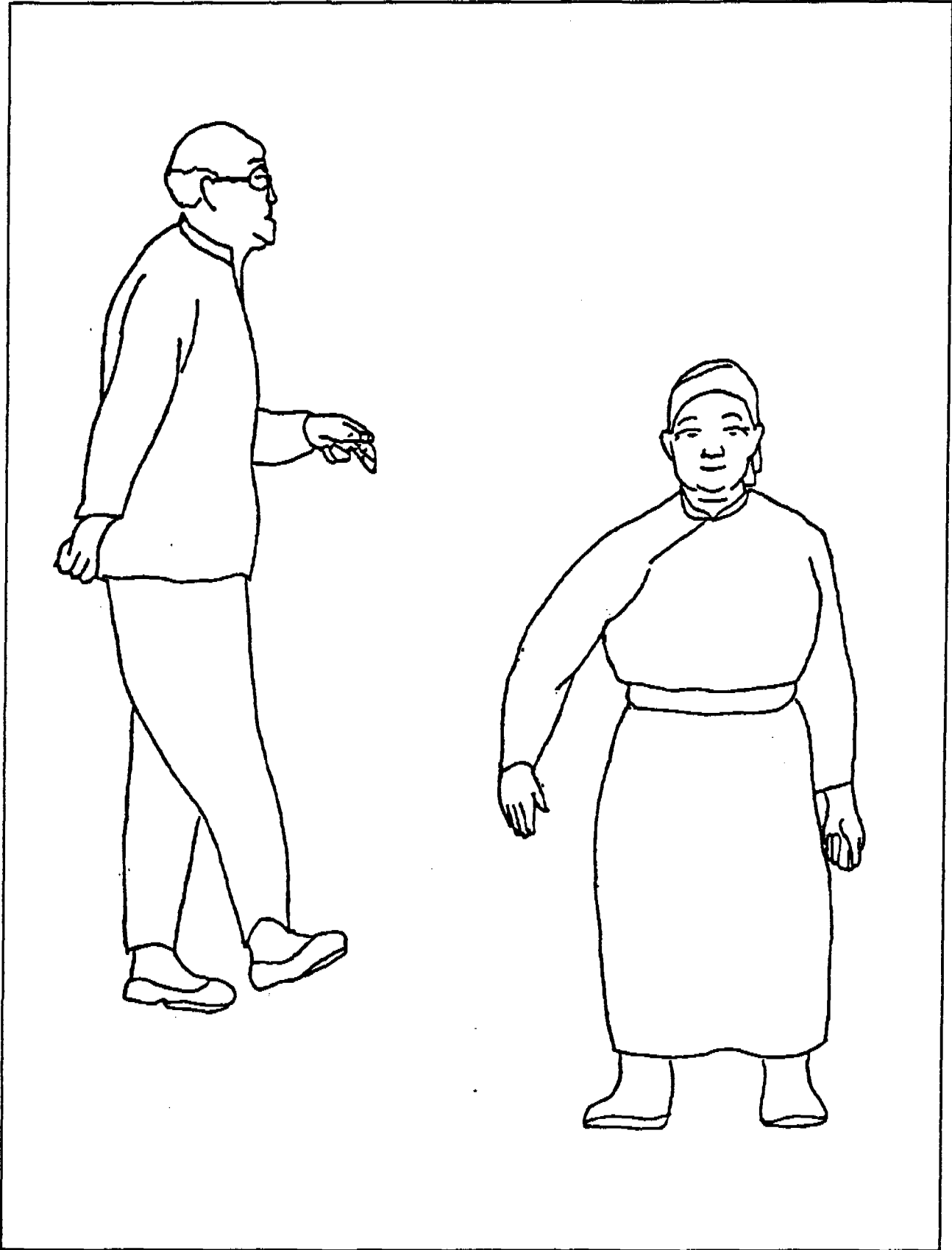
**MATERIAL: Flexi-Flans**



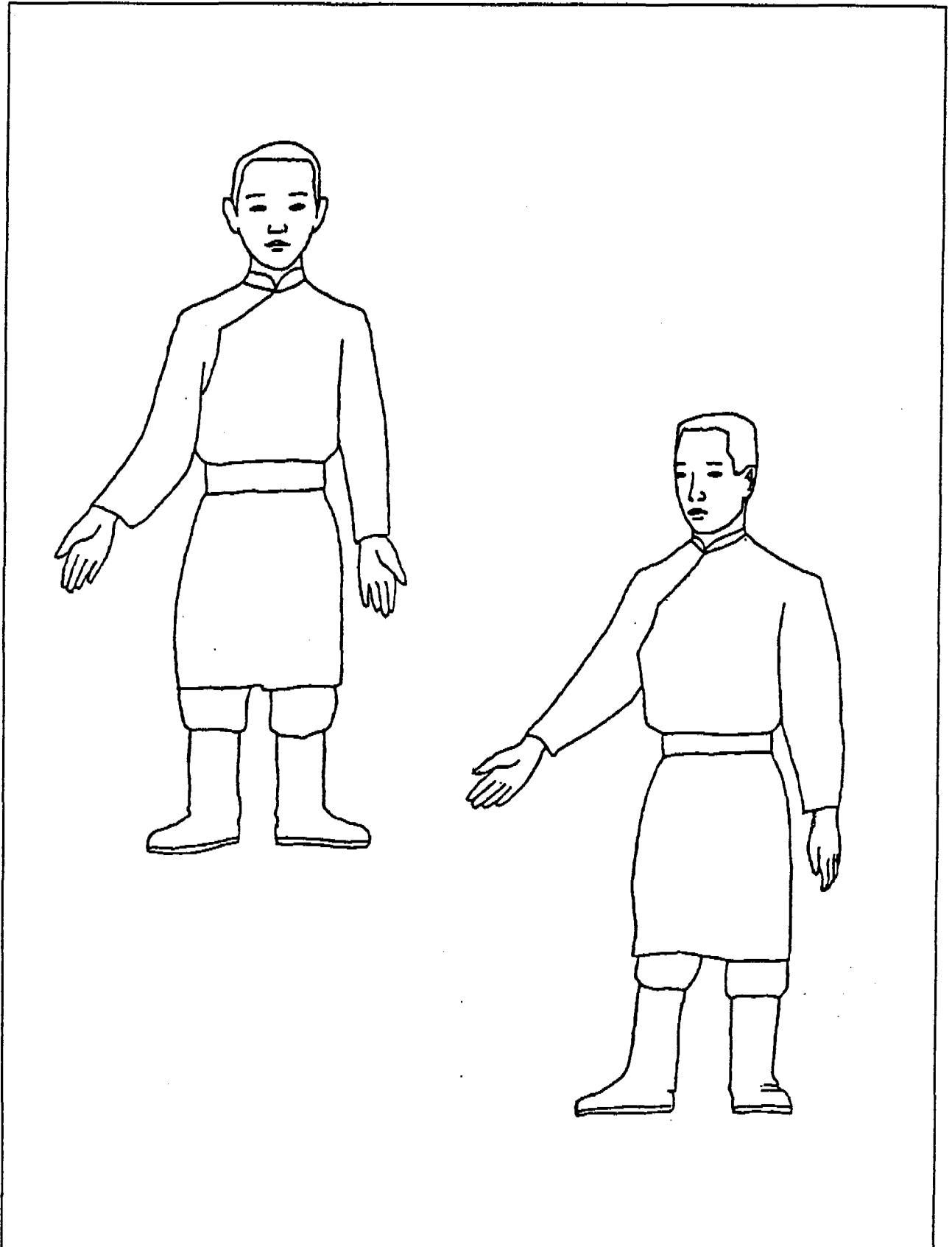
**MATERIAL: Flexi-Flans**



MATERIAL: Flexi-Flans

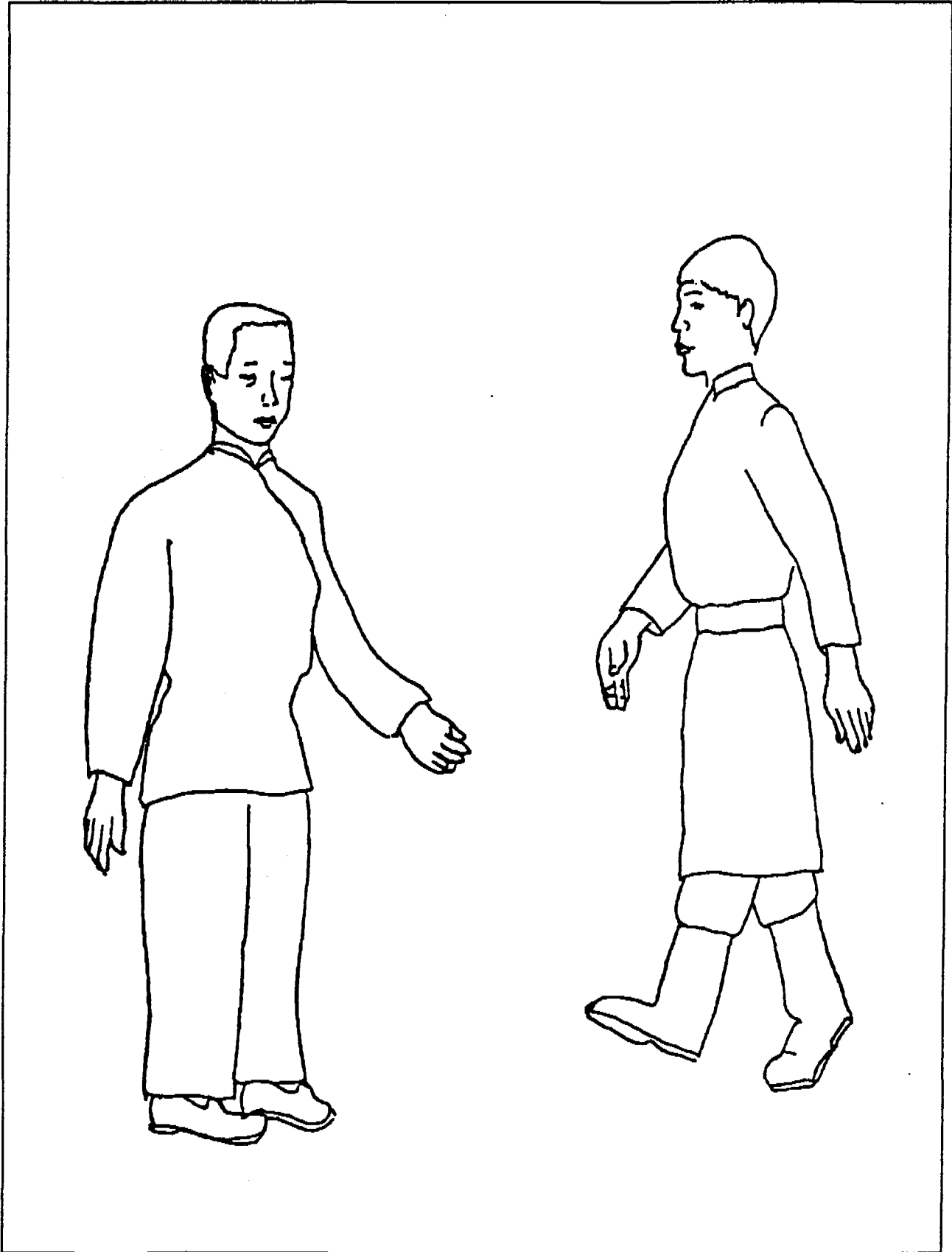


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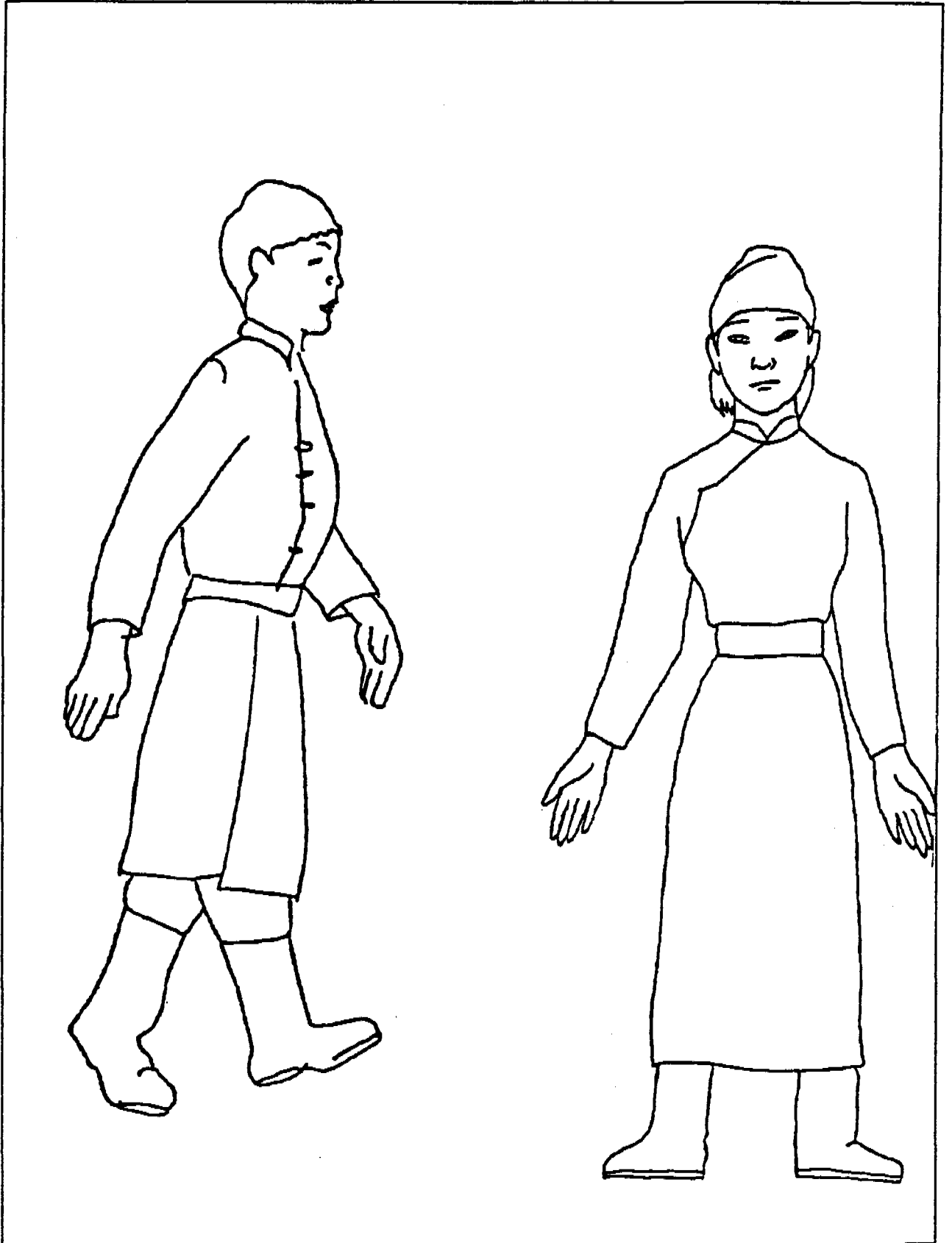




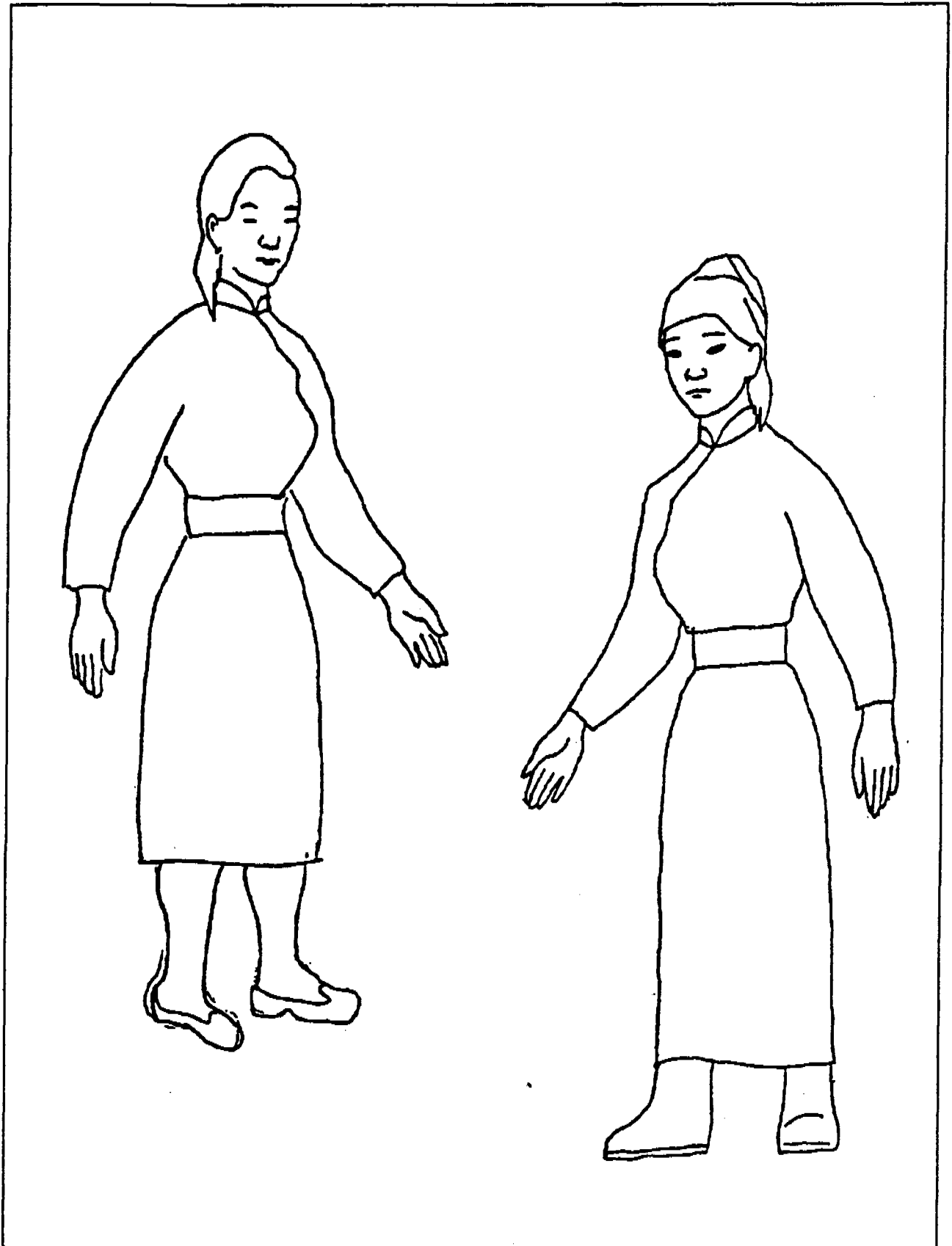
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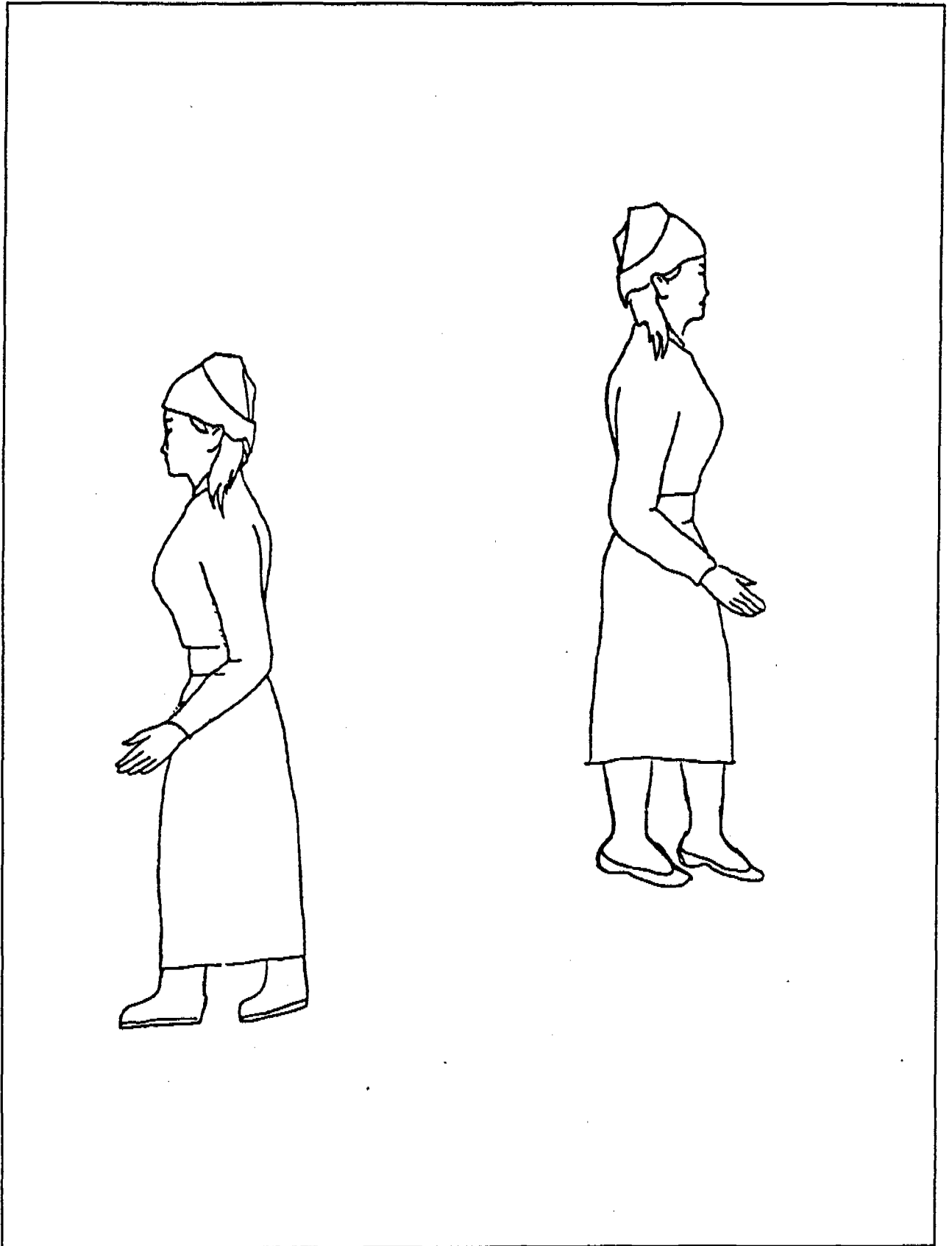
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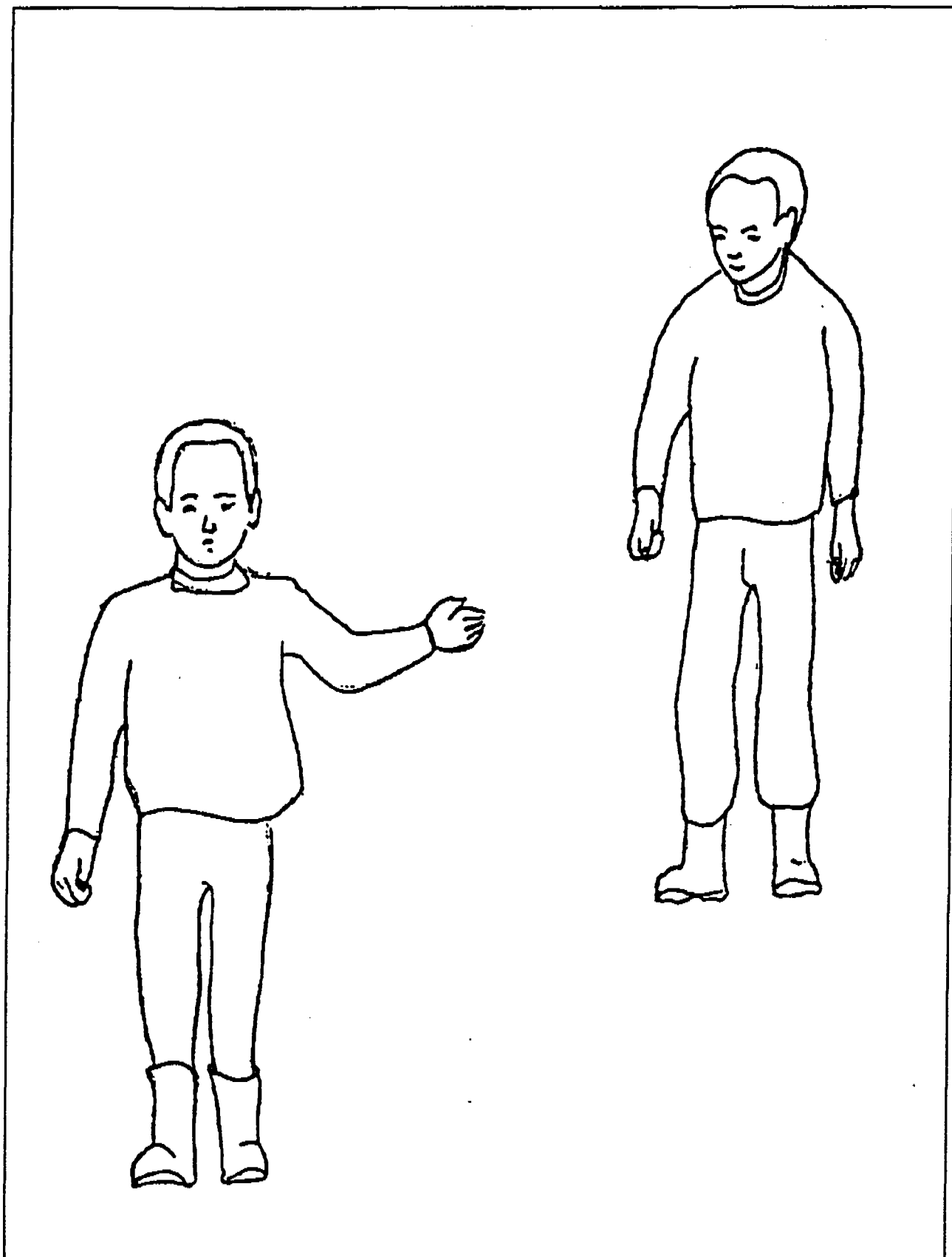
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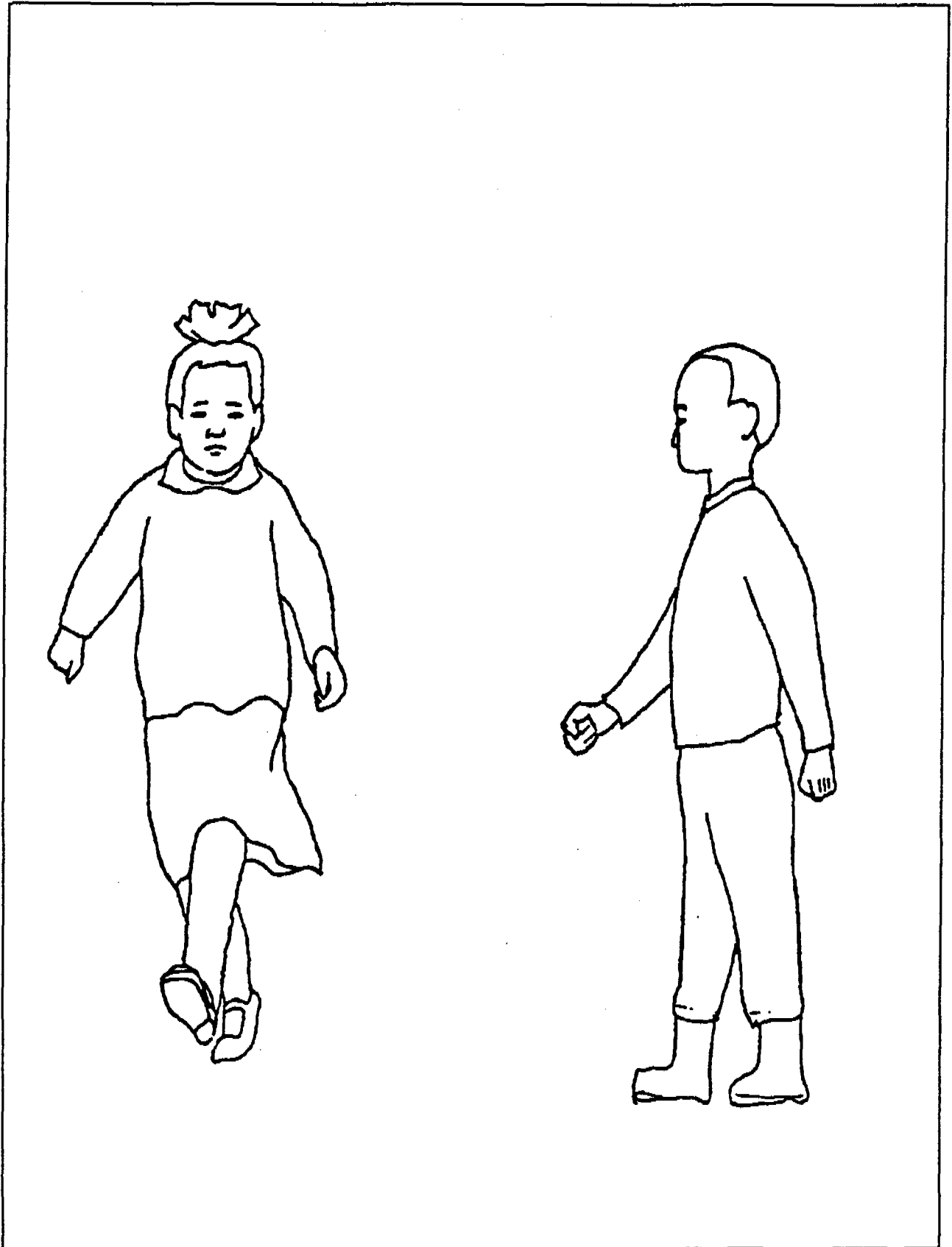
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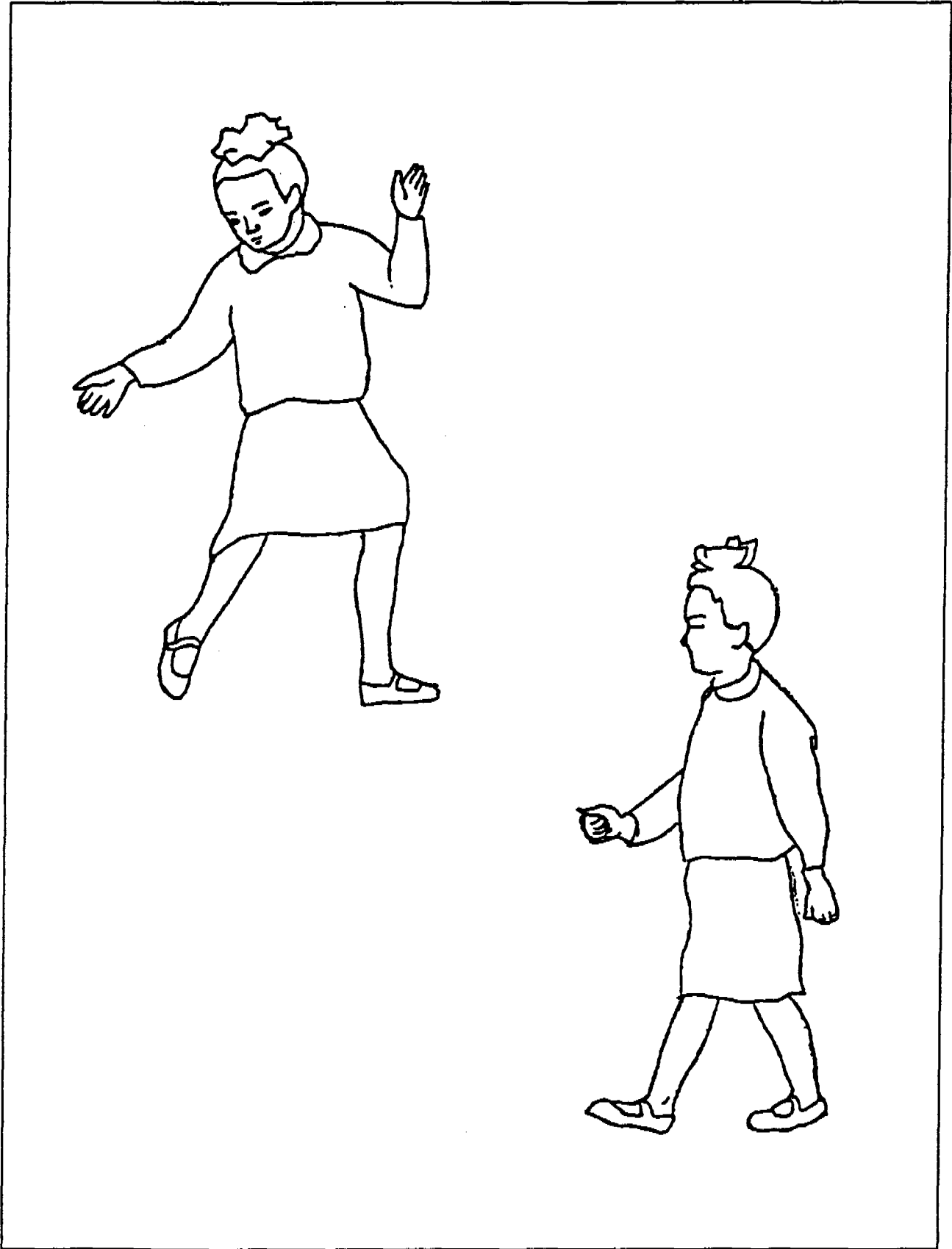
**MATERIAL: Flexi-Flans**



MATERIAL: Flexi-Flans



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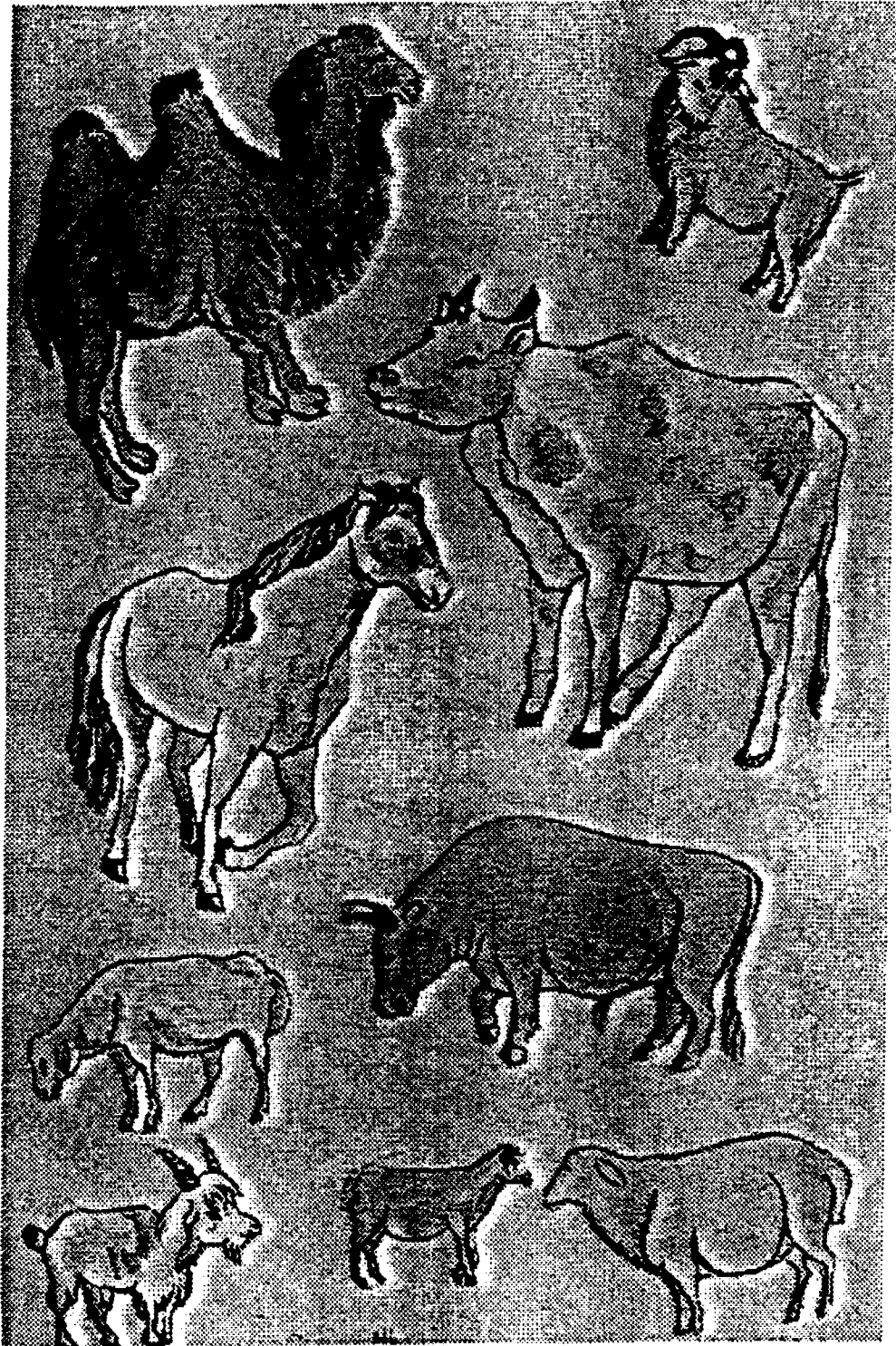


MATERIAL: Flexi-Flans





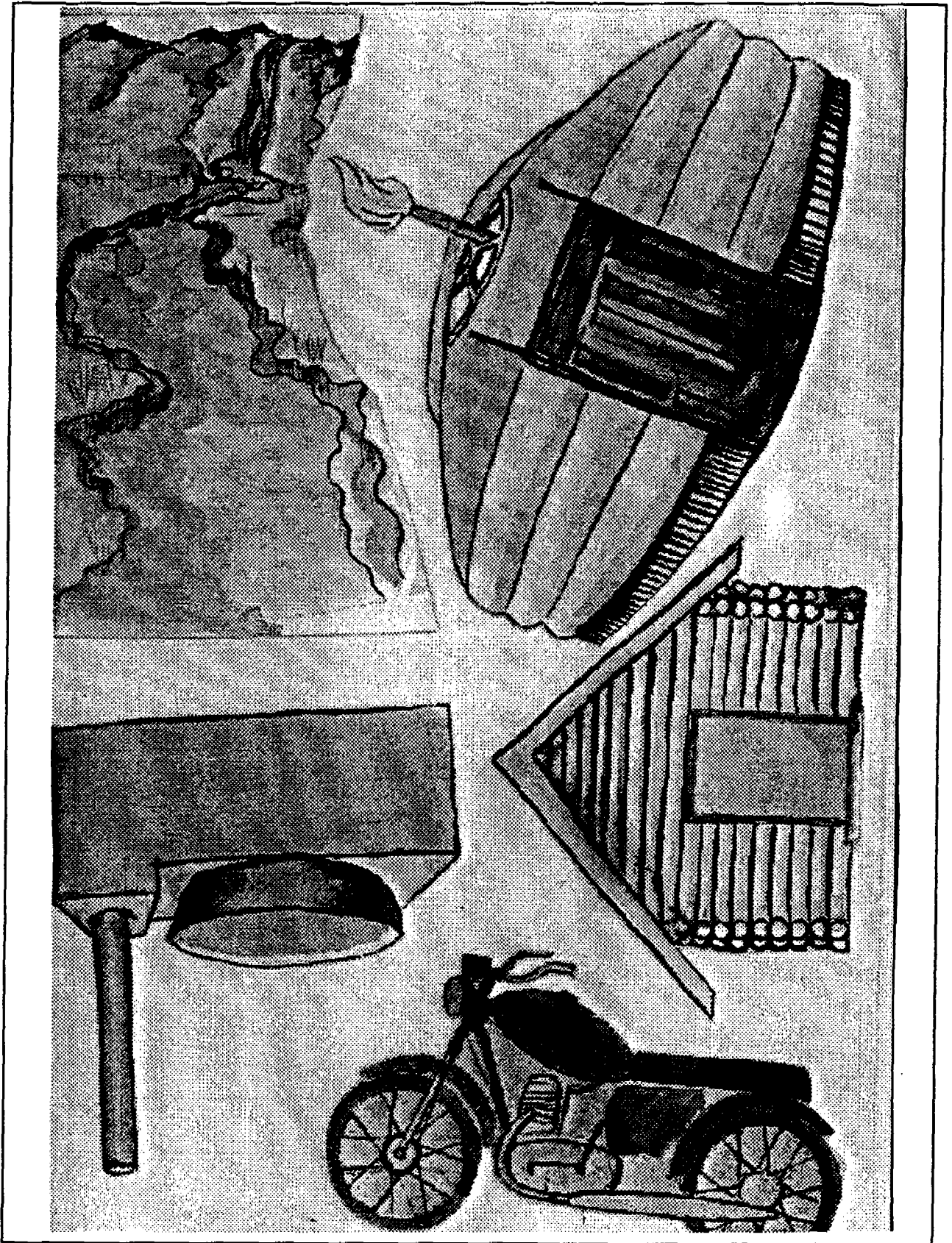
MATERIAL: Flexi-Flans



MATERIAL: Flexi-Flans



MATERIAL: Flexi-Flans



## **TOOL NO. 2: Unserialized Posters** ---

### **PURPOSE:**

To demonstrate how open-ended and flexible visual aids encourage creativity and to provide a tool to stimulate discussion of important real life issues among participants.

### **TARGET GROUP:**

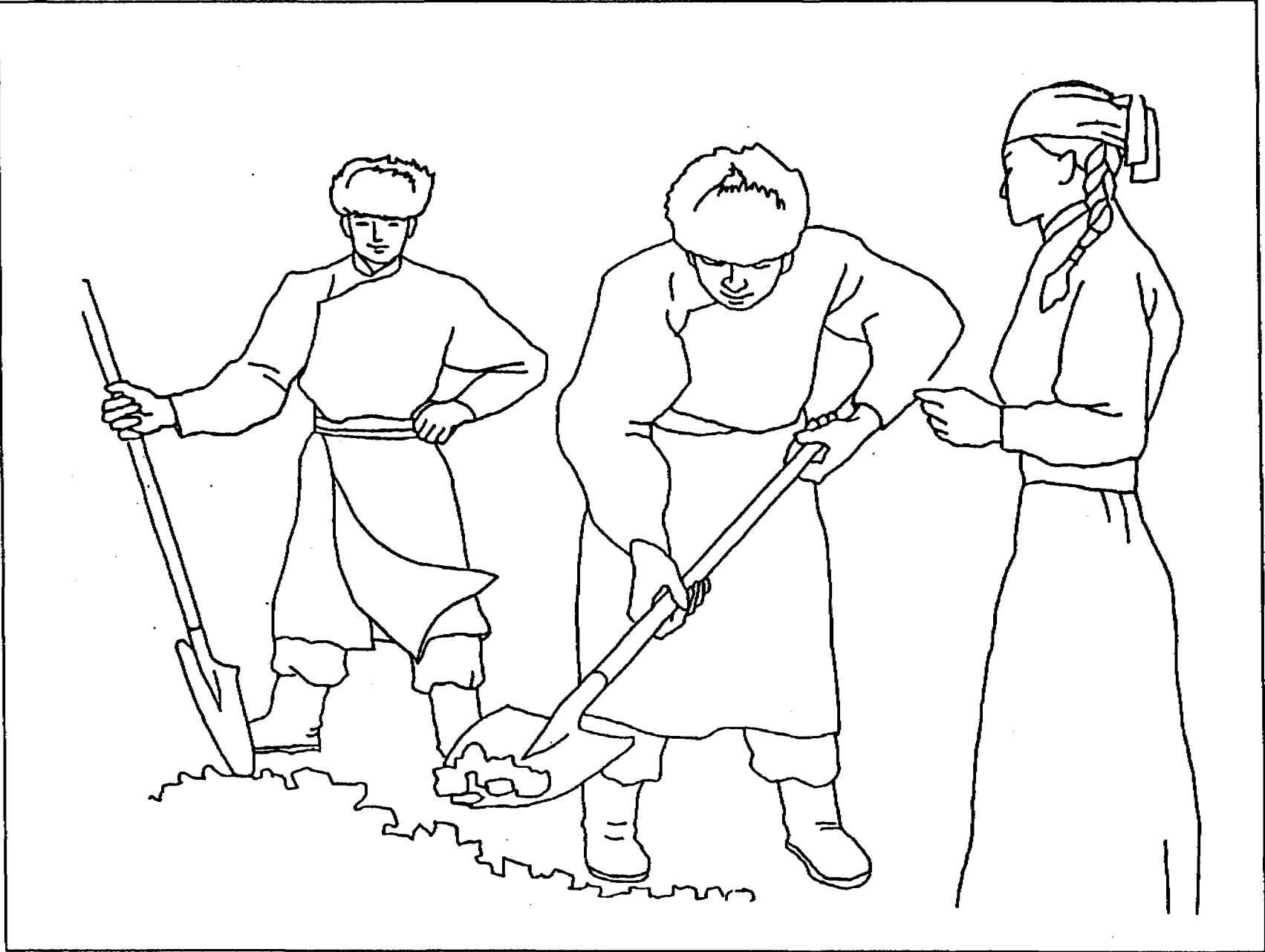
Housewives and pensioners.

### **MATERIALS:**

Set of 7 pictures each depicting a dramatic human situation.

### **STEPS:**

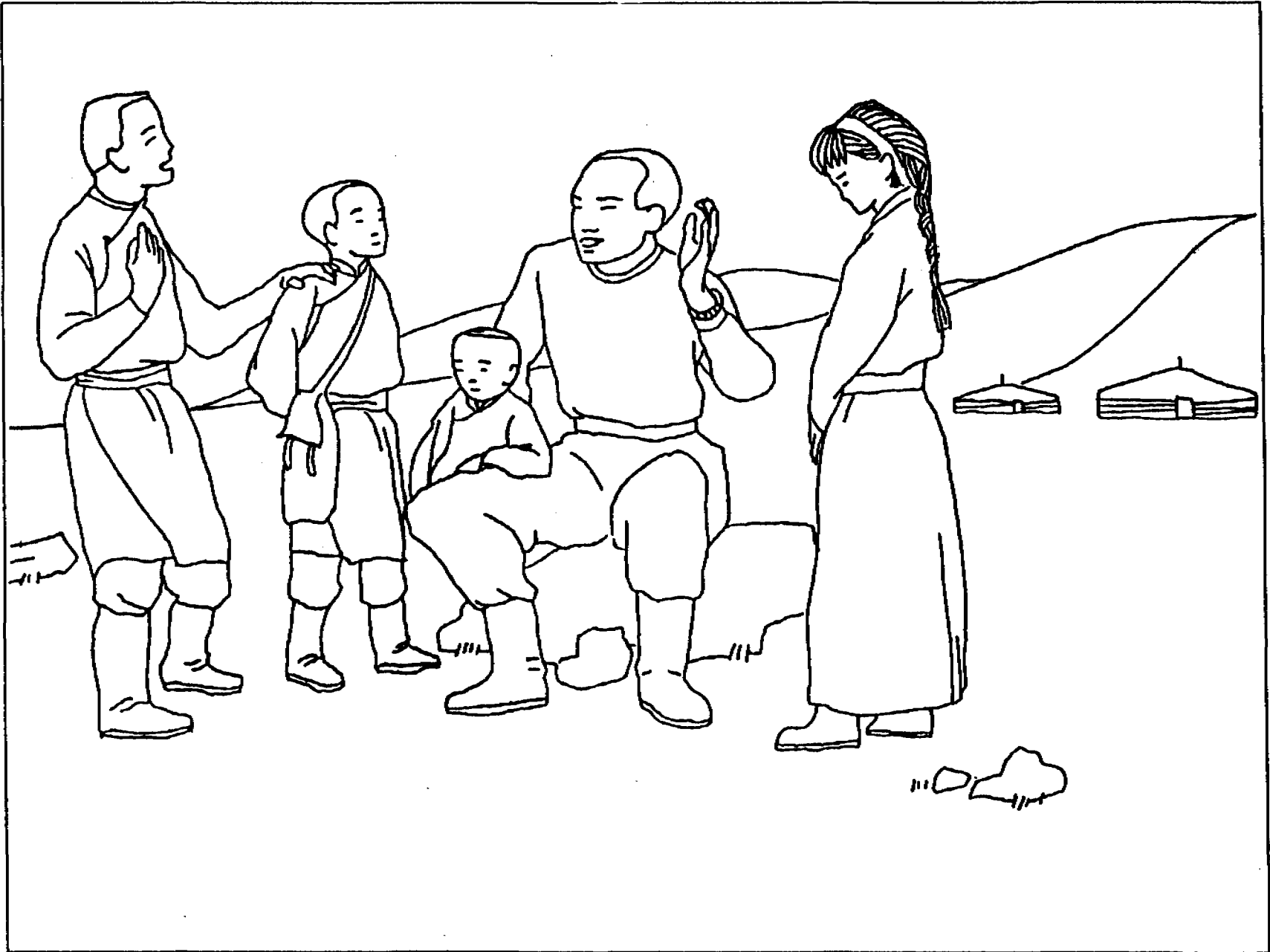
1. Divide the participants into small groups. Give each group a full set of pictures.
2. Ask them to select any 4 pictures to make up a story with a beginning and an end and based on a problem/theme selected by the participants. The people and the community should be named.
3. Ask each group to share their stories, using the pictures as illustration.
4. Ask 1 person to note the issues and themes that occurred in the stories. Discuss with the group how these could be used in further training sessions.



MATERIAL: Unserialized Posters

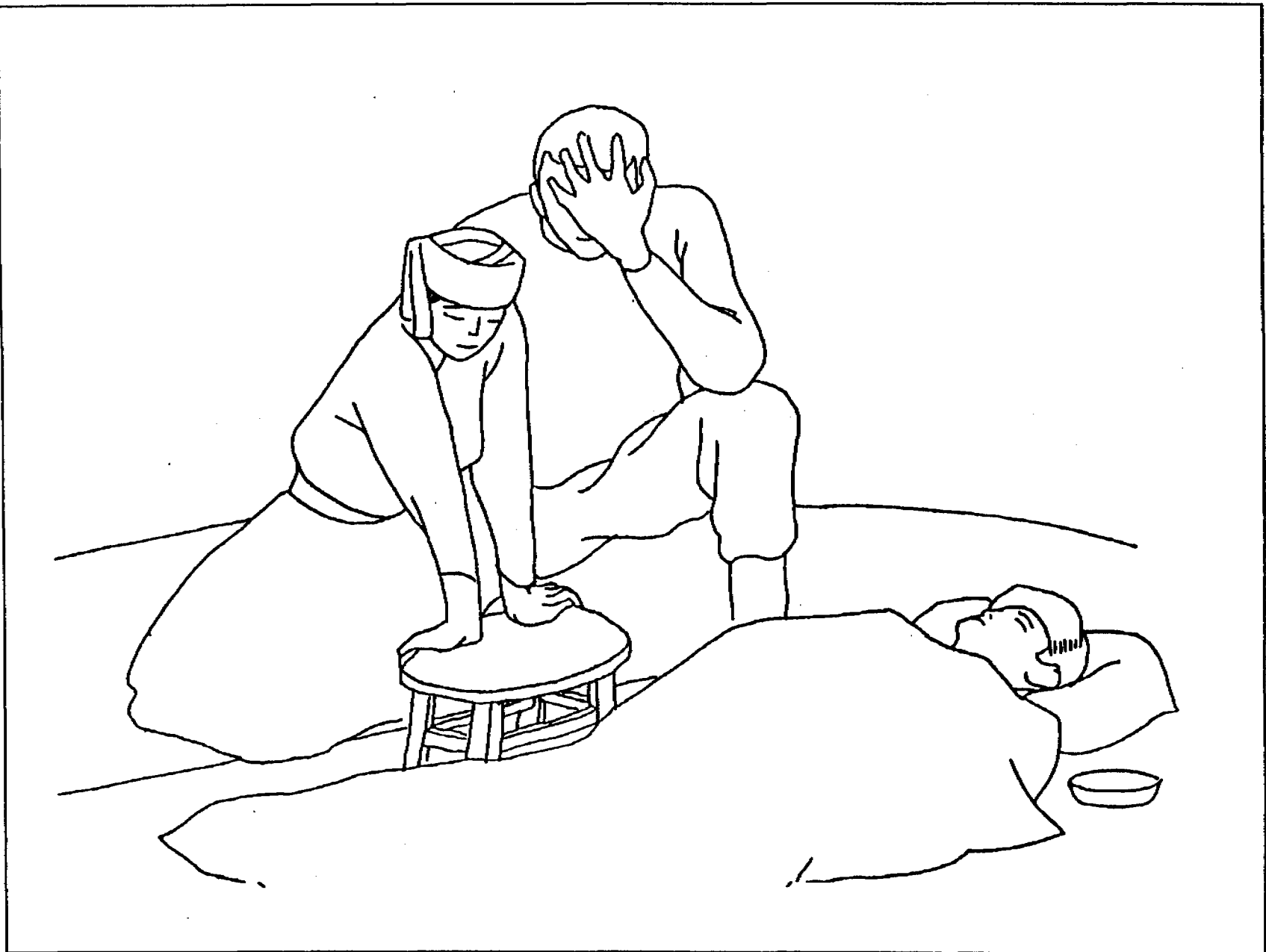
MATERIAL: Unserialized Posters



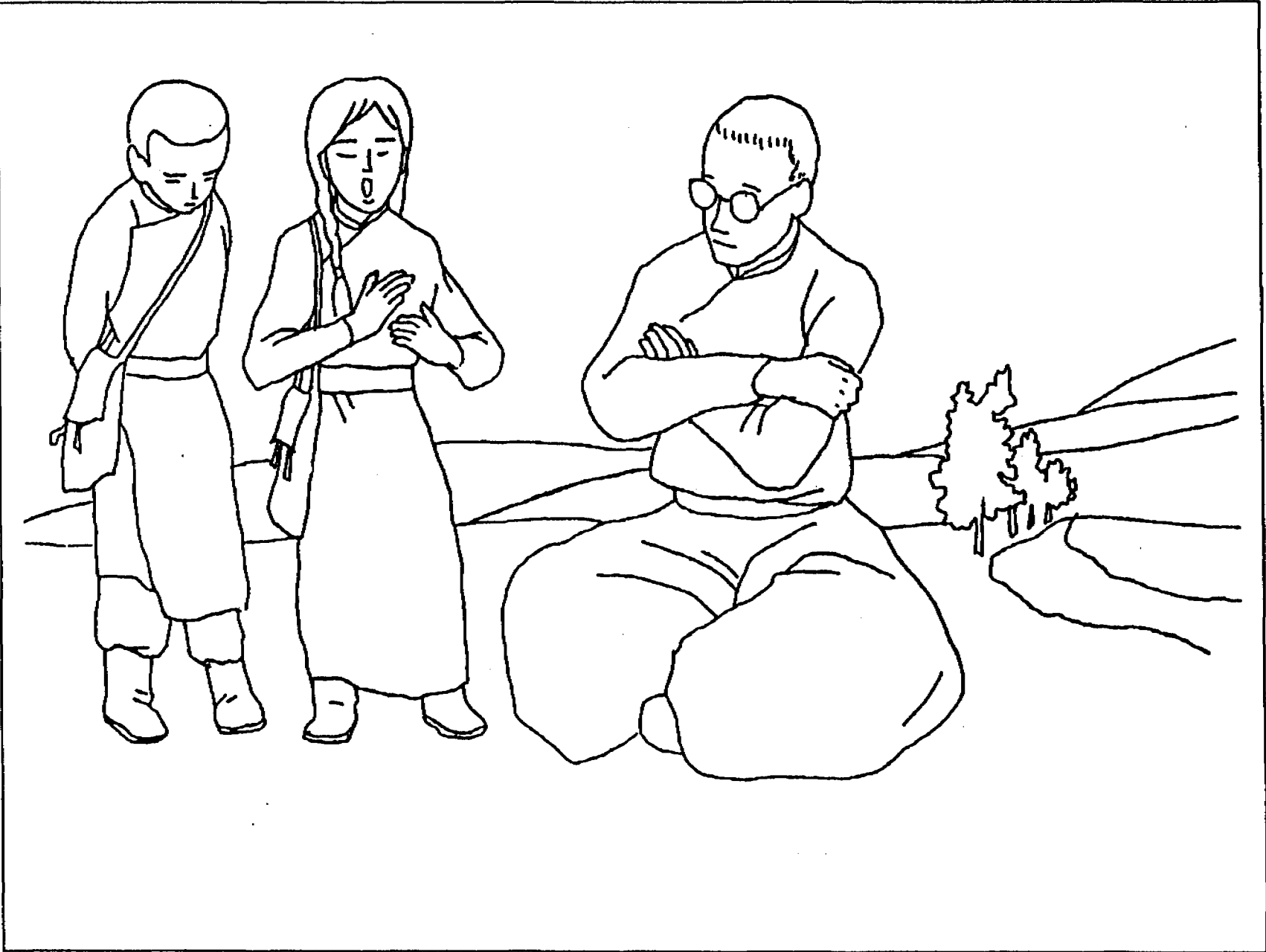


MATERIAL: Serialized Posters

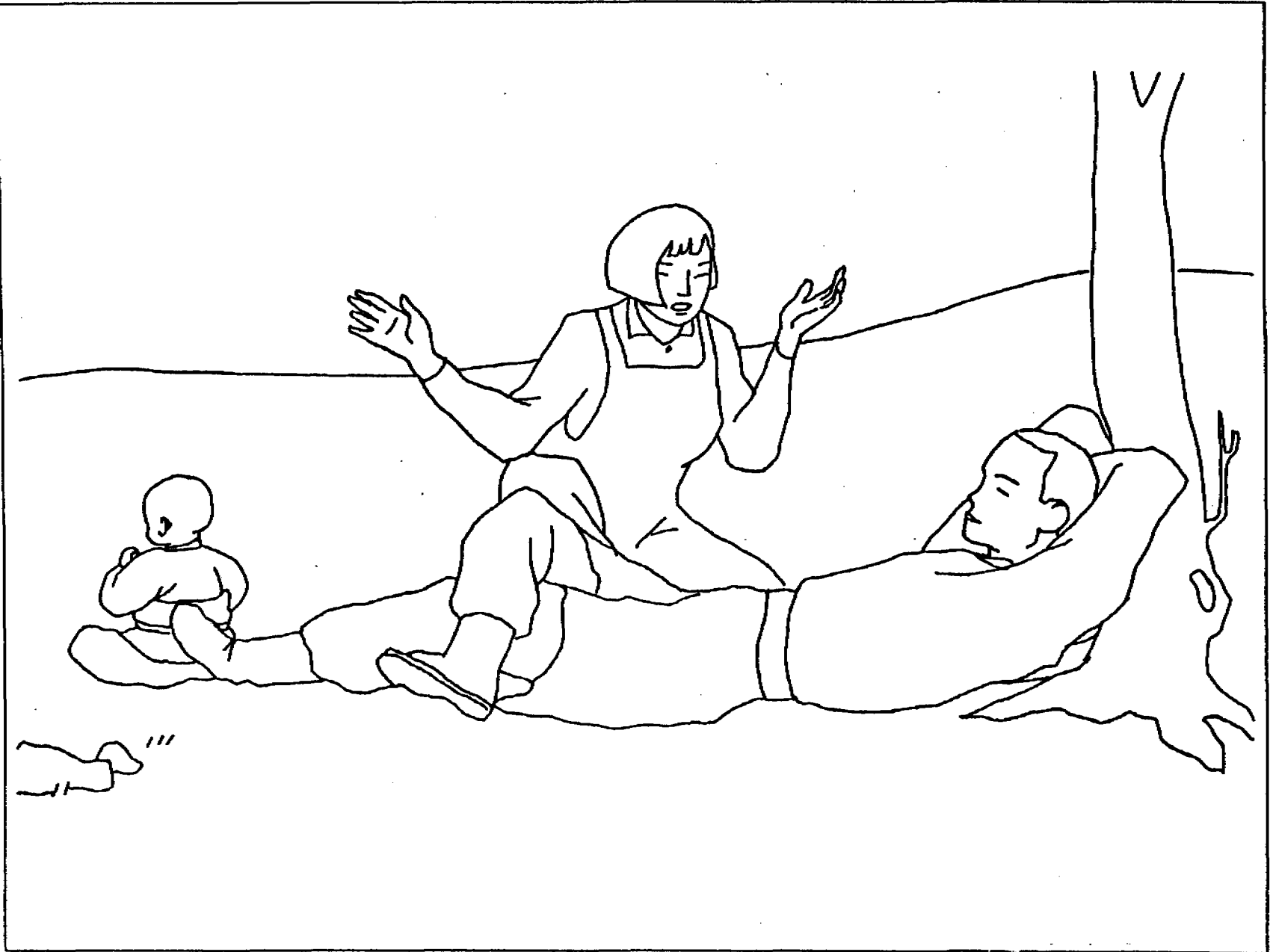
MATERIAL: Unserialized Posters



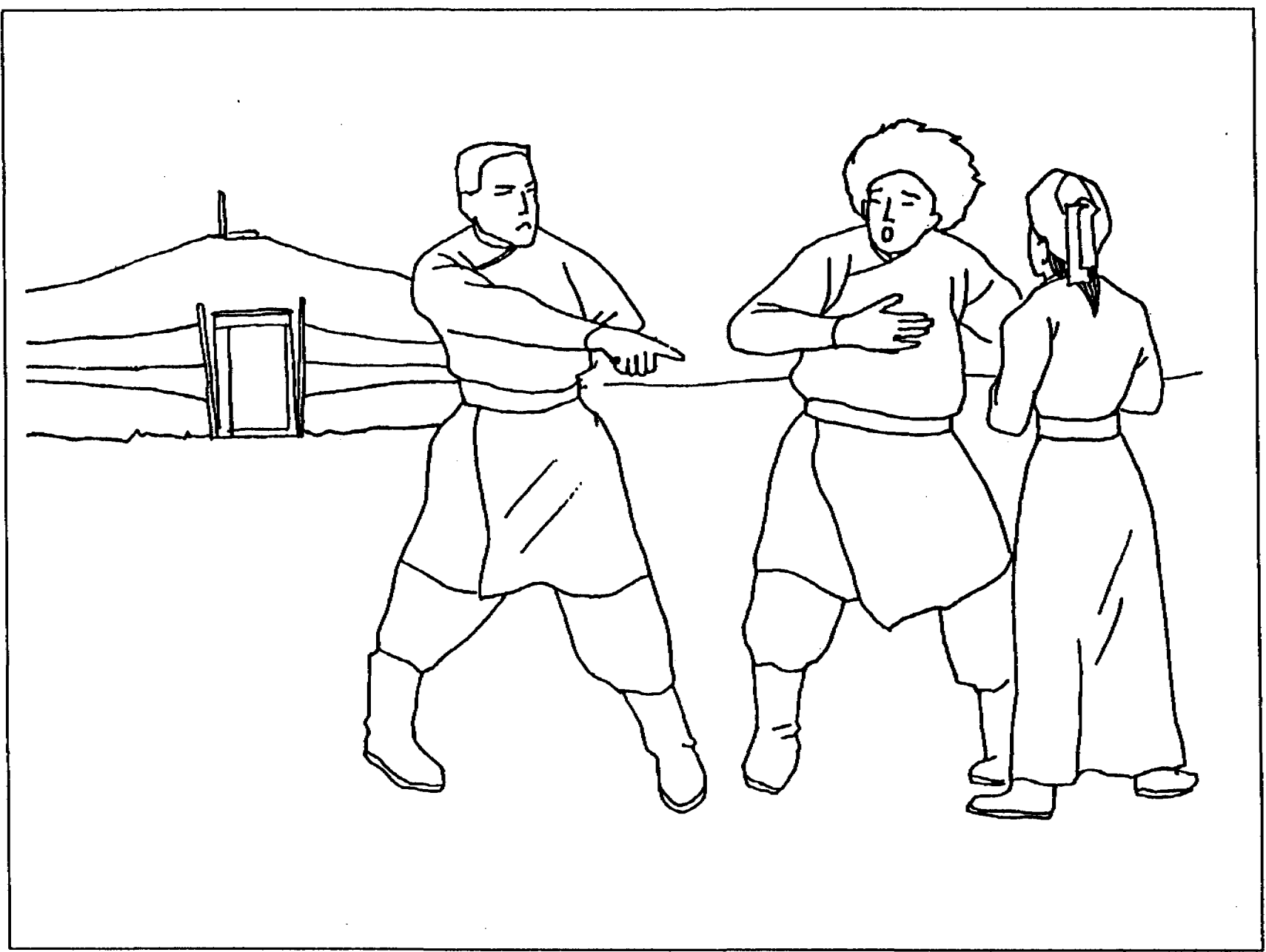




MATERIAL: Unserialized Posters



MATERIAL: Unserialized Posters



## **TOOL NO. 3: Map Building**

---

### **PURPOSE:**

To gather information about a community and its problems by having participants create their own map.

### **TARGET GROUP:**

All target groups.

### **MATERIALS NEEDED:**

Large paper, markers of different colors, and other scrap materials as required.

### **STEPS:**

1. Divide participants into small groups. Have them comfortably seated around a flat surface. Distribute paper and markers.
2. Ask them to layout their community on the paper with all the important features included. (This could include water and sanitation resources, economic resources, existing problems). Each group could focus on one aspect or all could do the same.
3. Have the groups present their work to each other and discuss until there is agreement of details by all groups.
4. Conclude with a general discussion and summary.

### **\* TRAINER'S NOTE:**

The map provides the basis for the PROBLEM CLASSIFICATION Exercise. Tool (No. 4). It can be used in many different ways: to collect data, to identify problems and resources, to evaluate project activities, etc.

## TOOL NO. 4: Classification of Problems

---

### PURPOSE:

To help community members identify their role in solving community problems.

### TARGET GROUP:

Adult target groups

### MATERIALS:

A copy of the community map drawn by the group showing community problems.

### STEPS:

1. Divide participants into 3 groups.
2. Using the community drawn map, ask each group to list all the problems that were identified on the map.
3. Ask the groups to classify the problems into 3 areas:
  - problems that can be solved by individuals
  - problems that can be solved within the community
  - problems that need to be solved at state, administrative/organizational or institutional level
4. Have groups present their discussion results to the rest of the group.
5. Have a general group discussion and summarize.

## **TOOL NO. 5: Three Pile Sorting Cards** \_\_\_\_\_

### **Hygiene Practices**

#### **PURPOSE:**

To develop analytical and problem-solving skills, and the ability to reflect on causes and effects.

To get to know the extent to which participants are fully aware of the positive or negative implications of a variety of situations shown to them.

#### **TARGET GROUP:**

Children and selected adults.

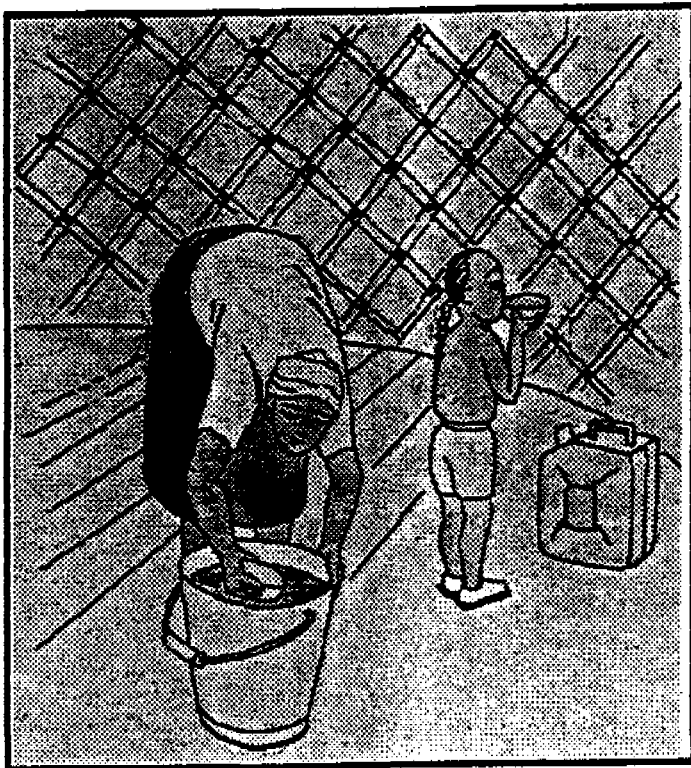
#### **MATERIALS NEEDED:**

A set of cards, each with a picture or scene which could be interpreted as good, bad, or in-between as it pertains to health, water, and sanitation.

#### **STEPS:**

1. Form a circle. Invite 2 participants to come to the center of the circle. Give them the set of cards to sort into 3 piles: Good, Bad, or In between, using good water hygiene and sanitation conditions as criteria.
2. Participants should ask the others in the circle for assistance.
3. Discuss and change card classification if necessary.
4. Have participants select 1 or more cards from the Bad category and develop a list of action steps that could be taken to resolve the problem. Discuss who would be responsible for each step.

**MATERIAL: Three Pile Sorting**



**MATERIAL: Three Pile Sorting**





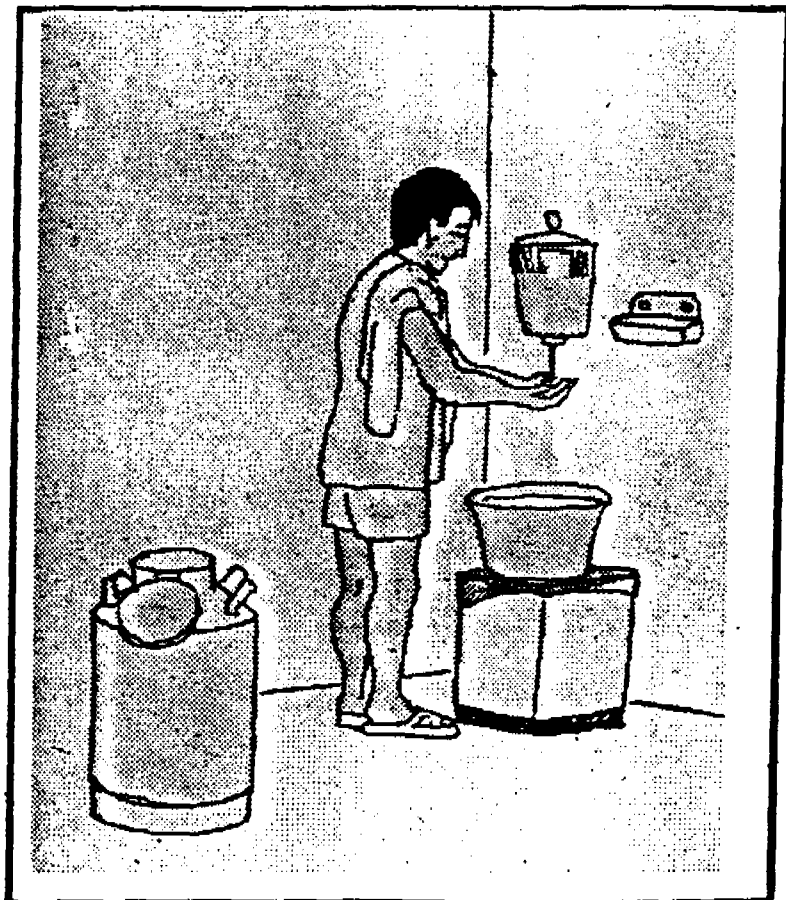
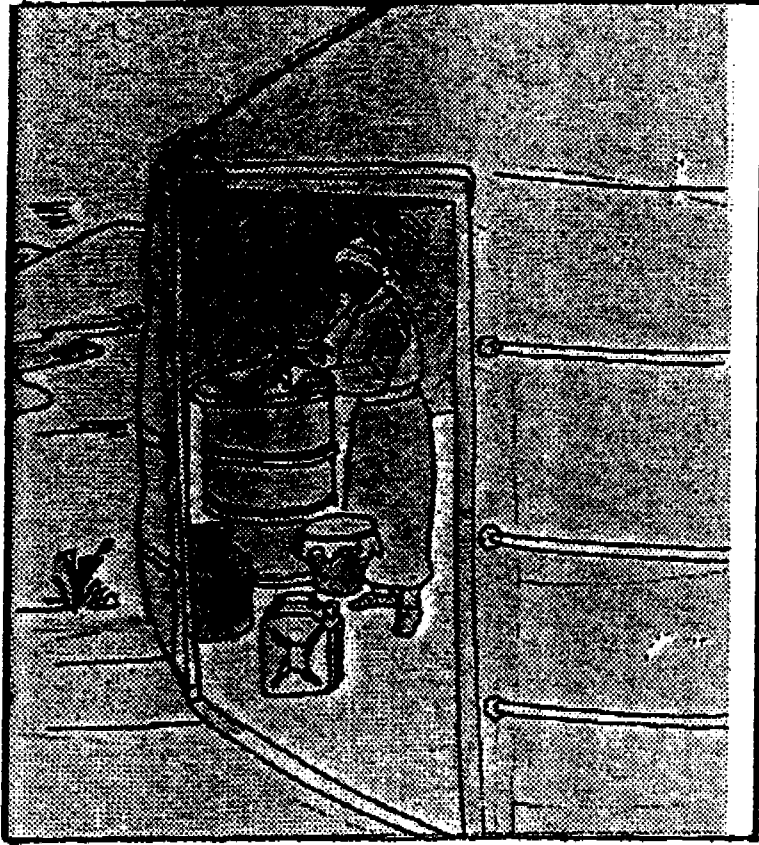
**MATERIAL: Three Pile Sorting**



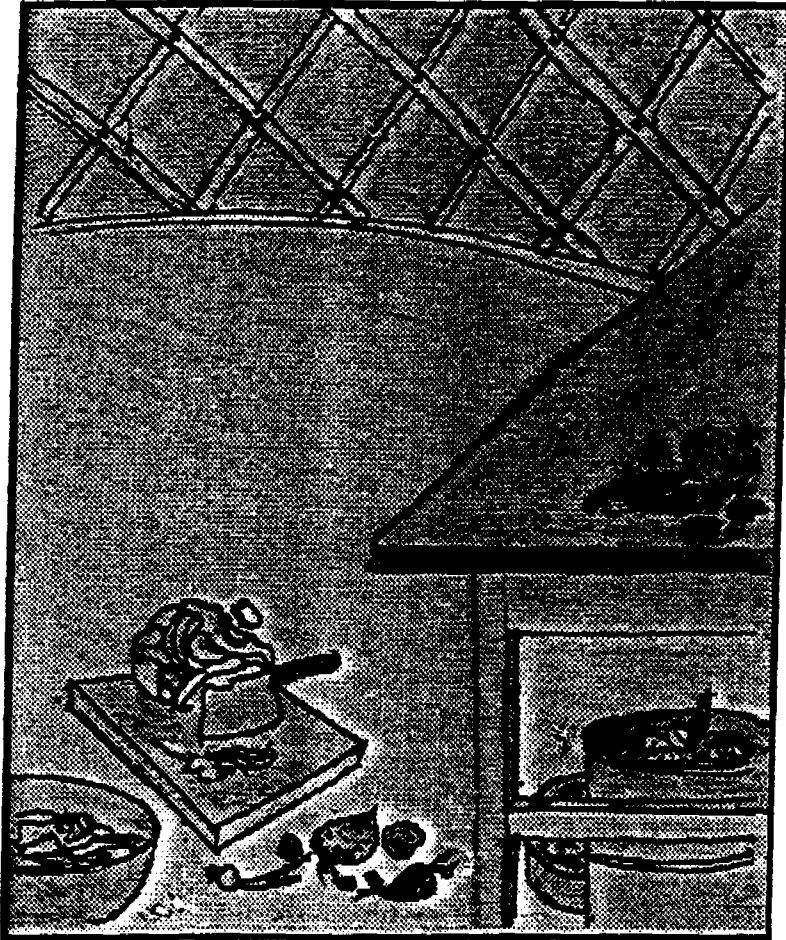
**MATERIAL: Three Pile Sorting**



**MATERIAL: Three Pile Sorting**



**MATERIAL: Three Pile Sorting**



## **TOOL NO. 6: Story With a Gap**\_\_\_\_\_

### **PURPOSE:**

To demonstrate how community members as a group can be engaged in planning water, sanitation and health activities.

### **TARGET GROUP:**

Water User Committee, community facilitators.

### **MATERIALS:**

One set of "before" and "after" pictures.

Pictures showing various activities to get from "before" to "after".

### **STEPS:**

1. Divide participants into groups of 5-6 people/group.
2. Distribute one set of "before" and "after" pictures to each group.
3. Ask groups to first consider the "before" picture, and to discuss why the situation occurred.
4. Next, ask each group to discuss the "after" scene of the improved situation. Ask the group what steps they think the community might have taken to change the conditions, what problems they faced, and what resources they needed.

## TOOL NO. 7: Resistance to Change Continuum

### PURPOSE:

To sensitize participants to the fact that community members may have many different, often understandable reasons for not wishing to adopt change.

To demonstrate a simple way of categorizing the resistances commonly met in the community so that difference in degree and type of resistance become clear.

To infer from this analysis which approaches would be most appropriate when working with people who are either receptive or resistant to change.

### TARGET GROUP:

Community facilitators, Water User Committee.

### MATERIALS NEEDED:

Board on which a continuum can be arranged showing the following seven stages:

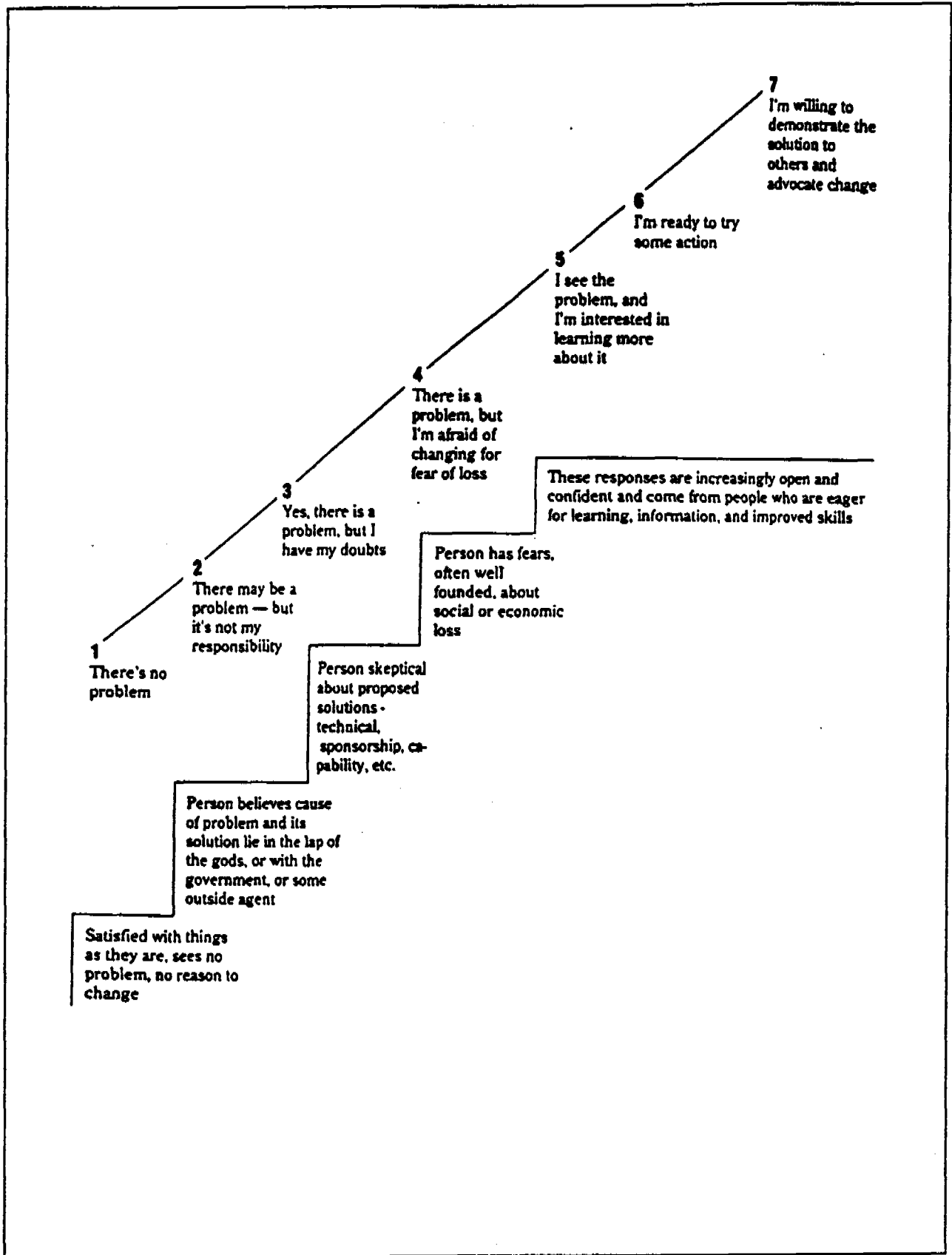
1. There is no problem.
2. There may be a problem but it is not my responsibility.
3. Yes, there is a problem but I have my doubts.
4. There is a problem, but I am afraid of changing for fear of loss.
5. I see the problem and I am interested in learning more about it.
6. I am ready to try some action.
7. I am willing to demonstrate the solution to others and advocate change.

Flexi Flans  
Pieces of Paper

**STEPS:**

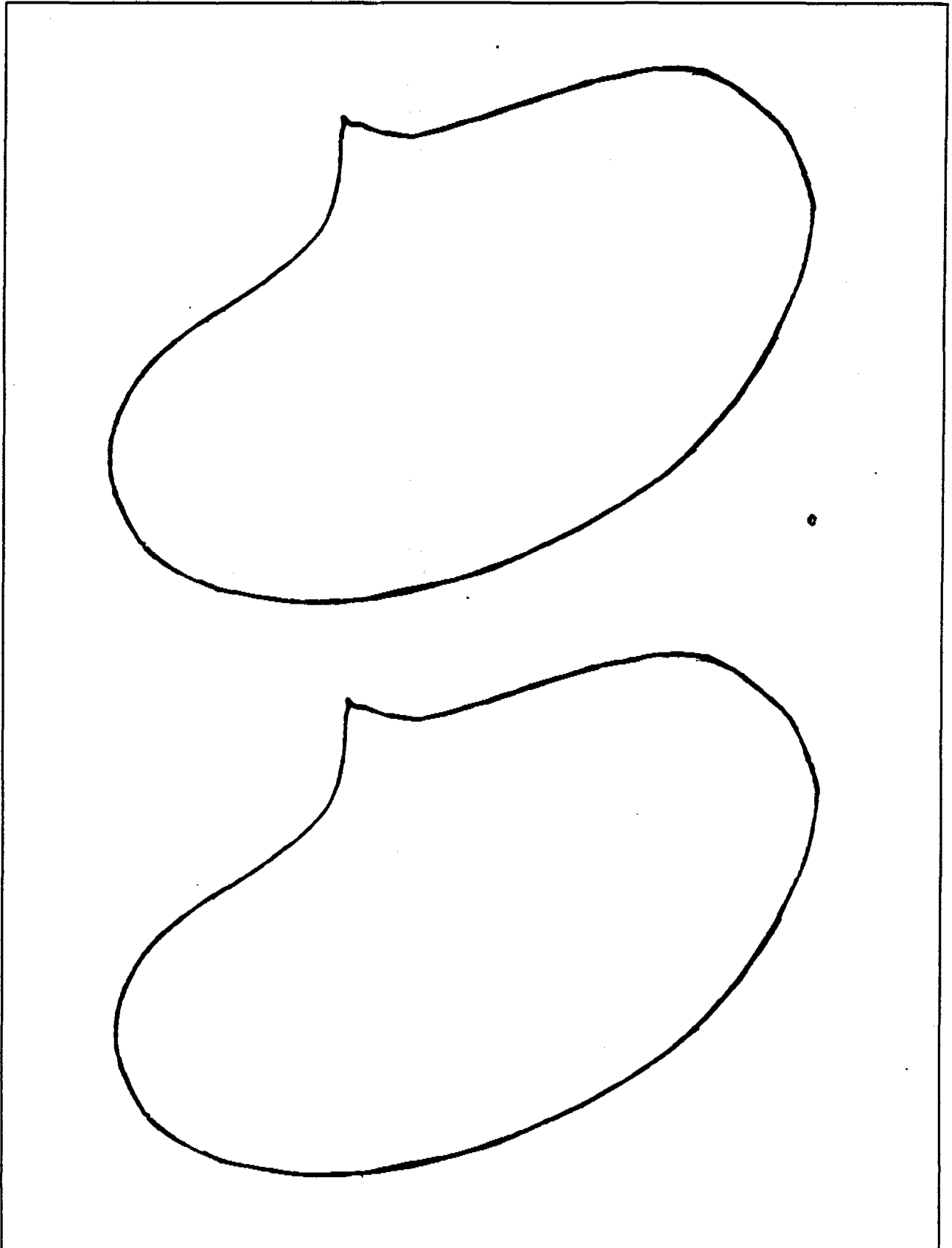
1. Divide participants into groups.
2. Distribute materials and a description of a community problem to each group.
3. Describe the group task:
  - To show: a) How will people participate in solving this problem? b) How will they react? c) What would they say?
  - To write their opinions on the pieces of paper.
  - Using the Flexi Flans with the written opinions, place them at the suitable stage of the continuum.
4. Ask the groups to discuss their work, and to present to the other groups.
5. Conclude with a general discussion of the implications for community problem solving.

# MATERIAL: Resistance to Change Continuum



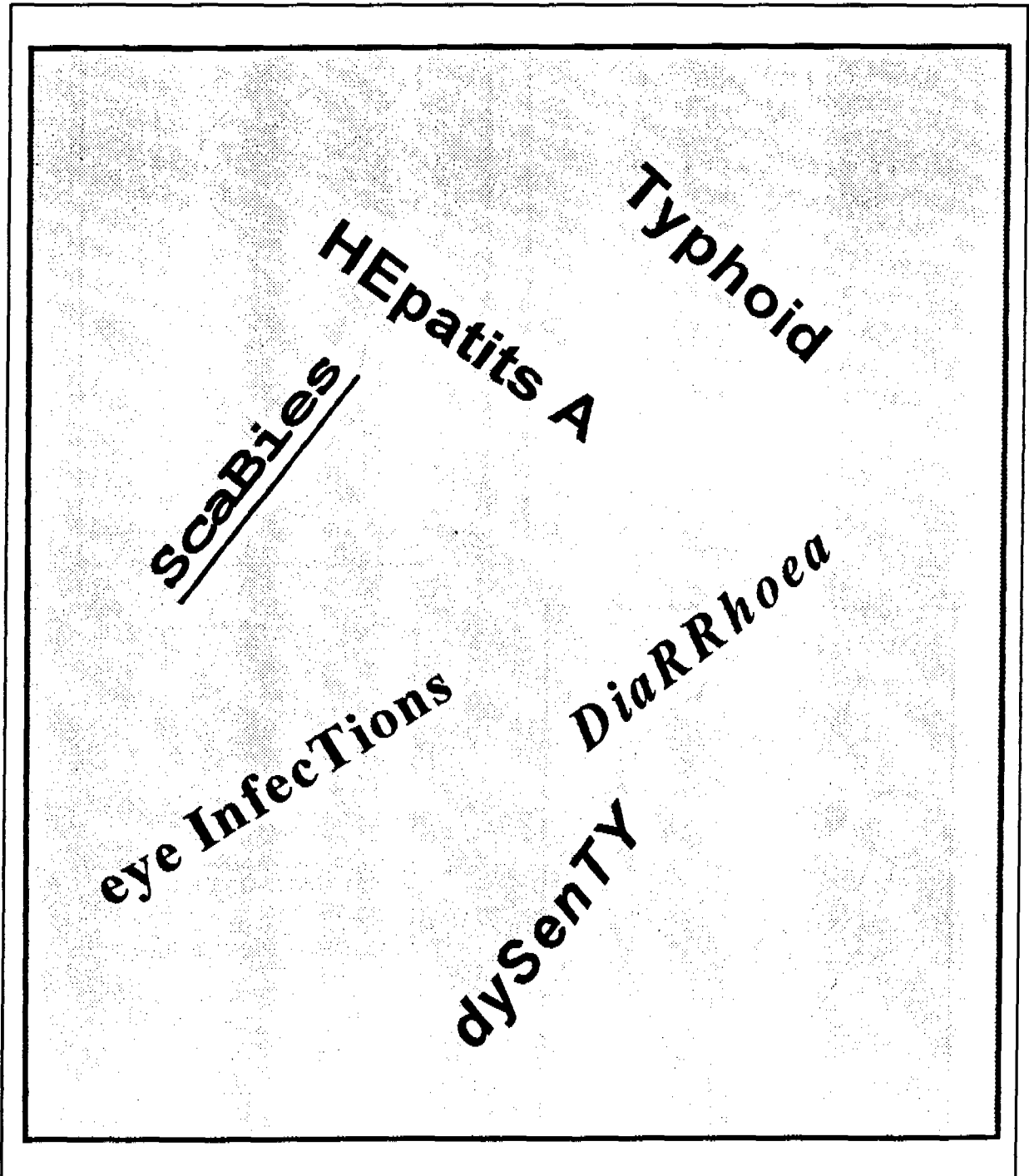


**MATERIAL: Resistance To Change**



SECTION THREE

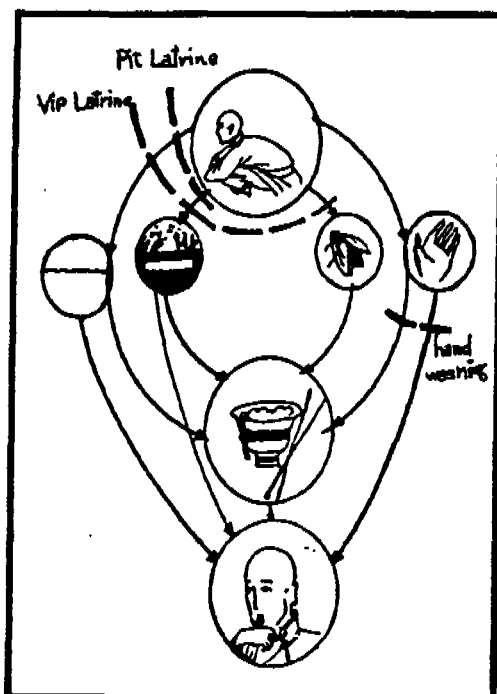
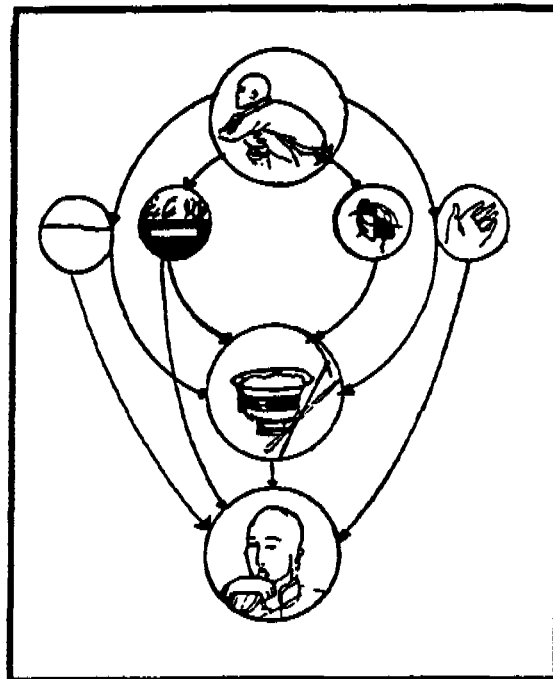
**WATER AND SANITATION  
RELATED HEALTH PROBLEMS**



## HEALTH PROBLEMS

Various diseases are related to unsafe water supply and inadequate sanitation. These diseases account for a large number of illnesses and include diarrhea, dysentery, Hepatitis A, skin and eye infections and worm infestations.

- Many of these diseases are spread by the transferring of pathogens from the infected faeces of a sick person to another by way of 4 routes. These include the hands, water, soil, and flies. Through any one or a number of these routes, germs are passed on to food and fluids which are ingested by others. They, in turn can become ill.



- The ways to prevent these diseases from occurring are related to blocking these four routes of disease transmission.

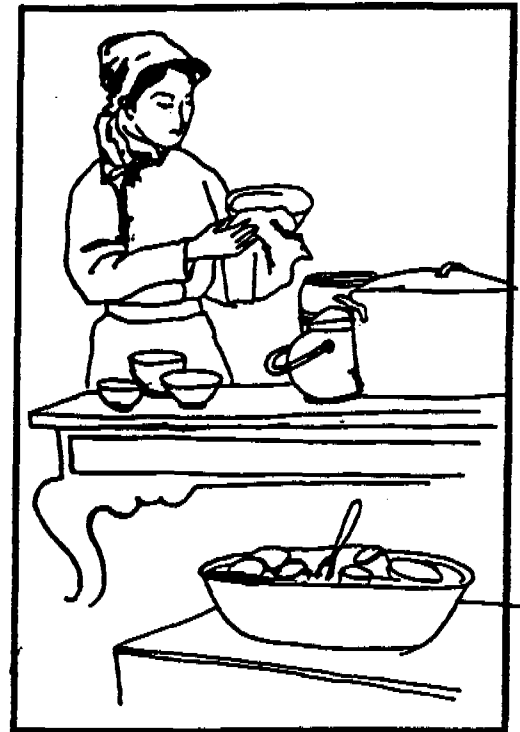
- Some water and sanitation related diseases are caused by not using enough water for personal hygiene or domestic hygiene.



- Ways to prevent these diseases include using more water for bathing.



- teeth brushing



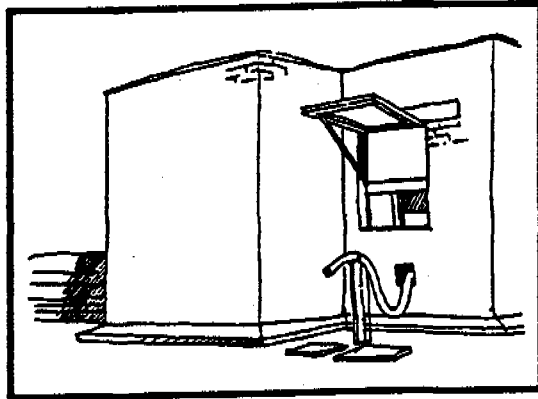
- washing clothes and dishes

- cleaning

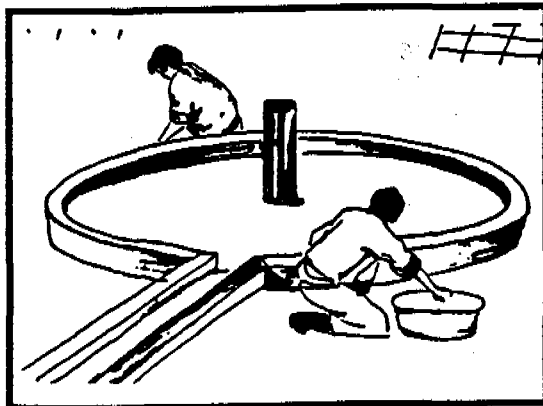
- Another cause of water and sanitation related disease can be poorly maintained or used water supply or sanitation facilities. In the case of water supply, there can be direct contamination of water at the time of water collection if the delivery hose is dirty or if the water container is not clean. Waste water, not adequately drained away from water points, can also serve as a breeding ground for mosquitoes in the summer and as an



attractor for thirsty animals. The excreta left by animals at the water points then increases the chance of contamination of water collectors and hence the water itself.



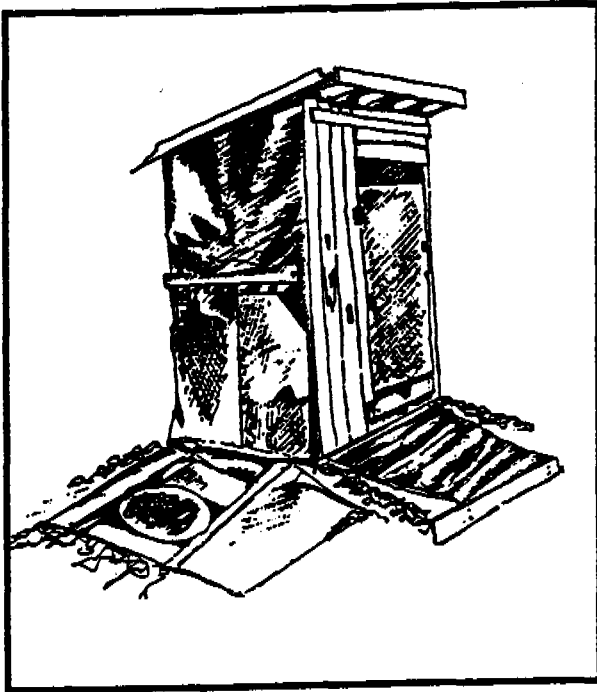
- Prevention of this source of disease is to protect the water supply area by restricting the access of animals through fencing, ensuring the direct access of water from the pump into collectors, and fully emptying water containers and cleaning them before collecting more water.



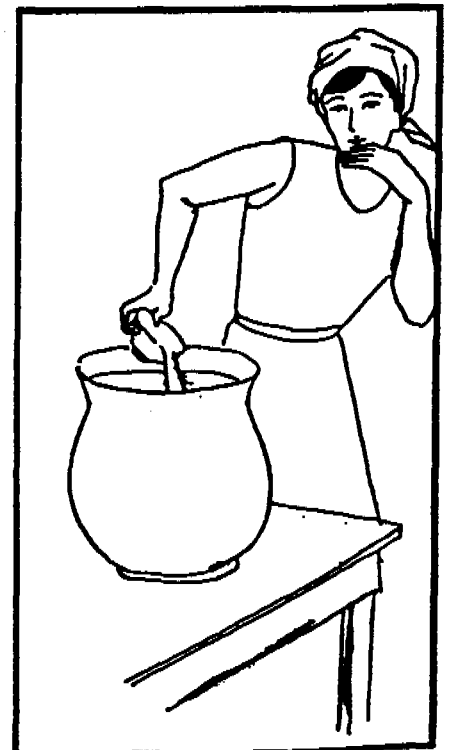
- Waste water drainage and aprons need to be constructed.

- Sanitation facilities, if not properly constructed or maintained, can also become major causes of disease. Latrines that are not clean and properly enclosed, attract and allow flies and mosquitoes to enter and breed in the faeces. Flies may then

enter the home and contaminate exposed food and water, which is later consumed by family members.



- Personal and domestic practices which are unsafe can help to spread disease in the family. These include, not washing hands with a cleansing product after defecation and before preparing or eating food, not bathing or washing frequently, and contaminating drinking water by dipping into it with a dirty container.



## **WHAT RESULTS DO YOU WANT?**

- Understanding by the community of how water and sanitation disease is spread.
- Community members are willing to change unsafe conditions and practices.

## **HOW ARE YOU GOING TO DO IT?**

- Promote health messages (the content in 2 way communication) that describe the positive action that community members can take to prevent disease spread.
- Use Participatory methodologies in carrying out training activities.

## **WHAT STEPS ARE YOU GOING TO TAKE?**

- Identify the prevalent water and sanitation diseases in the community.
- Check the water quality and availability.
- Inform community members of the results. Initiate discussions with different target groups using a participatory exercise to identify and analyze the causes and spread of the diseases with their practices and the community conditions.
- Discuss how the diseases could be prevented by individual and community action.
- Solicit community leaders' support to set up a program of support for preventative action.

## **WHAT MATERIALS DO YOU NEED?**

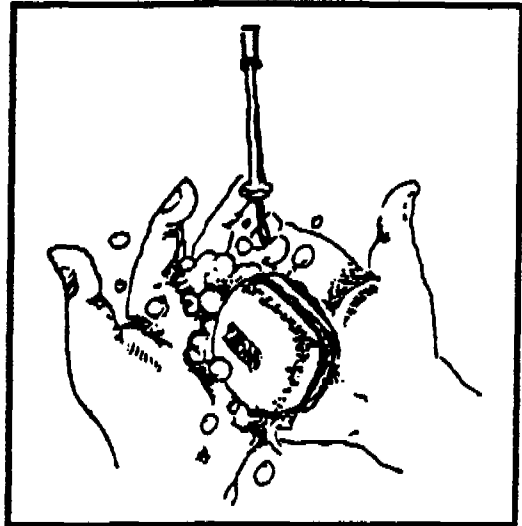
- Statistics on disease prevalence in the community and water quality.
- Participatory exercises
- Hygiene Messages: Handwashing  
Personal and Domestic Hygiene  
Latrine use  
Care and maintenance of water points



## MAJOR HYGIENE MESSAGES:

### 1. HANDWASH WITH SOAP AND WATER

- Wash your hands with water and a cleansing product before touching, preparing or eating food.



- Wash your children's hands with water and (soap) before they eat.



- Wash your children's hands with water and (soap) after they defecate.

## 2. USE MORE WATER FOR PERSONAL AND FAMILY HYGIENE

- Wash your child's face daily with soap and water. Bathe your child frequently and use a clean towel.



- Brush child's teeth after eating and before sleeping.

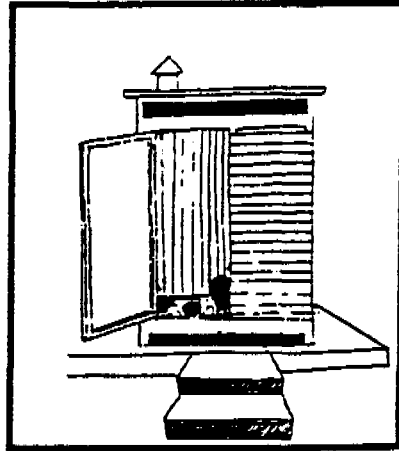
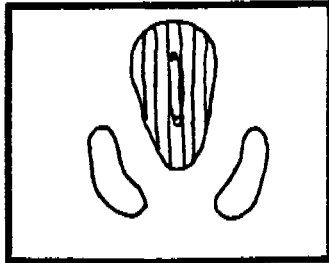


- Wash your children's clothes often.

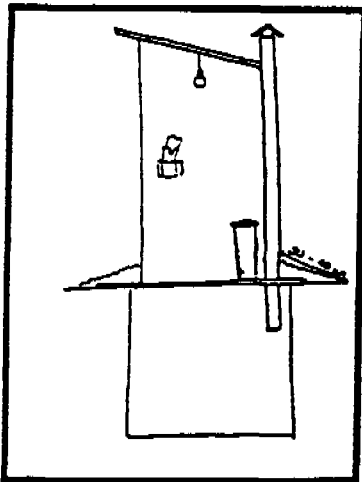


### 3. IMPROVE YOUR LATRINE

- Keep the hole in the latrine covered.



- Fill in the space between the pit and the floor.



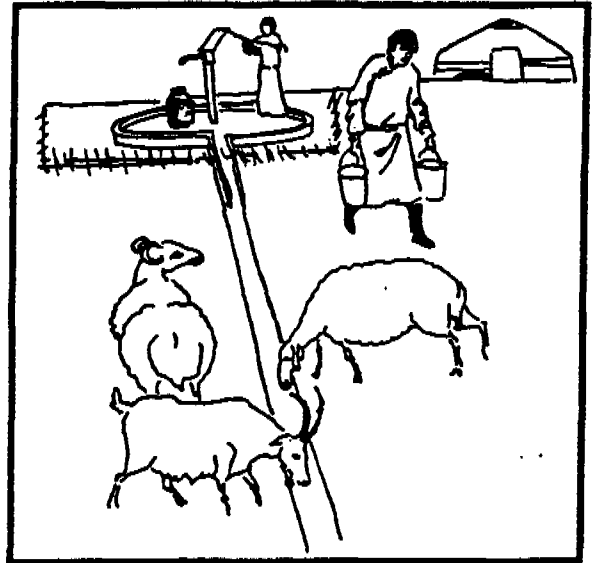
- Clean the latrine every day.  
Throw ash down the hole.

- Encourage children to use the latrine.

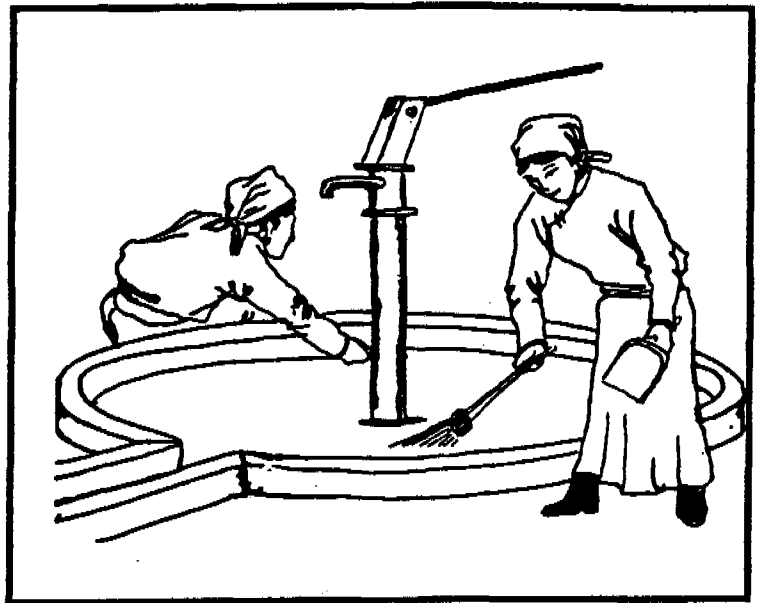


#### 4. PROTECT YOUR WELL AND HANDPUMP

- Build a platform around the handpump and a drain (or soakpit) for waste water.
- Build a fence around the handpump area to keep animals away.

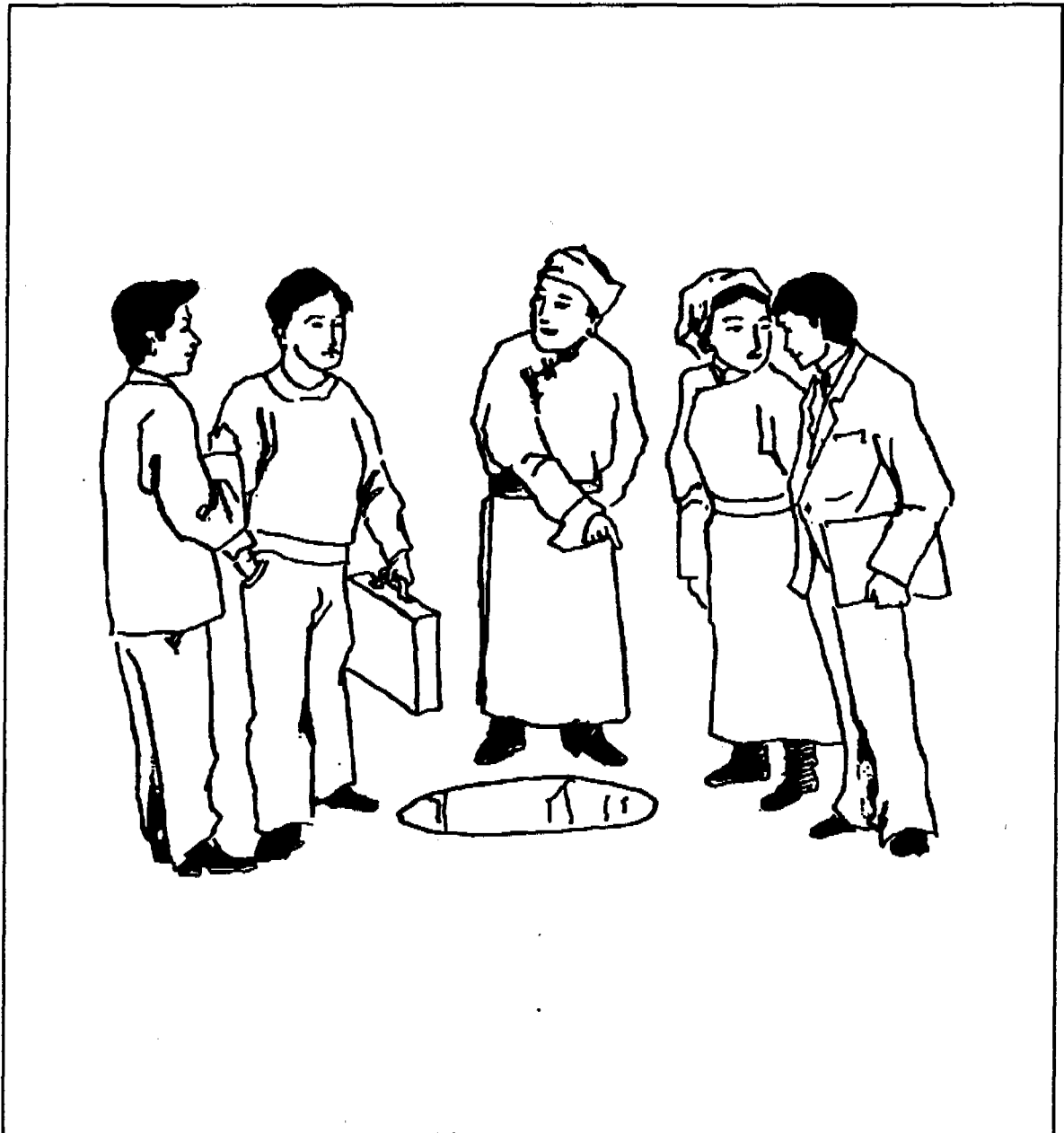


- Clean around the handpump every day. Clean the drain to ensure free flow.



SECTION FOUR

**MONITORING AND EVALUATION**

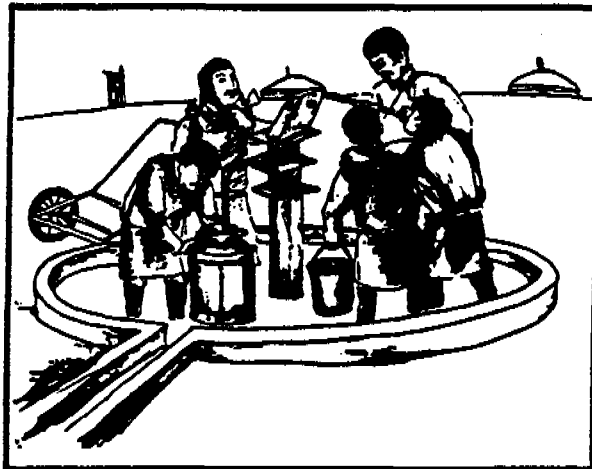


## MONITORING AND EVALUATION

Monitoring and Evaluation are important ways of improving programs. They help trainers and others involved in water and sanitation development to increase the efficiency and effectiveness of planning for and implementing hygiene and sanitation education activities. Community members also benefit when they actively participate in these processes by learning how to examine the results of activities and comparing these with what was planned.

### ***MONITORING***

Monitoring is the regular process of checking, recording, and reporting the progress of the hygiene education program in achieving the objectives. This is done by using indicators to measure certain items. Baseline information about those items must be collected before the planned activities are started, and, through regular checking, the differences in those items are recorded in percentages or numbers.



### **WHAT RESULTS DO YOU WANT?**

1. A comprehensive view of the status of the hygiene education program in relation to the following areas:
  - Progress of the program, related to the Work Plan and target groups: Items include:

- Manpower;
- Materials;
- Money;
- Number, type, and Implementation of hygiene education activities.

- Participation of the target groups. Items include:

- Number and type of participants;
- Frequency of participation;
- Participant response to activities;
- Participant activities (time, money, and materials spent);
- Community organizations formed (i.e. Water user groups).

- Changes in behavior and conditions as stated in the Objectives. These include:

- Handwashing with soap(or other product) after defecation and before preparing or eating food;
- Using more water for personal and domestic hygiene;
- Improvement in hygienic conditions of private latrines;
- Hygienic care, maintenance, and protection of wells/pumps.

2. Identification of problems and how they were managed.



## HOW ARE YOU GOING TO DO IT?

- Collect baseline data (see Section One) using participatory methodologies. \*Remember that communities are the best source of information.
- Set up a monitoring system that involves community members.
- Use the following indicators to measure progress in conditions and behaviors:

### Objective #1.

xx% of Ger sinks have hand cleansing material and sufficient water available.

xx% of women with small children state that they wash their children's hands with (soap) and water after the child defecates and before eating.

xx% of all target groups state that they wash their hands with (soap) after using the latrine.

xx% of households collect 40 L water/cap/day.

### Objective #2

xx% of households have hygienic latrines (enclosed, round hole, hole cover).

### Objective #3.

100% of pump sites have aprons with functioning drainage.

100% of pump sites have protective fencing.

100% of pumps have functioning caretakers.

- Complete monitoring forms, reporting on the status of the Work Plan, community participation, and indicators, highlighting problems and recommendations.



## WHAT STEPS ARE YOU GOING TO TAKE?

1. Meet with those in the community responsible for monitoring program activities. This could be a Water and Sanitation Committee, Water User Committees, or other community groups.
2. Ask them one by one to tell how they think the water supply system is being used and maintained. Write keywords on a flipchart.
3. Look at the outcome together - you will see a variety of responses. No one will know exactly how to tell.
4. Discuss what happens if there is no common view on the existing situation - you can't target for hygiene education (i.e. people who are not using the new pump will require different hygiene education than those using the pump.)
5. Discuss the importance of monitoring, the importance of looking at the same things and using the same measurement when monitoring. Also discuss the importance of asking and observing both men and women when monitoring.
6. Review together the sets of program indicators for care, maintenance and protection of pumps, improvement of latrines, and water use for personal and domestic hygiene.
7. Draw up a checklist together using the indicators and establish a schedule for regular monitoring.
8. Discuss how to approach households to be visited. A major point to be discussed is that one should avoid creating the impression that monitoring is meant to criticize.
9. Implement monthly monitoring.
10. Convey the results of the monitoring to the general community on a regular basis.

## WHAT MATERIALS DO YOU NEED?

Monitoring Forms for the three Hygiene Education areas (results of workplan, target group participation and behavioral change):

1. Government reporting forms (Ministry of Health)
2. Facilities Monitoring form
3. Checklist for Inspection of Latrines
4. Behavioral Monitoring form



MATERIAL : Monitoring

## INSPECTION OF LATRINES

(This form can be used for baseline and/or for monitoring)

Aimak: \_\_\_\_\_

Date: \_\_\_\_\_

Inspected by: \_\_\_\_\_

Sum:

Bag:

Hooro:

Street:

1. Household identification: \_\_\_\_\_
2. Type of superstructure: \_\_\_\_\_

	<u>Yes</u>	<u>No</u>
Functioning	_____	_____
Gives privacy	_____	_____
Gives protection from weather	_____	_____
3. Fixtures

	<u>Yes</u>	<u>No</u>
Cover for hole	_____	_____
Round Hole	_____	_____
Suitable for child/adult	_____	_____
If not, specify problem	_____	
4. Is the pit lined? 

Yes	No
-----	----

Free depth \_\_\_\_\_ meters
5. Are cleaning materials available? 

Yes	No
-----	----
6. Water for handwashing is available at what distance? \_\_\_\_\_
7. General condition

	<u>Good</u>	<u>Acceptable</u>	<u>Bad</u>
Smell	_____	_____	_____
Flies	_____	_____	_____
Mosquitoes	_____	_____	_____
Fouling/soiling	_____	_____	_____
8. Other comments

5. Ask the groups to discuss:

If these were achieved;  
How these were achieved;  
Was the way of working satisfactory;  
Was sufficient attention paid to all target groups;  
What were the problems and how were they solved.

6. Ask each group to present their results.

7. Identify and record the key points.

### WHAT MATERIALS DO YOU NEED?

- Copies of the hygiene education objectives.
- Pictures of: handwashing, water collection/use, safe latrines, hygienic and protected pump sites.
- Paper and pens.

## ***EVALUATION***

While monitoring provides information on the attainment of the hygiene education objectives on an ongoing basis, evaluation usually takes place at the end of the planned program. The evaluation should focus on:

- assessment of planning and implementation activities;
- appraisal of the outcome of promoted changes in behavior; and
- problems that occurred and success in solving them.

### **WHAT RESULTS DO YOU WANT?**

- A good picture of the achievements of the hygiene education program in relation to the set objectives and activities.
- Identification of problems encountered and the lessons that were learned from the hygiene education program.

### **HOW ARE YOU GOING TO DO IT?**

- Evaluate the hygiene education program with the community members.

### **WHAT STEPS ARE YOU GOING TO TAKE?**

1. Meet with each target group.
2. Review the background of the hygiene education program, and it's objectives and activities with the community.
3. Divide the participants into small groups of 5.
4. Hold up pictures showing the objectives:
  - people handwashing with soap;
  - people collecting and using more water;
  - good latrines;
  - well/pump site protected, clean, drained.

# ANNEXES

## ANNEX 1

### HYGIENE OBJECTIVES

Dr. Buzmaa  
Ministry of Health

**MAJOR GOAL:** Prevention of water and sanitation related diseases.

**OBJECTIVES:**

1. To protect drinking water from pollution during collection, transportation, distribution and storage.
2. To investigate water supply and water usage and to increase water use.
3. To study and correlate the dynamics of changes in water with human health.
4. To develop technology based on experience to minimize mineralization.
5. To clean and treat water distribution system reservoirs, tanks and pipes, and water transportation basins and tanks.
6. To promote the use of treated water.
7. To provide training on water supply, behavior change, and sanitation for community organizations, including women.
8. To use mass media as one Educational approach.



## ANNEX 2

### GUIDELINES FOR LOCAL ADMINISTRATIVE ORGANIZATIONS: Promotion of Hygienic Water Supply and Sanitation

Dr. Buzmaa  
Ministry of Health

#### GUIDELINES:

1. Establish a restricted area around the water source and distribution system.
2. Investigate the amount of water supply available and the amount of water consumed by community residents. Promote an increase in consumption.
3. Plan for future requirements, including links with urban centers, water transport by tankers and trucks.
4. Establish a Water Organization to be responsible for investigating and protecting new drinking water sources.
5. Control the utilization of water supply facilities and ensure appropriate maintenance.
6. Arrange for investigation of the relationship between water quality, water supply, water consumption, and public health.
7. Certify and note local water sources.
8. Ensure the adequacy and safety of the water supply.
9. Ensure the implementation of legislation regarding water supply and water quality.

## ANNEX 3

### DRINKING WATER: STANDARDS and LEGISLATION:

Dr. Buzmaa  
Ministry of Health

#### LEGISLATIVE DOCUMENTS

The Constitution of Mongolia  
The Health Law  
The Food Law  
The Consumer Law  
The Water Law  
Control of Drinking Water and Hygiene Sanitation

#### REGULATION: WATER SOURCES, ADAPTED BY THE MINISTRY of NATURE AND ENVIRONMENT AND THE MINISTRY OF HEALTH

##### 1. WATER CONSUMPTION NORM:

Mongolian citizens have the right to be supplied with adequate water that meets the water quality requirements.

##### 2. DRINKING WATER QUALITY:

Drinking water must not transmit communicable and noncommunicable disease.

Drinking water must be non toxic according to physical and chemical indicators.

Drinking water must be of good color, taste, odor and turbidity.

Drinking water must be protected at each step of collection, transport, and distribution.

3. RESPONSIBLE ORGANIZATION:

The local Government is responsible for supplying adequate and safe water (meets quality standards) for the local population.

Local Government, Water User and Water Distribution Organizations must test the water quality or make arrangements for testing.

4. WATER TESTING PROCEDURES:

Underground sources should be tested quarterly in the first year of operation and subsequently on an annual basis.

Surface water sources require testing at each water point and at the top and bottom of water points twice per month.

Laboratory samples from water reservoirs and water sources are taken before water enters the distribution system.

Water quality samples must also be taken from Water Tanks and Transport facilities.

## ANNEX 4

### PROTECTION OF WATER SUPPLY SOURCES AND FACILITIES: RESTRICTED AREAS

Tsedendamba  
MONNAA Concern

#### 1. RESTRICTED AREA

To protect water sources, establish a restricted area around the water source according to the Water Law of Mongolia and the Sanitation Regulation on Drinking Water.

- A restricted area is established around surface and underground sources. There could be from one to three restricted areas in one location
- The restricted area around a dug or drilled well should be 50 m.
- The area should be established with the permission of the local Government and according to the recommendations of the local Health Department, Department of Nature and the Environment, and the Water Supply Organization.
- Barriers to mark off restricted areas may be constructed from locally available materials.
- The restricted area should contain a platform/apron around the water source of wood or cement.
- There should be drainage from the site. Construct a canal to prevent flooding.
- Plant trees and grass inside the area.
- Ensure that buildings near the area are kept clean and well constructed.
- Clear ice away from the well site in winter.

- Keep the well/pump house clean.

## 2. WELL SITING

- Select a high ground position facing away from the direction of flow of possible pollutants.
- Avoid areas around graveyards, cattle barns, excavations, and latrines.
- It is prohibited to construct wells in crowded places, near streets or roads, or in places where cattle and other animals congregate.
- Well site selection must have the permission of the Sanitation and Health Authorities.
- Wells and other accessed sources must be established by professional organizations.

## 3. POLLUTION PROTECTION MEASURES

- Prevent solid waste, dust and other pollutants from entering the water source.
- Construct a fence around the well. Ensure the well structure is solid and does not allow for wastewater seepage into the well.
- Wells that have not been used for a period of time should be drained and disinfected using Chloride.
- It is prohibited to wash your car, discard garbage, or use wastewater/sewage in the area near a well.
- Do not keep chemical compounds in the well house or use/discard oil or fuel near the well.
- Do not wash clothes near the well.
- Animals are prohibited from within 2-3m of the well. Insects and rodents should be controlled to prevent soil pollution.
- The well caretaker must be certified healthy.

## ANNEX 5

### WHAT IS WATER

Tsedendamba  
MONNAA Concern

There is a saying: no water, no life. Every living being requires water.

Water is a limpid liquid substance consisting of hydrogen (11.1%) and oxygen (88.89%) and having no color, taste, or smell. The chemical formula is H<sub>2</sub>O. Water boils at 100 C and freezes at 0 C. Water combines easily with other substances and dissolves different minerals, like salt.

Water covers 70.8% (or 361 billion square kilometers) of the earth's surface and accounts for 1482 million cubic kilometers. Fresh water accounts for 2.5% and oceans, lakes and mineralized underground water accounts for 97.5%.

The majority of fresh water resources in Mongolia is surface water and the annual volume is 32.3 billion cubic meters. There are about 4000 lakes of one square kilometer or more, however 4% do not freeze in winter. Underground fresh water resources being utilized is 6 billion cubic meters.

Fresh water is water containing not more than 1 gram of soluble substances. Polar ice and glaciers account for 70% of the world's fresh water resources and underground water, 30%. Rivers account for 0.006%.