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NETHERLANDS-BANGLADESH DEVELOPMENT COOPERATION PROGRAMME

DEPARTMENT OF PUBLIC HEALTH ENGINEERING

18 DISTRICT TOWNS PROJECT



TRAINING MANUAL  
FOR  
REFRESHER COURSE  
ON  
CSC MANAGEMENT

FEBRUARY, 1995



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## FOREWORD

This manual has been prepared by Centre For Management Development for conducting the refreshers' course on CSC Management for the staff of CSC serving at different Pourashavas under 18DTP. The manual has been prepared keeping in view the needs of the target group and the course objectives. It provides the guideline for the trainers/ facilitators to conduct the Programme through such training methodologies as would involve the participants in the learning process. The manual is so designed that the trainer shall get ample opportunities to conduct the session by getting feedback from the participants in order to make the Programme effective. The contents of the manual are very comprehensive.

Since this a refreshers' course, the trainers/ facilitators may be able to use VIPP as a training method to conduct the Programme. In doing so, they will have to identify the topicwise activities to be undertaken in conducting sessions on a particular topic. The manual does not provide any guideline for those activities. The individual facilitator shall prepare his/ her lesson plan of his/ her own.

We hope that this manual shall serve the twin purposes of conducting the course either through VIPP or other participatory Training methods.

# CONTENT

1.0 Time table

2.0 Topic

- 2.1 Objectives and activities 18DTP
- 2.2 Introduction to hygiene education
- 2.3 Transmission cycle and common diseases
- 2.4 Safe water
- 2.5 Sanitary latrine, types, installation,  
use and maintenance
- 2.6 Communication
- 2.7 Motivation
- 2.8 Implementation procedure
- 2.9 House visits
- 2.10 Supervision

CSC MANAGEMENT TRAINING

REFRESHERS' COURSE

1st day	Time	9:00-11:00	11.00-11.15	11.15-12.30	12.30-13.30	13.30-14.00	14.00-14.45	14.45-15.00	15.00-16.15	16.15-16.30		19.00-20.00
	Sessions /activities	Inauguration, Ice breaking, orientation to the program. pre-test	Tea	objectivse & activities of 18DTP.	Lunch	introduction to hygiene education	transmission cycle and comon diseases	Tea	Safe water	evaluation		Supervision
2nd day	Time	8.30-9.00	9.00-10.30	10.30-11.00	11.00-12.30	12.30-13.30	13.30-15.00	15.00-15.15	15.15-16.15	16.15-16.45	16.45-17.00	19.00-20.30
	Sessions /activities	Review	latrine, types, use & maintenance	Tea	Communication	lunch	Motivation	Tea	implementation procedure	home visit	evaluation	Work-plan
3rd day	Time	8.00-13.00				13.00-14.00	14.00-14.30	14.30-15.30	15.30-16.00			
	Sessions /activities	Field visit				lunch	review on field visit exper interview	expetr interview	closing			

Department of Public Health Engineering

Course title : CSC MANAGEMENT TRAINING		Code: CSC.
Topic : OBJECTIVES AND ACTIVITIES OF 18DTP		Edition: Feb '95
Section 1 : INFORMATION SHEET		Page: 01 of 01 /10
Duration:	75 minutes	
Training objectives:	<p>After this session, the participants shall be able to:</p> <ul style="list-style-type: none"> <li>- narrate the objectives of 18DTP</li> <li>- describe the major activities of 18DTP</li> <li>- explain the organogram of 18DTP</li> <li>- name the committees and parties involved in 18DTP activities.</li> <li>- explain the position of CSC and CSC staff.</li> <li>- narrate the objectives of hygiene education program</li> <li>- explain the objectives of sanitation program.</li> <li>- describe the approach adopted in the programme.</li> </ul>	
Trainee selection:	CSC Staff of different Pourashavas under 18DTP	
Training aids:	<ul style="list-style-type: none"> <li>- Viewfoils</li> <li>- Handout</li> </ul>	
Special features:	VIPP shall be used as a training method.	
Keywords:	18DTP/ DPHE/ Pourashava/ Objectives/ Target/ Community participation	

Department of Public Health Engineering, 18 District Towns Project.	
Course title : CSC Management Training	Code:
Topic : OBJECTIVES AND ACTIVITIES OF 18DTP	Edition: Feb.95
Section 2: SESSION NOTES	Page: 01 of 03
<p>1. Introduction: The name of the project is 18 District Towns Water supply, Sanitation and Drainage Project.</p> <p>Mention the name of 18 Pourashavas under 18DTP.</p> <p>2. WHAT ARE THE DIFFERENT ORGANIZATION INVOLVED IN 18DTP?</p> <p>Feedback-</p> <p>i. DPHE (Department of Public Health Engineering) is a central agency responsible for the development of water supply and sanitation services in pourashavas, thana towns and rural areas on behalf of Bangladesh Government.</p> <p>It is the implementing agency of 18DTP</p> <p>ii. Pourashavas: The pourashava is responsible for the development and maintenance of social services and physical infrastructure of municipal areas.</p> <p>iii. Netherlands is a donor country providing assistance for development of water supply and sanitation activities under 18DTP.</p> <p>18DTP is a project under DPHE of Bangladesh Government aided by Government of Netherlands for improvement of water supply and sanitation condition of 18 District Towns in close cooperation with Pourashavas.</p> <p>2. WHAT ARE THE OBJECTIVES OF 18DTP?</p> <p>Get the feed back from the participants and then explain as follows:-</p> <ul style="list-style-type: none"> <li>• To set sustainable water supply, sanitation and drainage system in 18 towns that will form a sound basis for an improvement of health situation.</li> <li>• To set institutional structure for management, operation &amp; maintenance and health education within a pourashava</li> <li>• To give priority to those areas where the water supply and sanitary conditions do not meet minimum standards.</li> <li>• To guarantee a maximum of involvement and participation of the local population.</li> </ul>	<p>Lecture &amp; Discussion</p> <p>V.1</p> <p>Question to group</p> <p>Question to group</p> <p>V.2</p>

Department of Public Health Engineering, 18 District Towns Project.

Course title : CSC Management Training

Code:

Topic : OBJECTIVES AND ACTIVITIES OF 18DTP

Edition: Feb.95

3. WHAT ARE THE SPECIFIC TARGET OF 18DTP?  
FEEDBACK-

Question to group

♦ sustainable water supply for 75% of population of 18 towns

- house connection for approx. 5-20% of the house holds

- standpost for approx. 30% of the population in poorer areas

- sufficient hand pumps in fringe areas.

♦ setting a frame work for construction and use of adequate sanitary installations

♦ drain for rain and waste water in built-up areas

♦ strengthening pourashava level institutions for water, sanitation and drainage.

3. WHAT ARE THE ACTIVITIES OF 18DTP?

Question to group

Get the feed back from the participants and then explain as follows:-

♦ Technical:

- Water supply-

- Core area - Pipeline, OHT, IRP, PW, HC

- a. house connections

- b. street hydrants

- Fringe area - HTW (No 6 / tara)

- Sanitation -double direct pit latrine

- low cost technology

- fringe and slum area

- Drainage -sanitary drainage construction

- core area

♦ Non technical:

- Institutional development

- PWSS for water supply

- PHS for sanitation and health education

- PCS for cleaning of drains and roads

- Community participation

- WSSC - ward level committee involving representatives of different group of communities.

- caretaker of HTW & latrine

v.3



Department of Public Health Engineering, 18 District Towns Project.	
Course title : CSC Management Training	Code:
Topic : OBJECTIVES AND ACTIVITIES OF 18DTP	Edition: Feb.95
<ul style="list-style-type: none"> <li>• Hygiene education <ul style="list-style-type: none"> <li>- to the beneficiaries of latrine</li> <li>- to the beneficiaries of HTW</li> <li>- to house connections owners</li> <li>- to school students</li> </ul> </li> <li>• Tasks of CSC staff are as follows: <ul style="list-style-type: none"> <li>i hygiene education programme.</li> <li>ii latrine Programme.</li> <li>iii solid waste disposal.</li> <li>iv sullage connection of drainage programme.</li> <li>v service connections (service connections and street hydrants) and hand tubewells under water supply programme.</li> </ul> </li> </ul> <p>[Note: tasks iii, iv &amp; v depend upon Government's clearance.]</p>	V.4

## NAME OF 18 POURASHAVAS UNDER 18DTP

## 1ST BATCH

1. MANIKGANJ
2. NARAIL
3. MAGURA
4. SHARIATPUR
5. BHOLA
6. JHALAKHATI

## 2ND BATCH

1. NILPHAMARI
2. LALMONIRHAT
3. THAKURGAON
4. PHANCHAGAR
5. JOYPURHAT
6. NAOGAON
7. MOULVIBAZAR

## 3RD BATCH

1. SHATKHIRA
2. MEHERPUR
3. SHERPUR
4. NETRAKONA
5. BARGUNA

**OBJECTIVES OF 18DTP**

- **TO SET SUSTAINABLE WATER SUPPLY, SANITATION AND DRAINAGE SYSTEM IN 18 TOWNS.**
- **TO SET INSTITUTIONAL STRUCTURE FOR MANAGEMENT, OPERATION & MAINTENANCE AND HEALTH EDUCATION WITHIN POURASHAVA**
- **TO GIVE PRIORITY TO THOSE AREAS WHERE THE WATER SUPPLY AND SANITARY CONDITIONS DO NOT MEET MINIMUM STANDARDS**
- **TO GUARANTEE A MAXIMUM OF INVOLVEMENT AND PARTICIPATION OF THE LOCAL POPULATION.**

ACTIVITIES OF 18DTP

1. TECHNICAL:

A. WATER SUPPLY-

CORE AREA - PIPELINE, OHT, IRP, PW, HC

I. HOUSE CONNECTIONS

II. STREET HYDRANTS

FRINGE AREA - HTW (NO 6 / TARA)

B. SANITATION -DOUBLE DIRECT PIT LATRINE

-LOW COST TECHNOLOGY

-FRINGE AND SLUM AREA

C. DRAINAGE -SANITARY DRAINAGE CONSTRUCTION

2. NON TECHNICAL:

● INSTITUTIONAL DEVELOPMENT

- PWSS FOR WATER SUPPLY

- PHS FOR SANITATION AND HEALTH EDUCATION

- PCS FOR CLEANING OF DRAINS AND ROADS

● COMMUNITY PARTICIPATION

- WSSC

- CARETAKER

● HYGIENE EDUCATION

- CSC MANAGEMENT

- SCHOOL HYGIENE EDUCATION

Department of Public Health Engineering, 18 District Towns Project.

Course title: CSC MANAGEMENT TRAINING

Code :CSC.R

Topic: OBJECTIVES AND ACTIVITIES OF 18 DTP.

Edition: Feb.'95

Section 4 : H A N D O U T

Page : 01 of 03

18 DTP stands for 18 District towns water supply, sanitation and sanitation project.

18 DTP is a project under DPHE of Bangladesh Government aided by Government of Netherlands for improvement of water supply and sanitation condition of 18 District Towns with close cooperation of Pourashava.

Objectives of 18DTP

The main long term objective of the project is to improvement of health of the Pourashava people under 18DTP.

The other objectives are summarized as follows:

- To set sustainable water supply, sanitation and drainage system in 18 towns that will form a sound basis for an improvement of health situation
- to set institutional structure for management, operation & maintenance and health education within pourashava
- to give priority to those areas where the water supply and sanitary conditions do not meet minimum standards
- to guarantee a maximum of involvement and participation of the local population.

SPECIFIC TARGET OF 18DTP:

- ◆ sustainable water supply for 75% of population of 18 towns under this project.
  - house connection for approx. 5-20% of the house holds
  - street hydrants for approx. 30% of the population in poorer areas
  - sufficient hand pumps in fringe areas.
- ◆ setting a frame work for construction and use of adequate sanitary installations
- ◆ drain for rain and waste water in built-up areas
- ◆ strengthening pourashava level institutions for water, sanitation and drainage.

Department of Public Health Engineering, 18 District Towns Project.

Course title: CSC MANAGEMENT TRAINING

Code :CSC.R

Topic: OBJECTIVES AND ACTIVITIES OF 18 DTP.

Edition: Feb.'95

Section 4 : H A N D O U T

Page : 02 of 03

#### ACTIVITIES OF 18DTP:

18 DTP integrates water supply, sanitation and drainage with the non-technical activities to sustain the system. The activities are divided under two major headings, viz. technical and non-technical.

♦ Technical activities are described as follows:

- Water supply-

In the core area water is provided through house connection and street hydrants. For this, installation of pipelines, construction of Overhead tank, Iron removal plant, Production well, etc is implemented.

In the fringe areas water supply is being provided through community hand tubewells i.e. shallow, deep (No.6 pump) and tara pump.

- Sanitation - Low cost double direct pit sanitary latrines are constructed for distribution to the poorest if the poor people in the fringe and slum areas.

- Drainage - sanitary drainage is being constructed in the core area to discharge the waste and rain water.

♦ Non technical activities :

More emphasis has given on nontechnical issues to sustain the system. Following non-technical issues are implemented.

- Institutional development activities for PWSS, PHS & PCS are taken to make them as self sufficient.

- Each and every activities undertaken by the project are executed through community participation in order to ensure sustainability of the Project activities. Community participation, under this project, is ensured through WSSC and Caretakers . WSSC, a ward level committee, chaired by a female ward commissioner with at least 50 % female members, looks after the water and sanitation situation in the ward.

Hand tubewell caretakers are responsible to maintain of the pump and to disseminate the hygiene messages to the beneficiaries.

- Hygiene education is being provided to the beneficiaries to ensure proper use of the facilities.

Department of Public Health Engineering, 18 District Towns Project.

Course title: CSC MANAGEMENT TRAINING

Code :CSC.R

Topic: OBJECTIVES AND ACTIVITIES OF 18 DTP.

Edition: Feb.'95

Section 4 : H A N D O U T

Page : 03 of 03

#### HYGIENE EDUCATION:

Hygiene education is a process of bringing about changes in the people regarding their knowledge and attitudes in respect of hygiene practices.

The above definition implies that

- a. hygiene education is a process involving a series of steps, but not a single activity.
- b. hygiene education is concerned with establishing or inducing changes in knowledge, attitude, and behaviour that promote healthier living,
- c. hygiene education involves efforts by the people.

18DTP has undertaken the following activities regarding hygiene education

- to the beneficiaries of latrine
- to the beneficiaries of HTW
- to house connections owners
- to school students

In every Pourashava, there is one CSC, from where the latrine programme is implemented. The CSC is also a centre of community for water supply and sanitation related activities. In every CSC, a Supervisor, Promoters and Educators have been engaged by the Pourashava for promotion, installation and hygiene education activities for the latrine Programme.

• Tasks of CSC staff are as follows:

- i hygiene education programme.
- ii latrine Programme.
- iii solid waste disposal.
- iv sullage connection of drainage programme.
- v service connections (service connections and street hydrants) and hand tubewells under water supply programme.

#### SCHOOL HYGIENE EDUCATION PROGRAMME:

18DTP takes initiatives to provide hygiene education to the primary schools under 18DTP. For this purpose, school teachers will be trained by 18DTP who will, in turn, provide the hygiene message to the students.

Department of Public Health Engineering, 18 District Towns Project

Course Title : CSC MANAGEMENT TRAINING	Code:
Topic : INTRODUCTION TO HYGIENE EDUCATION	Edition:Feb '95
Section 1: I N F O R M A T I O N S H E E T	Page: 01 of 01/ 09
Duration:	30 minutes
Training objectives:	<p>After completion of this session, the participants shall be able to</p> <ul style="list-style-type: none"> <li>- define hygiene education</li> <li>- describe the two specific aspects of hygiene education</li> <li>- explain various issues and importance of hygiene education</li> </ul>
Trainee selection	CSC staffs of different Pourashavas under 18 DTP
Training aids	- Vufoils <span style="float: right;">- Handout</span>
Special Features :	VIPP shall be used as the training method to involve the participants in the learning process more effectively
Keywords:	Personal Hygiene/Environmental Hygiene



Department of Public Health Engineering

Course Title : CSC Management Training	Code:
Topic: INTRODUCTION TO HYGIENE EDUCATION	Edition: Feb.95
Section 2: S E S S I O N N O T E S	Page: 01 of 02
<p>1. WHAT IS HYGIENE EDUCATION ?</p> <p>Get feedback from the participants and board/flip and then define as follows</p> <p>Hygiene Education is concerned with changes in knowledge, feelings, and behaviour of people. It concentrates on informing, motivating and helping people to adopt and maintain health situation.</p> <p>Explain that- Hygiene Education is one of the most cost effective interventions. A large number of diseases could be prevented with no medical intervention if people are adequately informed about them and if they are encouraged to take necessary precaution in time.</p>	<p>Question to group</p> <p>V.1</p> <p>Discussion</p>
<p>2. WHAT ARE THE ASPECTS OF HYGIENE EDUCATION?</p> <p>Feedback-</p> <p>There are two important aspects of hygiene education such as Personal Hygiene and Environmental Hygiene.</p>	<p>Question to group</p>
<p>3. WHAT IS PERSONAL HYGIENE?</p> <p>Feedback</p> <p>The aim of personal hygiene is to promote the standard of personal cleanliness within the settings of the conditions where people live in. Personal Hygiene includes bathing, clothing, washing hands, toilets, care of feet, nails, teeth, spitting, coughing, sneezing, personal appearance and inculcation of clean habits.</p>	<p>Question to group</p> <p>V.2</p>
<p>4. ENVIRONMENTAL HYGIENE</p> <p>Environmental hygiene has two distinct aspects such as domestic and community. Environmental hygiene comprises that of home, use of soap and water, need for fresh air, light, ventilation, hygienic storage of foods, hygienic disposal of waste, need to avoid pests and insects.</p>	<p>Discussion</p>

Department of Public Health Engineering

Course Title : CSC Management Training	Code:
Topic: INTRODUCTION TO HYGIENE EDUCATION	Edition: Feb.95
Section 2: S E S S I O N N O T E S	Page: 02 of 02
<p>5. WHAT ARE THE OBJECTIVES OF HYGIENE EDUCATION ?  <b>Feedback</b>  The objective of hygiene education is to educate the people in personal hygiene and environmental hygiene with a view to bringing about desired changes in hygiene habits and to ensure adoption, use and maintenance facilities.</p> <p>6. WHAT ARE THE FOUR MESSAGES OF HYGIENE education?  <b>Feed back:</b></p> <ol style="list-style-type: none"> <li>1. Use of safe water for all purposes</li> <li>2. Use of sanitary latrines by all members of the family</li> <li>3. Safe personal hygiene practice such as washing hands after defecation and before taking food</li> <li>4. To keep the environment clean through proper disposal of waste and garbage</li> </ol> <p>[Trainer's note: The messages of hygiene education should be repeated time and again by the trainers so that they can get the messages by heart.]</p> <p>7. SUMMARY</p> <p>Summarise the main points to reinforce the trainees learning retentability.</p>	<p>QUESTION TO GROUP</p> <p>V.3</p> <p>Question to group</p> <p>V.4</p> <p>Lecture and discussion</p>

**DEFINITION OF HYGIENE EDUCATION**

**HYGIENE EDUCATION IS CONCERNED WITH CHANGES IN  
KNOWLEDGE, FEELINGS, AND BEHAVIOUR OF PEOPLE.**

**IT CONCENTRATES ON INFORMING,**

**MOTIVATING AND HELPING PEOPLE TO ADOPT AND MAINTAIN  
HEALTH SITUATION.**

**ASPECTS OF HYGIENE EDUCATION**

**THERE ARE TWO IMPORTANT ASPECTS OF HYGIENE  
EDUCATION SUCH AS :**

- ◆ **PERSONAL HYGIENE AND**
- ◆ **ENVIRONMENTAL HYGIENE**

**OBJECTIVE OF HYGIENE EDUCATION**

**THE AIM OF PERSONAL HYGIENE IS TO PROMOTE THE  
STANDARD OF PERSONAL CLEANLINESS WITHIN THE SETTINGS  
OF THE CONDITIONS WHERE PEOPLE LIVE IN.**

**AREAS OF HYGIENE EDUCATION TO ACHIEVE ITS OBJECTIVES.**

- 1. USE OF SAFE WATER FOR ALL PURPOSES**
- 2. USE OF SANITARY LATRINE BY ALL MEMBERS OF THE FAMILY**
- 3. SAFE PERSONAL HYGIENE PRACTICE SUCH AS WASHING HANDS AFTER DEFECATION AND BEFORE TAKING FOOD**
- 4. TO KEEP THE ENVIRONMENT CLEAN THROUGH PROPER DISPOSAL OF WASTE AND GARBAGE**

Course title: CSC MANAGEMENT TRAINING	Code :
Topic: INTRODUCTION TO HYGIENE EDUCATION	Edition:Feb'95
Section 4 : H A N D O U T	Page:01 of 02

Health is defined by WHO as "a state of complete physical, mental social well being (of an individual) and not merely an absence of disease and infirmity.

Hygiene education is concerned with changes in knowledge, feelings and behaviour of people. It concentrates on informing, motivating and helping people to adopt and maintain healthy practices and advocates environmental changes as needed for an improved health situation. Hygiene education is one of the most cost effective interventions. A large number of diseases could be prevented with little or no medical intervention if people are adequately informed about them and if they are encouraged to take necessary precautions in time .

Hygiene education has two aspects namely.

1. Personal hygiene
2. Environmental hygiene

1. **PERSONAL HYGIENE:** The aim of personal hygiene is to promote the standard of personal cleanliness within the settings of the conditions where people live in. Personal hygiene includes bathing, clothing, washing hands, toilets, care of feet, nails, teeth, spitting, coughing, sneezing, personal appearance and inculcation of clean habits.

2. **ENVIRONMENTAL HYGIENE:** Environmental hygiene has got two distinct aspects, namely, domestic and community. Environmental hygiene comprises that of the home, use of soap and water, need for fresh air, light, ventilation, hygienic storage of foods, hygienic disposal of waste, need to avoid pests and insects.

The objective of the hygiene education is to educate the people in personal hygiene and environmental hygiene with a view to bringing about desired changes in health habits and to secure adoption, use and maintenance of environmental health sanitation facilities.

Department of Public Health Engineering, 18 District Towns Project

Course title: CSC MANAGEMENT TRAINING	Code :
Topic: INTRODUCTION TO HYGIENE EDUCATION	Edition:Feb'95
Section 4 : H A N D O U T	Page:02of 02
<p>In order to achieve the objectives, the area of hygiene education should encompass,in the context of the project,the following:</p> <ol style="list-style-type: none"><li>1. Use of safe water for all purposes</li><li>2. Use of sanitary latrines by all members of the family.</li><li>3. Safe personal hygiene practice such as washing hands after defecation and before taking food.</li><li>4. To keep the environment clean though proper disposal of waste and garbage.</li></ol> <p>To bring about the desired changes in the beneficiaries' behaviour to adopt and practice the above, emphasis should be given to communicate the hygiene message effectively and motivate them for adopting and practising the hygiene habits.</p>	



**Department of Public Health Engineering, 18 District Towns Project**

**Course title : CSC MANAGEMENT TRAINING**

**Code:**

**Topic : TRANSMISSION CYCLE AND COMMON DISEASES**

**Edition: Feb'95**

**Section 1 :INFORMATION SHEET**

**Page: 01 of 01/ 12**

**Duration:**

**60 minutes**

**Training objectives:**

**After this session, the participants shall be able to:**

- describe the cycle of a disease agent
- identify the source of diseases
- determine appropriate measures to prevent diseases at sources and media
- describe the common diseases and identify their causes and preventive measures.

**Trainee selection:**

**CSC staff of different pourashavas under 18 DTP**

**Training aids:**

- Viewfoils.
- Handout

**Special features:**

**VIPP shall be used as a training method in the programme**

**Keywords:**

**Transmission cycle/Host agent/Vector borne disease**

Department of Public Health Engineering, 18 District Towns Project	
Course title : CSC MANAGEMENT TRAINING	Code:
Topic : TRANSMISSION CYCLE AND COMMON DISEASES.	Edition: Feb.95
Section 2: SESSION NOTES	Page: 01 of 03
<p><b>1. WHAT IS THE TRANSMISSION CYCLE ?</b></p> <p>Get the feedback from the participants and write their responses on the board and then give the answer as follows:</p> <p>The transmission cycle refers to the chain of transmission of a disease through 3 links in the chain such as the resources of reservoir, the media of transmission and the susceptible host.</p> <p><b>2. WHAT ARE THE SOURCES OF DISEASES ?</b> Feedback-</p> <p>The sources of a disease may be identified as any person, animal, object or substances from which an infectious agent passes or is disseminated to the host.</p> <p>For example:-</p> <ol style="list-style-type: none"> <li>1. contaminated food, milk or water</li> <li>2. sputum, faeces or urine of patients</li> <li>3. soil (e.g., contaminated hookworm)</li> </ol> <p><b>3. WHAT ARE THE MEDIA OF DISEASES?</b> Feedback:-</p> <p>Communicable diseases may be transmitted from the reservoir or source of infection to a susceptible individual in a variety of ways as follows :-</p> <p><b>A. Direct transmission</b></p> <ul style="list-style-type: none"> <li>- direct contact</li> <li>- droplet infection</li> <li>- contact with soil</li> <li>- bite of an animal</li> </ul> <p><b>B. INDIRECT TRANSMISSION</b></p> <p>It occurs in a variety of ways including the traditional '5 Fs' - flies, figures, fomites, food and fluids. Indirect transmission of diseases may be through :-</p> <ul style="list-style-type: none"> <li>- Vehicle-borne transmission</li> <li>- Vector-borne transmission</li> <li>- Air-borne transmission</li> </ul> <p>[Trainer's Note: explain the direct and indirect transmission of diseases with the help of handout on the topic.]</p>	<p>Question to group</p> <p>V.1</p> <p>Question to group</p> <p>V.2</p> <p>Question to group</p> <p>V.3</p>



Department of Public Health Engineering, 18 District Towns Project											
Course title : CSC MANAGEMENT TRAINING	Code:										
Topic : TRANSMISSION CYCLE AND COMMON DISEASES.	Edition: Feb.95										
Section 2: SESSION NOTES	Page: 03 of 03										
<p><b>6. HOW DO WATER AND EXCRETA RELATED COMMON DISEASES OCCUR ?</b></p> <p>Get the feedback from the participants and then describe that water and excreta related common diseases occur due to drinking of contaminated water and foods and fluids which are contaminated by faecal matters directly or indirectly.</p>	Question to group										
<p><b>7. WHAT ARE THE NAME OF THE COMMON DISEASES ?</b></p> <p>Get the feedback from the participants and then give the answer as follows:-</p> <table border="0"> <tr> <td>Typhoid, Paratyphoid.</td> <td>Dysentery.</td> </tr> <tr> <td>Diarrhoea.</td> <td>Cholera.</td> </tr> <tr> <td>Viral hepatitis. A</td> <td>Poliomyelitis.</td> </tr> <tr> <td>Amoebiasis.</td> <td>Helminthis infestations</td> </tr> <tr> <td>Enterobiosis</td> <td>Ascariasis etc.</td> </tr> </table>	Typhoid, Paratyphoid.	Dysentery.	Diarrhoea.	Cholera.	Viral hepatitis. A	Poliomyelitis.	Amoebiasis.	Helminthis infestations	Enterobiosis	Ascariasis etc.	<p>Question to group</p> <p>V. 5</p>
Typhoid, Paratyphoid.	Dysentery.										
Diarrhoea.	Cholera.										
Viral hepatitis. A	Poliomyelitis.										
Amoebiasis.	Helminthis infestations										
Enterobiosis	Ascariasis etc.										
<p><b>8. WHAT ARE THE CAUSES OF COMMON DISEASES ?</b></p> <p>Get the feedback from the participants and then explain that :-</p> <p>The microorganisms, or infective larvae that are responsible for the water and excreta related diseases contaminate water or foods directly or through the flies. When individuals due to this poor hygiene behaviour take foods without properly washing their hands after using toilet or take uncovered left over foods or drinks, they may suffer from those mentioned diseases.</p>	<p>Question to group</p> <p>Lecture &amp; discussion</p>										
<p><b>9. HOW THESE DISEASES CAN BE PREVENTED ?</b></p> <p>Get the feedback from the participants and then answer as follows:</p> <ol style="list-style-type: none"> <li>1. Hygiene education:</li> <li>2. Provision of safe water</li> <li>3. Safe disposal of human excreta and refuse.</li> <li>4. Environmental sanitation</li> </ol>	<p>Question to group</p> <p>V. 6</p>										

**DEFINITION OF TRANSMISSION CYCLE**

**TRANSMISSION CYCLE REFERS TO THE CHAIN OF TRANSMISSION OF A DISEASE THROUGH 3 LINKS IN THE CHAIN SUCH AS THE SOURCES OR RESERVOIR, THE MEDIA OF TRANSMISSION AND THE SUSCEPTIBLE HOST.**

## **SOURCES OF DISEASES**

**THE SOURCES OF A DISEASE ARE DETERMINED AS ANY PERSON, ANIMAL, OBJECT OR SUBSTANCES FROM WHICH AN INFECTIOUS AGENT PASSES OR IS DISSEMINATED TO THE SUSCEPTIBLE HOST.**

**MEDIA OF COMMUNICABLE DISEASES**

**A. DIRECT TRANSMISSION**

- DIRECT CONTACT
- DROPLET INFECTION
- CONTACT WITH SOIL
- BITE OF AN ANIMAL

**B. INDIRECT TRANSMISSION**

- VEHICLE-BORNE TRANSMISSION
- VECTOR-BORNE TRANSMISSION
- AIR-BORNE TRANSMISSION

**IT ALSO OCCURS THROUGH THE TRADITIONAL  
'5 FS' - FLIES, FIGURES, FOMITES,  
FOOD AND FLUIDS.**

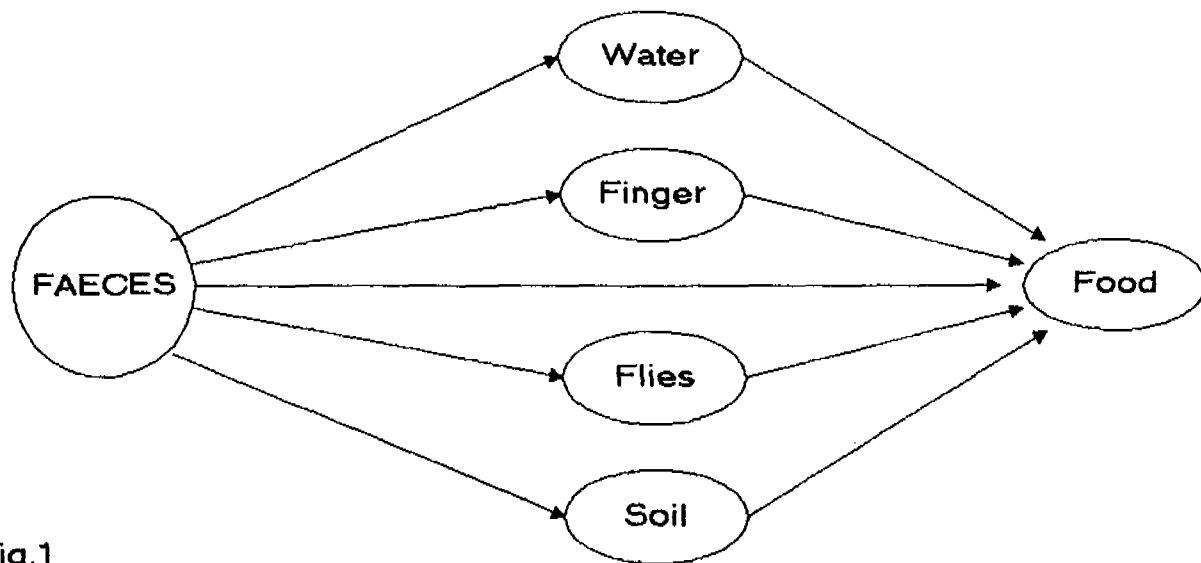


Fig.1

Source: WHO Monograph Series No.38, 1985 :  
Execute disposal for Rural Areas.

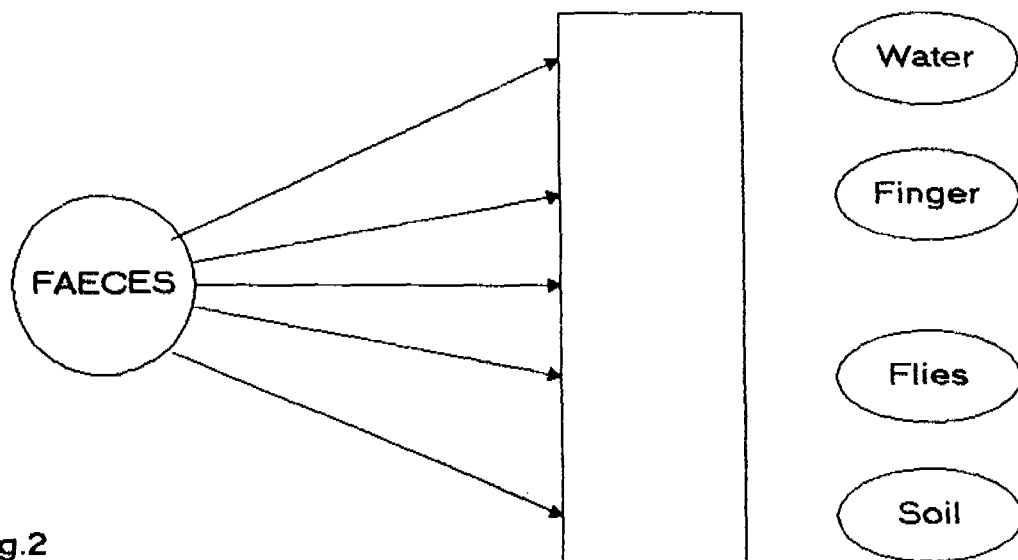


Fig.2

Source: WHO Monograph Series No.38, 1985 :  
Execute disposal for Rural Areas.



NAME OF THE COMMON DISEASES

TYPHOID, PARATYPHOID.

DYSENTERY.

DIARRHOEA.

CHOLERA.

VIRAL HEPATITIS. A

POLIOMYELITIS.

AMOEBIASIS.

HELMINTHIC INFESTATIONS→

ASCARIASIS

ENTEROBIOSIS , ETC.

**PREVENTION OF COMMON DISEASES**

1. **HYGIENE EDUCATION**
2. **PROVISION OF SAFE WATER**
3. **SAFE DISPOSAL OF HUMAN EXCRETA AND REFUSE.**
4. **ENVIRONMENTAL SANITATION**

Department of Public Health Engineering, 18 Dist. Towns Project

Course title: CSC MANAGEMENT TRAINING	Code :
Topic: TRANSMISSION CYCLE AND COMMON DISEASES	Edition:Feb'95
Section 4 : H A N D O U T	Page : 01 of 04
<p>* TRANSMISSION CYCLE OF DISEASES.</p> <p>Basically, there are three links in the chain of transmission of a disease, viz., the sources or reservoir, the mode of transmission and the susceptible host.</p> <p>* SOURCE OF DISEASES.</p> <p>The source of disease is defined as any person, animal, object or substances from which an infectious agent passes or is disseminated to the host.</p> <p>For Example :</p> <ul style="list-style-type: none"><li>- Contaminated food, milk or water,</li><li>- Sputum, faces or urine of patients,</li><li>- Soil (e.g. contaminated hookworm )</li></ul> <p>* MEDIA OF DISEASES:</p> <p>Communicable diseases may be transmitted from the reservoir or source of infectious to a susceptible individual in a variety of ways.</p> <p>The mode of transmission of infections diseases may be classified as below:</p> <p>A. DIRECT TRANSMISSION</p> <ol style="list-style-type: none"><li>1. Direct contact: This implies direct and essentially immediate transfer of infections agents from the source to a susceptible individual without an intermediate agency e.g. contact as by touching, kissing or sexual intercourse. Diseases transmitted by direct contact include. Syphilis, Gonorrhoea, AIDS, Leprosy, skin and eye infections.</li><li>2. Droplet infection: This is carried out by sneezing, coughing, spitting, talking. Diseases transmitted by droplet spread include common cold, diphtheria, whooping cough, tuberculosis.</li><li>3. Contact with soil, e.g., hookworm disease, tetanus.</li><li>4. Bite of an animal e.g., Rabies.</li></ol>	

## B. INDIRECT TRANSMISSION

It occurs in a variety of ways including the traditional '5 Fs' - flies, fingers, fomites, food and fluids. There may be:

1. Vehicle-borne transmission of disease causing agents through the agency of water, food (milk, milk-products, raw vegetables, fruits) blood and other biological products.
2. Vector borne transmission of disease causing agents through the agency of flies, mosquitoes etc.
3. Air borne transmission: The transmission occurs during inhalation of contaminated dusts or ingestion of uncovered food or drinks which may be contaminated by settling down of dusts on thus.

### \* PREVENTION OF DISEASES AT SOURCE

Occurrence of disease can be prevented by extermination of infections agent at sources by the method of sterilization. This method is only applicable in case of inanimate object.

Following are the few examples of sterilization of different sources:

	<i>Method</i>
a. Solid wastes	- Incineration
b. Water	- Boiling
c. Milk	- Pasteurization
d. Air	- Fumigation in Formaldehyde gas or Cresol fumigation.

Other sources such as flies, mosquitoes, fleas, rodents etc. are controlled by integrated vectorial control approach to prevent disease occurrence. The insecticides and rodenticide used in residual spraying, larviciding and space spraying operations are applied for these purposes.

### \* PREVENTION OF DISEASES AT MEDIA

The occurrence of a disease can be blocked by intersecting the transmission channel between the source and susceptible host. The approach should be recorded to the mode of transmission.

Diseases that transmit directly by contact from person to person can be prevented by maintaining personal hygiene and changing habits.

Vehicle borne diseases can be prevented by supplying safe water, preventing faced contamination of water, vegetables, fruits and other agricultural products.

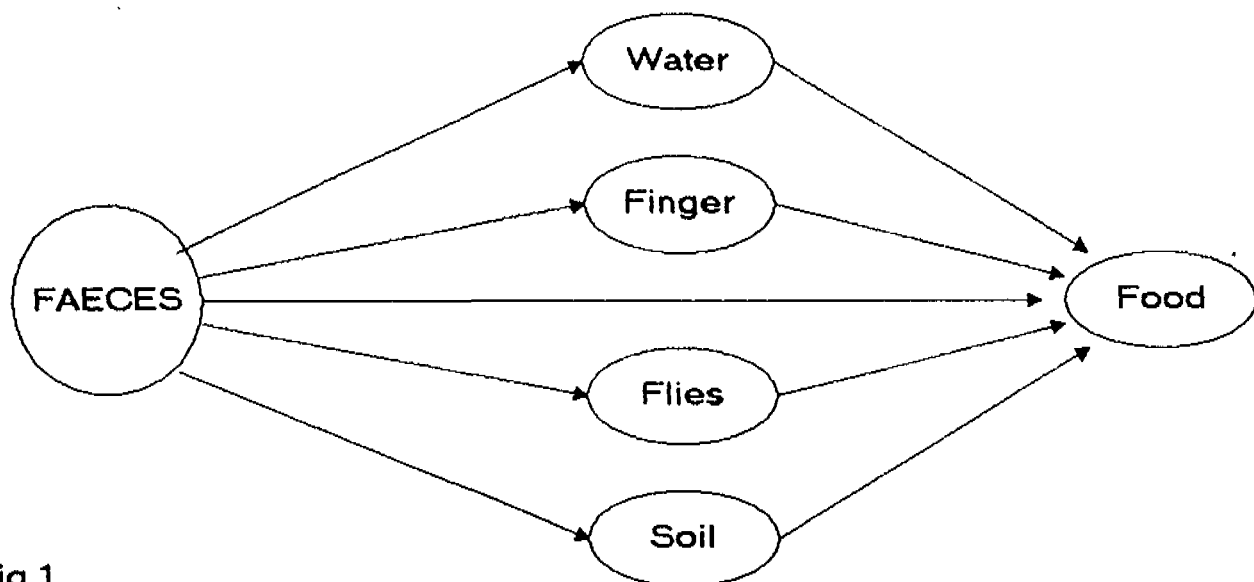


Fig.1

Source: WHO Monograph Series No.38, 1985 :  
Execute disposal for Rural Areas.

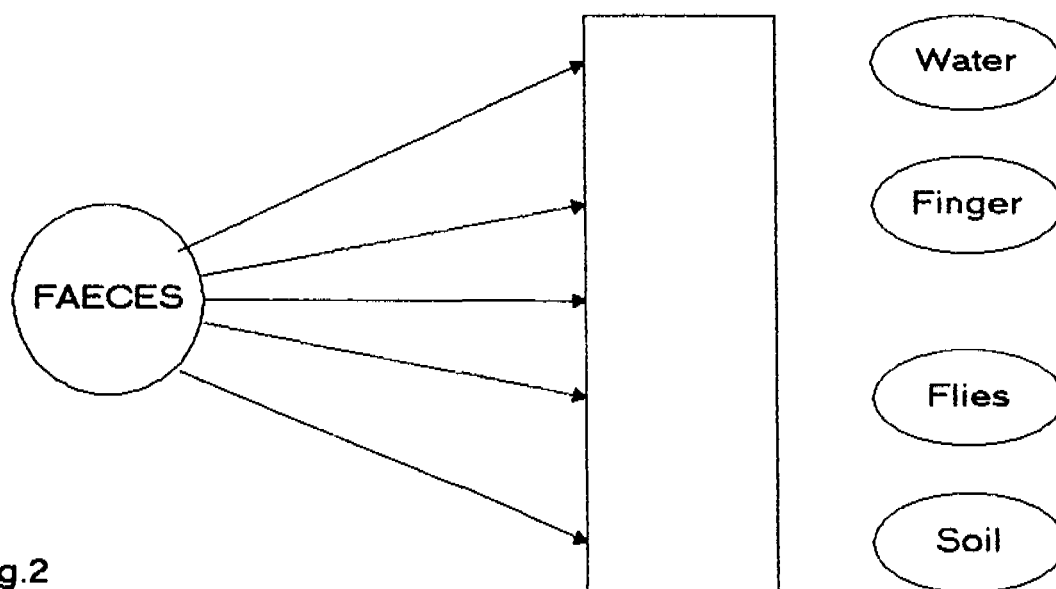


Fig.2

Source: WHO Monograph Series No.38, 1985 :  
Execute disposal for Rural Areas.

\* The Disease cycle as shown in Fig.1 may be broken by providing sanitary barrier to the channels of spread at vulnerable points (Fig.2). This can be done through the installation of sanitary latrines or sewerage system.

**Food borne disease can be prevented by**

a) **Food sanitation:** (i) Meat inspection, (ii) Personal hygiene -- A standard of personal hygiene among individuals engaged in the handling, preparation and cooking food is needed. (iii) Food handles-- Those suffering from infected wounds, diarrhoea, dysentery etc. should be excluded from food handlers. (iv) Food handling technique : The handling of ready-to-eat foods with bare hands should be reduced to a minimum. Milk and milk products and egg products should be pasteurized. Food must be thoroughly cooked. (v) Sanitary improvements : Sanitization of all work surfaces utensils equipment must be ensured. Food premises should be kept free from rats, mice, flies and dusts. Vector borne diseases can be prevented by the following two techniques.

1. Protect of host against insect bites by -(a) mosquito net, screening, repellents; (b) environmental control- filling, levelling and drainage of breeding places.

2. Destroying the insects by using insecticides.

**2. WATER AND EXCRETA RELATED COMMON DISEASE:**

♥ Definition: These are the diseases which occur due to drinking of contaminated water and foods and fluids which are contaminated by faecal matters directly or indirectly.

♥ Name of diseases:

Typhoid, Paratyphoid.	Dysentery.	Diarrhoea.
Cholera.	Viral hepatitis. A	Poliomyelitis.
Amoebiasis.	Helminthic infestations→	Ascariasis
Enterobiosis	etc.	

**Causes:** The microorganisms, or infective larvae that are responsible for the water and excreta related diseases contaminate water or foods directly or through the flies. When individuals due to this poor hygiene behaviour take foods without properly washing their hands after using toilet or take uncovered left over foods or drinks, they may suffer from those mentioned diseases.

**PREVENTION:** (1) Hygiene education: To prevent the water and Excreta related diseases hygiene education is essential, for it motivates and helps people to adopt and maintain healthy practices and life styles and advocates environmental changes as needed to facilitate this goal. It is necessary to impart knowledge about the uses of sanitary latrines, safe water and cleanliness of kitchen utensils to the people so that they develop other attitude towards the health related behaviour for the prevention of water and excreta related diseases.

- (2) Provision of safe water
- (3) Safe disposal of human excreta and refuse.
- (4) Environmental sanitation

Department of Public Health Engineering

Course Title : CSC MANAGEMENT TRAINING	Code: CSC.
Topic: SAFE WATER	Edition: Feb'95
Section 1 : INFORMATION SHEET	Page: 01 of 01/ 13
Duration:	60 minutes
Training objectives:	After this session the participants shall be able to: <ul style="list-style-type: none"><li>- define safe water</li><li>- explain different sources of safe water</li><li>- describe how water is contaminated</li><li>- explain the methods of water treatment</li></ul>
Trainee selection:	<ul style="list-style-type: none"><li>- CSC staff of different Pourashavas under 18DTP.</li></ul>
Training aids:	<ul style="list-style-type: none"><li>- Viewfoils.</li><li>- Handout.</li></ul>
Special features:	VIPP shall be used as a training method in the programme
Keywords:	safe water/safe water sources/ contamination of water/ treatment of water.

Department of Public Health Engineering, 18 District Towns Project.

Course Title : CSC MANAGEMENT TRAINING	Code :
Topic: SAFE WATER	Edition: Feb '95
Section 2: SESSION NOTES	Page: 01 of 03
<p>1. INTRODUCTION                  People need water to sustain life and health. Without water no one can survive more than a few days. There is much water in Bangladesh, but still there is a lack of safe water.</p> <p>2. What are the purposes of water?                  Get feed back from participants and then describe that water is used for following purposes:</p> <ul style="list-style-type: none"> <li>◆ agricultural purpose</li> <li>◆ commercial purpose</li> <li>◆ domestic purpose</li> </ul> <p>Emphasise that:-                  People need water for following domestic purpose:</p> <ul style="list-style-type: none"> <li>- drinking</li> <li>- cooking</li> <li>- bathing</li> <li>- washing</li> <li>- religious use.</li> </ul> <p>3. WHAT IS SAFE WATER ?                  Get feed back from participants and then define as follows:                  Safe water is water that, when drunk or used for purposes will not cause any disease.                  Explain that:-                  Safe and wholesome water for domestic use contains following qualities-</p> <ul style="list-style-type: none"> <li>- It should be clear, odourless and colourless.</li> <li>- It should be free from harmful and disease producing bacteria.</li> <li>- It should be fresh and cool.</li> <li>- It should be free from all objectionable substances.</li> <li>- It should not cause corrosion to containers.</li> <li>- It should be palatable i.e. aesthetically attractive.</li> <li>- It should be tasty.</li> <li>- it should not stain cloths &amp; bathroom fixtures.</li> </ul> <p>4. WHAT WATER MAY CONTAIN ?                  Get feed back from participants and then define as follows:</p> <ul style="list-style-type: none"> <li>- living organisms: bacteria and viruses</li> <li>- non-living elements: minerals and salts.</li> </ul> <p>4. What are the sources of water?                  Feedback:-</p> <p>a. Surface water:                  Usual forms of surface sources are as follows:</p> <ul style="list-style-type: none"> <li>- Lakes &amp; streams</li> <li>- Ponds</li> <li>- Rivers, canals, etc.</li> <li>- Storage reservoirs</li> </ul> <p>b. Rainwater</p>	<p>Question to group</p> <p>V.1</p> <p>Question to group</p> <p>V.2</p> <p>Question to group</p> <p>Question to group</p> <p>V.3</p>



<b>Course Title : CSC MANAGEMENT TRAINING</b>	<b>Code :</b>
<b>Topic: SAFE WATER</b>	<b>Edition:Feb'95</b>
<b>Section 2: S E S S I O N N O T E S</b>	<b>Page:02 of 03</b>
<p>c. Under ground water:  Forms of underground sources:  - Dug wells  - Springs  - Wells  Among the sources, tubewell is the best source because it is free from germ carrying bacteria (pathogenic organism) as it undergoes filtration in its passage through soil.</p> <p>To improve people's health, 18DTP has been undertaken for the installation of pipelines in the core area and hand tubewells (shallow, deep and tara pump) in the fringe and slum areas for providing wholesome water.</p> <p>5. HOW IS WATER CONTAMINATED ?  Feedback-  Water may be contaminated in the following ways:</p> <p>a. water within the tubewell may be contaminated-  - during priming if dirty water pour in the pump.  - if the pump goes under water during flood.  - if some one drops dirty things in the tube well.  - if insects go inside the pump.  - if birds contaminate the tubewell water by defecating in the pump.  - if one holds spout of the pump with contaminated hands.</p> <p>b. during Collection:  - discharged water may fall inside the jar by bouncing from the earth or platform.  - if the jar itself is contaminated  - water of jar may be contaminated by touching with dirty hand.</p> <p>c. during transportation:  - water of uncovered jar may be contaminated by dust.</p> <p>d. during storage:  - contamination may happen by children, chicken, insects etc.</p> <p>e. during distribution:  - jug, glass may itself may be contaminated.  - contaminated hand of distributors may touch water.</p> <p>f. during repair:  during repair of pump the parts or the pump may be contaminated if it is kept in a dirty place or touched with dirty hands.</p>	<p>Question to group</p> <p>V.4</p>

Department of Public Health Engineering, 18 District Towns Project.

Course Title : CSC MANAGEMENT TRAINING	Code :
Topic: SAFE WATER	Edition: Feb '95
Section 2: S E S S I O N N O T E S	Page: 03 of 03
<p>6. HOW CONTAMINATED WATER CAN BE TREATED ?</p> <p>Get the feedback from the participants and write their responses on the board and then give the answer as follows:</p> <p>It may be considered under two headings:</p> <ul style="list-style-type: none"> <li>- Purification of water on a small scale</li> <li>- Purification of water on a large scale</li> </ul> <p>a. Purification on a small scale:</p> <ul style="list-style-type: none"> <li>a. Boiling: Boiling is a satisfactory method of purifying water for household purposes. To be effective, the water must be brought to a "rolling boil" for 5 to 10 minutes.</li> <li>b. Chemical disinfection: <ul style="list-style-type: none"> <li>1. Bleaching powder</li> <li>2. Chlorine solution</li> <li>3. Chlorine tablets</li> <li>4. Potassium permanganate</li> <li>5. Alum</li> <li>6. Copper sulphate, etc.</li> </ul> </li> <li>c. Filtration: Water can be purified on a small scale by filtering.</li> </ul>	<p>Question to group</p> <p style="text-align: center;">V.5</p>
<p>b. Purification on a large scale:</p> <p>Water on large scale, such as an urban water supply, is purified in 3 main stages:</p> <ul style="list-style-type: none"> <li>a) Storage</li> <li>b) Filtration- 2 types <ul style="list-style-type: none"> <li>i) 'Biological' or 'slow sand' filters.</li> <li>ii) 'rapid sand' or 'mechanical' filters.</li> </ul> </li> <li>c) Chlorination.</li> </ul> <p>8. SUMMARY</p> <p>Summarise by bringing into discussion that the provision of merely good water supply does not in itself secure freedom from water borne diseases. People must recognise safe water as a "felt" health need and give up their old, unhygienic habits of polluting water supplies. In these circumstances, hygiene education images as an important weapon in creating among people a desire for higher standards of life.</p>	

NEED OF SAFE WATER FOR DOMESTIC PURPOSES

DRINKING

COOKING

BATHING

WASHING

RELIGIOUS USE.

QUALITIES OF SAFE WATER

1. IT SHOULD BE CLEAR, ODOURLESS AND COLOURLESS.
2. IT SHOULD BE FREE FROM HARMFUL AND DISEASE PRODUCING BACTERIA.
3. IT SHOULD BE FRESH AND COOL.
4. IT SHOULD BE FREE FROM ALL OBJECTIONABLE SUBSTANCES.
5. IT SHOULD NOT CAUSE CORROSION TO CONTAINERS.
6. IT SHOULD BE PALATABLE I.E. AESTHETICALLY ATTRACTIVE.
7. IT SHOULD BE TASTY.

## SOURCES OF WATER

### 1. SURFACE WATER:

- LAKES & STREAMS
- PONDS
- RIVERS, CANALS, ETC.
- STORAGE RESERVOIRS

### 2. RAINWATER

### 3. UNDER GROUND WATER:

- DUG WELL
- SPRINGS
- WELL

**CONTAMINATION OF WATER**

1. **WHEN WATER IS WITHIN THE TUBEWELL**
2. **DURING COLLECTION**
3. **DURING TRANSPORTATION**
4. **DURING STORAGE**
5. **DURING DISTRIBUTION**
6. **DURING REPAIR OF PUMPS**

## PURIFICATION OF WATER

### 1. SMALL SCALE

#### A. BOILING

#### B. CHEMICAL DISINFECTION

1. BLEACHING POWDER

2. CHLORINE SOLUTION

3. CHLORINE TABLETS

4. POTASSIUM PERMANGANETE

5. ALUM

6. COPPER SULPHATE ETC.

#### C. FILTRATION

### 2. PURIFICATION ON A LARGE SCALE

#### A. STORAGE

#### B. FILTRATION

1. 'BIOLOGICAL' OR 'SLOW SAND'  
FILTERS.

2. 'RAPID SAND' OR  
'MECHANICAL' FILTERS.

#### C. CHLORINATION.

Course Title :CSC MANAGEMENT	Code:
Topic : SAFE WATER	Edition:Feb'95
Section 4: H A N D O U T	Page: 0 of 04
<p>1. INTRODUCTION</p> <p>People need water to sustain life and health. Without water, no one can survive more than a few days. There is much water in Bangladesh, but still there is a lack of safe water.</p> <p>2. WATER NEEDS</p> <p>Water is needed for following purposes:-</p> <ul style="list-style-type: none"><li>- agricultural purpose</li><li>- commercial purpose</li><li>- domestic purpose</li></ul> <p>People need water for domestic purpose:</p> <ul style="list-style-type: none"><li>- drinking                      - cooking                      - bathing</li><li>- washing                      - religious use.</li></ul> <p>3. SAFE WATER</p> <p>Safe water is water that, when drunk or used for other purposes shall not cause any disease.</p> <p>Safe and wholesome water for domestic use contains following qualities-</p> <ul style="list-style-type: none"><li>- It should be clear, odourless and colourless.</li><li>- It should be free from harmful and disease producing bacteria.</li><li>- It should be fresh and cool.</li><li>- It should be free from all objectionable substances.</li><li>- It should not cause corrosion to containers.</li><li>- It should be palatable i.e. aesthetically attractive.</li><li>- It should be tasty.</li><li>- it should not stain cloths &amp; bathroom fixture.</li></ul> <p>4. WATER MAY CONTAIN:</p> <ul style="list-style-type: none"><li>- living organisms: bacteria and viruses</li><li>- non-living organism: minerals, dust, etc.</li></ul>	



Course Title :CSC MANAGEMENT	Code:
Topic : SAFE WATER	Edition:Feb'95
Section 4: H A N D O U T	Page: 0 of 04

**5. SOURCES OF WATER**

Following can be identified as sources of water:

**a. Surface water:**

Usual forms of surface sources are as follows:

- Lakes & streams
- Ponds
- Rivers, canals, etc.
- Storage reservoirs

**b. Rainwater**

**c. Under ground water: Forms of underground sources:**

- Dug well
- Springs
- Wells

Among the sources, tubewell is the best source because it is free from germ carrying bacteria (pathogenic organism) as it undergoes filtration in its passage through soil.

To improve people's health, 18DTP has been undertaken for the installation of pipelines in the core area and hand tubewells (shallow, deep and tara pump) in the fringe and slum areas for providing safe water.

**6. CONTAMINATION OF WATER:**

Water may be contaminated in the following ways:

**i. water within the tubewell may be contaminated-**

- during priming if dirty water pour in the pump.
- if the pump goes under water during flood.
- if some one drops dirty things in the tube well.
- if insects go inside the pump.
- sometimes birds may contaminate the tubewell water by defecating in the pump.
- if one holds spout of the pump with contaminated hands.

**ii. during Collection:**

- discharged water may fall inside the jar by bouncing from the earth or platform.
- if the jar itself is contaminated
- water of jar may be contaminated by touching with dirty hand.

Course Title :CSC MANAGEMENT	Code:
Topic : SAFE WATER	Edition:Feb'95
Section 4: H A N D O U T	Page: 0 of 04
<p>iii. during transportation: - water of uncovered jar may be contaminated by dust.</p> <p>iv. during storage: - contamination may happen by children, chicken, insects etc.v.</p> <p>during distribution: - jug, glass may itself may be contaminated. - contaminated hands of distributors come in touch of water.</p> <p>vi.during repair: during repair of pump the parts or the pump may be contaminated if it kept in a dirty place or touched with dirty hand.</p> <p><b>7. TREATMENT OF CONTAMINATED WATER.</b></p> <p>It may considered under two headings:</p> <ul style="list-style-type: none"><li>- Purification of water on a small scale</li><li>- Purification of water on a large scala</li></ul> <p>a. Purification on a small scale:</p> <p>i. Boiling: Boiling is a satisfactory method of purifying water for household purposes. To be effective, the water must be brought to a "rolling boil" for 5 to 10 minutes.</p> <p>ii. Chemical disinfection:</p> <ul style="list-style-type: none"><li>- Bleaching powder</li><li>- Chlorine solution</li><li>- Chlorine tablets</li><li>- Potassium permanganate</li><li>- Alum</li><li>- Copper sulphate , etc.</li></ul> <p>iii. Filtration: Water can be purified on a small scale by filtering.</p>	

Department of Public Health Engineering, 18 District Towns Project

Course Title :CSC MANAGEMENT	Code:
Topic : SAFE WATER	Edition:Feb'95
Section 4: H A N D O U T	Page: 0 of 04
<p>b. Purification on a large scale:</p> <p>Water on large scale, such as an urban water supply, is purified in 3 main stages:</p> <ul style="list-style-type: none"><li>a) Storage</li><li>b) Filtration- 2 types<ul style="list-style-type: none"><li>i. 'Biological' or 'slow sand' filters.</li><li>ii. 'rapid sand' or 'mechanical' filters.</li></ul></li><li>c) Chlorination.</li></ul> <p>The provision of merely good water supply does not in itself secure freedom from water borne diseases. People must recognise safe water as a "felt" health need and give up their old, unhygienic habits of polluting water supplies. In these circumstances, hygiene education images as a important weapon in creating among people a desire for higher standards of life.</p>	

Department of Public Health Engineering, 18District Towns Project

<b>Course Title : CSC MANAGEMENT TRAINING</b> <b>Topic: SANITARY LATRINE, TYPES, INSTALLATION, USE &amp; MAINTENANCE.</b>		<b>Code: CSC.</b>
		<b>Edition: Feb'95</b>
<b>Section 1 : INFORMATION SHEET</b>		<b>Page: 01 of 01/</b>
<b>Duration:</b>	<b>90 minutes</b>	
<b>Training objectives:</b>	<b>After this session, the participants shall be able to:</b> <ul style="list-style-type: none"> <li>- define a sanitary latrine.</li> <li>- explain the concept of a double direct pit latrine</li> <li>- describe the different parts of DDP latrine.</li> <li>- explain the installation techniques.</li> <li>- describe the operation and maintenance of latrines.</li> </ul>	
<b>Trainee selection:</b>	<ul style="list-style-type: none"> <li>- CSC staff of different Pourashavas under 18DTP.</li> </ul>	
<b>Training aids:</b>	<ul style="list-style-type: none"> <li>- Viewfoils.</li> <li>- Handout.</li> </ul>	
<b>Special features:</b>	<b>VIPP shall be used as training method.</b>	
<b>Keywords:</b>	<b>Sanitary latrine/ water seal</b>	

Department of Public Health Engineering, 18District Towns Project

<p>Course Title : CSC MANAGEMENT TRAINING Topic: SANITARY LATRINE TYPES, INSTALLATION,USE &amp; MAINTENANCE.</p>	<p>Code :</p>
<p>Section 2: SESSION NOTES</p>	<p>Edition: Feb'95</p>
<p>1. WHAT IS SANITARY LATRINE?</p> <p>Get the feedback from the group and elicit answer from them and then describe as follows:</p> <p>A sanitary latrine means a fixed place of defecation having following charectaristics:</p> <ul style="list-style-type: none"> <li>- it does not spread bad smell.</li> <li>- it shall not pollute surface land and water.</li> <li>- where flies or insects cannot reach the dirt.</li> <li>- where germs of the stool cannot come outside the latrine.</li> <li>- in which excreta is not visible</li> <li>- it does not need to handle the excreta everyday.</li> <li>- it keeps personal privacy.</li> </ul> <p>It keeps the environment pollution free.</p> <p>2. WHAT ARE THE DIFFERENT TYPES OF LATRINE?</p> <p>Get the feedback from the participants and describe as follows:</p> <ul style="list-style-type: none"> <li>- bucket latrine</li> <li>- hanging latrine</li> <li>- septic tank</li> <li>- twin pit latrine</li> <li>- single direct pit latrine</li> <li>- home made latrine</li> <li>- double direct pit latrine, etc.</li> <li>-</li> </ul> <p>Explain that-</p> <p>A double direct pit (DDP) latrine has two separate pit. One pit containing slab with pan is in use while the other covered by slab without pan is reserved for using after filling up of the first one. After fill up of the first pit, the slab with pan of the same pit will be replaced with the cover of the second pit. Then the second pit will be in use and by this time the stool of the first pit shall decompose as fertilizer. Thus the sanitation condition becomes sustainable.</p> <p>18DTP is adapting this type of latrines in different pourashavas.</p>	<p>Question to group</p> <p>V.1</p> <p>Question to the group.</p> <p>V.2</p> <p>Lecture &amp; discussion</p>

Department of Public Health Engineering, 18 District Towns Project

<p><b>Course Title : CSC MANAGEMENT TRAINING</b>  <b>Topic: SANITARY LATRINE TYPES, INSTALLATION, USE &amp; MAINTENANCE.</b></p>	<p><b>Code :</b></p>
<p><b>Section 2: SESSION NOTES</b></p>	<p><b>Edition: Feb'95</b></p>
<p><b>3. WHAT ARE THE COMPONENTS OF DDP LATRINE ?</b></p> <p><b>Feedback:</b></p> <p>DDP latrine comprises with the following components:</p> <ul style="list-style-type: none"> <li>- Ring- Nos 5 in each pit i.e. total ten rings.</li> <li>- Slab with pan- 1 Nos</li> <li>- Slab without pan- 1 Nos</li> </ul> <p>[ Trainer's note: explain the DDP latrine components with the help of viewfoils and handout.]</p> <p><b>4. WHERE SANITARY LATRINES ARE TO BE INSTALLED?</b></p> <p>Get the feedback from the participants and then explain that the sanitary latrine should be installed -</p> <ul style="list-style-type: none"> <li>- at a dry site and above flood level.</li> <li>- near to bed room.</li> <li>- preferably north west corner of the compound</li> <li>- approach should be clean and dry.</li> </ul> <p><b>5. HOW TO USE A SANITARY LATRINE?</b></p> <p>Get the feedback from the participants and then explain that</p> <ul style="list-style-type: none"> <li>- pour some water before use.</li> <li>- use show when enter into the latrine.</li> <li>- excreta deposited on the pan should be flushed by a low volume of hand poured water through the water seal ( One or two litre)</li> <li>- hand should be washed by soap or ash with sufficient water</li> </ul> <p><b>6. HOW TO MAINTAIN A SANITARY LATRINE?</b></p> <ul style="list-style-type: none"> <li>- keep a bucket of water always near to the door to facilitate flushing.</li> <li>- keep soap near the latrine to wash hands.</li> <li>- latrine should be cleaned by broom every day.</li> <li>- to remove blockage use soft brush or soft branches of tree.</li> </ul>	<p><b>Page: 0 of 02</b></p> <p><b>Question to the group.</b></p> <p style="text-align: right;">V.3</p> <p style="text-align: right;">V.4</p> <p style="text-align: right;">V.5</p> <p><b>Question to the group.</b></p> <p><b>Question to the group.</b></p> <p style="text-align: right;">V.7</p>

### WHAT IS SANITARY LATRINE ?

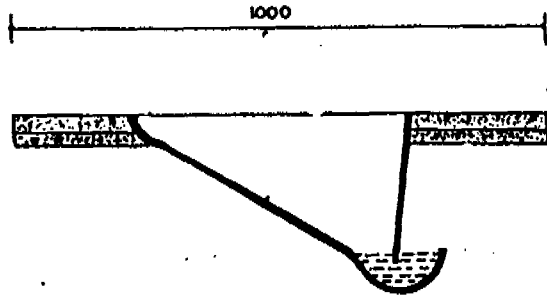
- IT DOES NOT SPREAD BAD SMELL.
- ITS SURFACE LAND AND WATER WILL NOT BE POLLUTED.
- FLIES OR INSECTS CANNOT REACH THE DIRT; GERMS OF THE STOOL CANNOT COME OUTSIDE.
- EXCRETA IS NOT VISIBLE
- IT DOES NOT NEED TO HANDLE THE EXCRETA EVERYDAY.
- IT KEEPS PERSONAL PRIVACY.

IT KEEPS THE ENVIRONMENT POLLUTION FREE

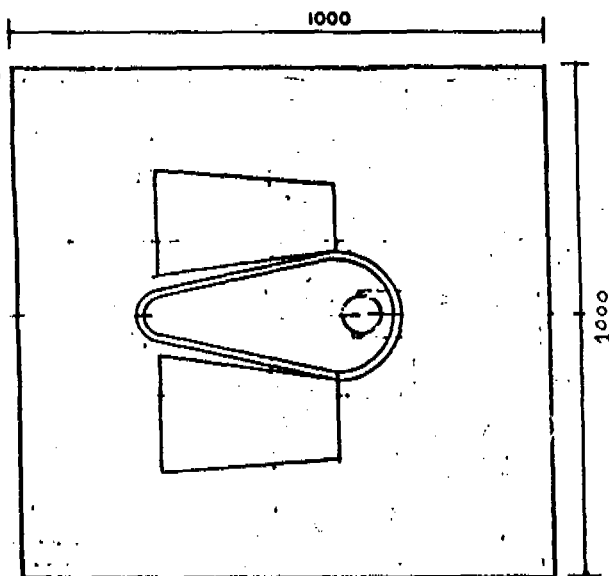
## TYPES OF LATRINES

1. BUCKET LATRINE
2. HANGING LATRINE
3. SEPTIC TANK
4. TWIN PIT LATRINE
5. SINGLE DIRECT PIT LATRINE
6. HOME MADE LATRINE
7. DOUBLE DIRECT PIT LATRINE,  
ETC.

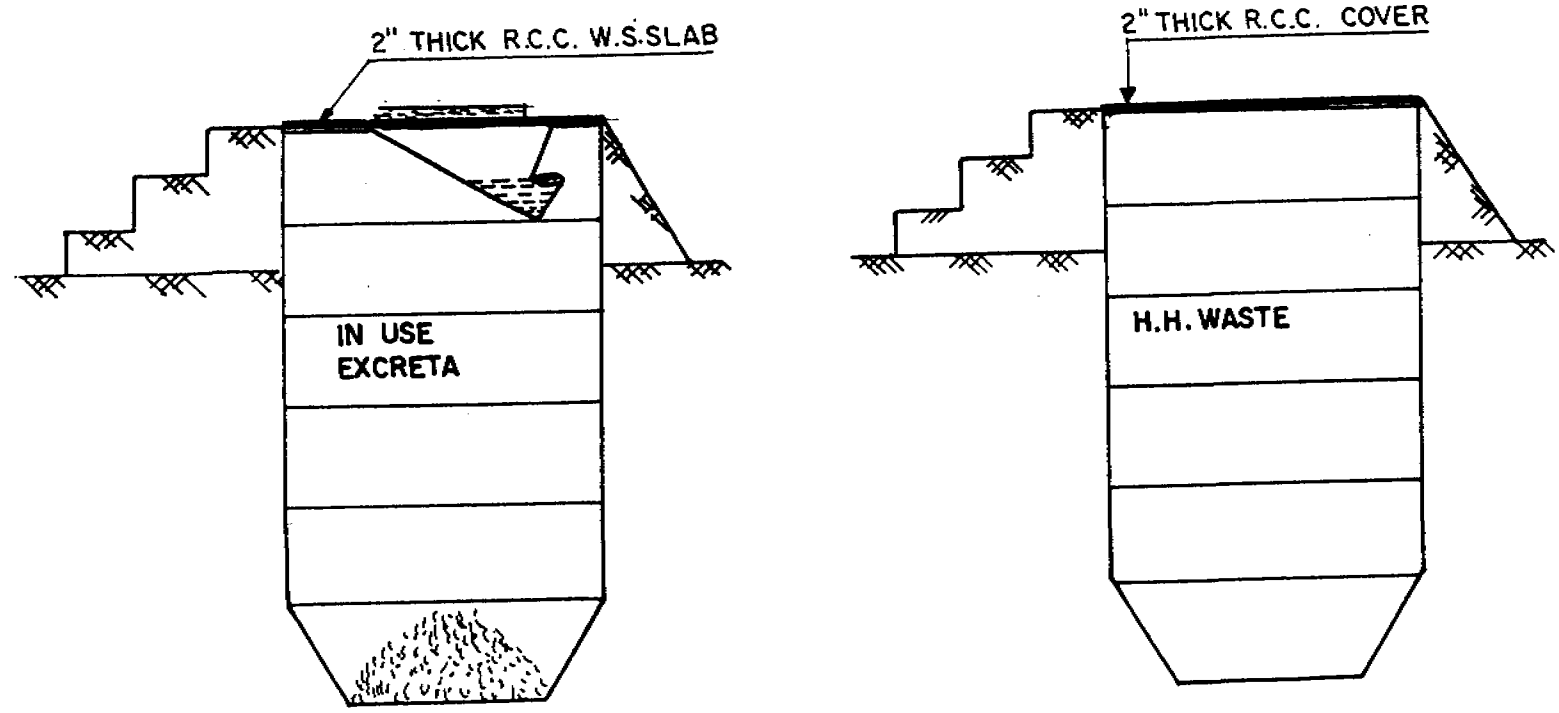




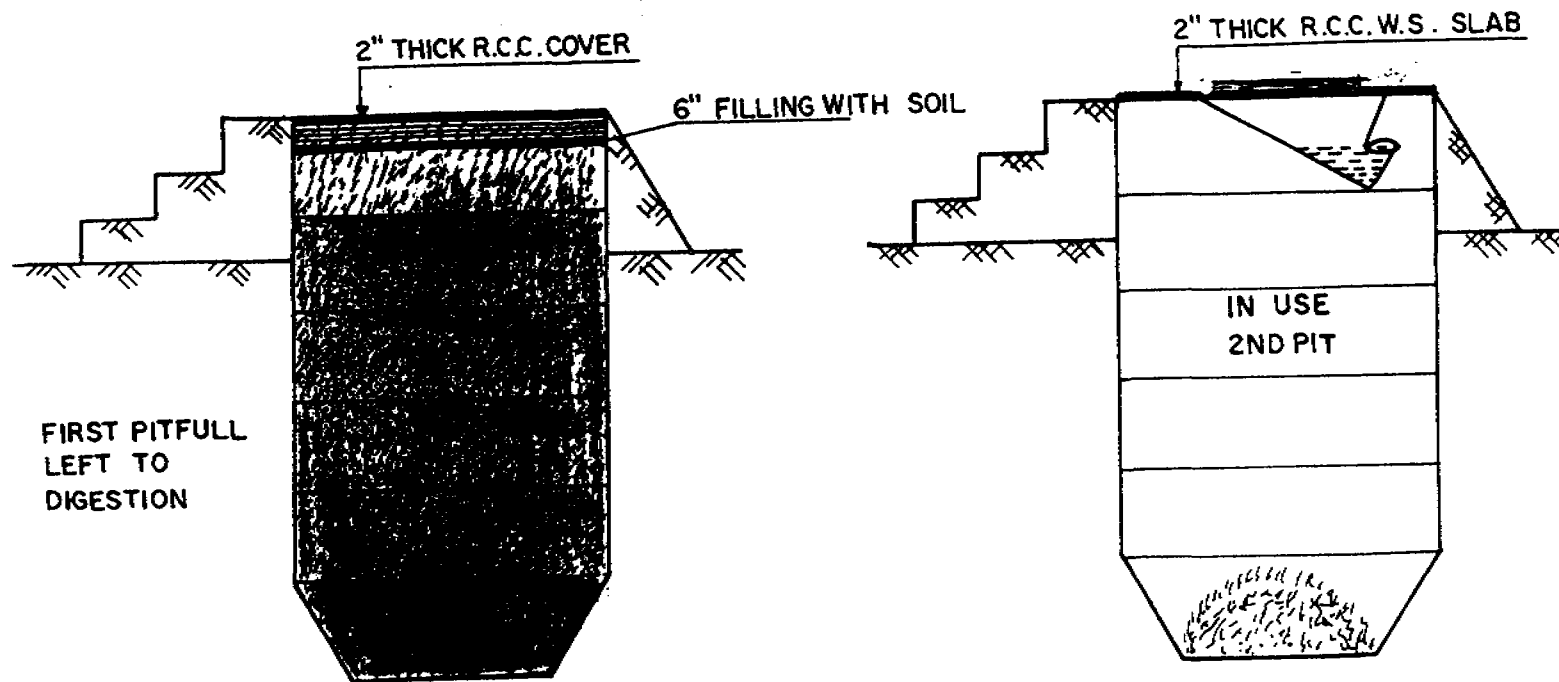
SECTION



# DOUBLE DIRECT PIT



FIRST CYCLE



SECOND CYCLE

Course Title : CSC MANAGEMENT TRAINING Topic : SANITARY LATRINES, TYPES, INSTALLATION, USE AND MAINTENANCE	Code: CSC. Edition: Feb '95
Section 4: H A N D O U T	Page: 0 of 02

1. SANITARY LATRINE.

Sanitary latrine means a fixed place for defecation having following characteristics.

- it does not spread bad smell.
- it shall not pollute surface land and water.
- where flies or insects cannot reach the dirt.
- where germs of the stool cannot come outside the latrine.
- in which excreta is not visible
- it does not need to handle the excreta everyday.
- it keeps personal privacy.

It keeps the environment pollution free.

2. DIFFERENT TYPES OF LATRINE.

- septic tank
- twin pit latrine
- single direct pit latrine
- home made latrine
- double direct pit latrine, etc.

Double direct pit (DDP) latrine has two separate pit. One pit containing slab with pan is in use while the other covered by slab without pan is reserved for using after fulfilment of the first one. After fulfilment of the first pit, the slab with pan of the same pit will be replaced with the cover of the second pit. Then the second pit will be in use and by this time, the stool of the first pit shall decompose as fertilizer. Thus the sanitation condition becomes sustainable. (Annex-1&2)

18DTP is adopting this type of latrine in different pourashavas under 18DTP.

5. COMPONENTS OF DDP LATRINES:

DDP latrine comprises with the following components:

- Ring- Nos 5 in each pit i.e. total ten rings.
- Slab with pan- 1 Nos
- Slab without pan- 1 Nos (Annex-3)

6. INSTALLATION OF DDP LATRINE.

The sanitary latrine should be installed -

- at a dry site and above flood level.
- near to bed room.
- preferably north west corner of the compound
- approach should be clean and dry.

Department of Public Health Engineering, 18 District Towns Project

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Section 4: H A N D O U T	Edition:Feb'95 Page: 0 of 02
<p>7. USE OF SANITARY LATRINE.</p> <ul style="list-style-type: none"><li>- pour some water before use.</li><li>- use show when enter into the latrine.</li><li>- excreta diposited on the pan should be flushed by a low volume of hand poured water through the water seal ( One or two litre)</li><li>- hand should be washed by soap or ash with sufficient water</li></ul> <p>8 MAINTANANCE OF SANITARY LATRINE.</p> <ul style="list-style-type: none"><li>- keep a bucket of water always near to the door to facilitate flushing.</li><li>- keep soap near the latrine to wash hands.</li><li>- latrine should be cleaned by broom every day.</li><li>- to remove blockage use soft brush or soft branches of tree.)</li></ul>	

**Department of Public Health Engineering, 18 District Towns Project**

<b>Course Title : CSC MANAGEMENT TRAINING</b>		<b>Code: CSC.</b>
<b>Topic : COMMUNICATION</b>		<b>Edition:Feb'95</b>
<b>Section 1: I N F O R M A T I O N S H E E T</b>		<b>Page: 1 of 01/ 13</b>
<b>Duration:</b>	90 minutes	
<b>Training objectives:</b>	<p>After completion of this session, the participants shall be able to</p> <ul style="list-style-type: none"> <li>- define communication</li> <li>- describe the process of communication</li> <li>- identify the barriers and gateways of communication</li> <li>- communicate effectively the hygiene messages to the beneficiaries</li> </ul>	
<b>Trainee selection:</b>	CSC staffs of different Pourashavas under 18 DTP	
<b>Training aids</b>	<ul style="list-style-type: none"> <li>- Vufoils</li> <li>- Handout</li> </ul>	
<b>Special Features:</b>	VIPP shall be used as the training method to make training effective	
<b>Keywords:</b>	Communication process/barriers and gateways of effective communication	

Department of Public Health Engineering, 18 District Towns Project

Course Title : CSC MANAGEMENT TRAINING	Code: CSC.						
Topic : COMMUNICATION	Edition: Feb'95						
Section 2: SESSION NOTES	Page: 01 of 02						
<p><b>1. WHAT IS COMMUNICATION?</b></p> <p>Get feedback from the participants and write their responses on the board/flip paper and then define as follows</p> <p>Communication is the process of transmitting and receiving information.</p> <p>Explain that, in human society, communication plays a very important part in daily life. We have the advantage of language, spoken words, visual aids, written scripts and so on. Besides, we can also express our feelings by facial expression and gesture of the face, hands etc. It is by communication that an individual wants himself to understand by others. Therefore, communication includes both verbal and non verbal.</p> <p><b>2. WHAT IS THE PROCESS OF COMMUNICATION ?</b></p> <p>Feedback-</p> <p>Explain the process through the example and enunciate that communication is too complex to be viewed simply as a process of sending and receiving message. The speaker has a meaning, he has to choose a media and then he has to frame a message. Explain it with the diagrams given in the viewfoil.</p> <p>Elements of Communication :</p> <table border="0"> <tr> <td>1. Source</td> <td>2. Message</td> </tr> <tr> <td>3. Channel/ media</td> <td>4. Receiver</td> </tr> <tr> <td>5. Feedback</td> <td></td> </tr> </table> <p><b>3. WHAT ARE THE BARRIERS TO COMMUNICATION ?</b></p> <p>Get feedback from the participants and write their responses and then describe as follows</p> <ol style="list-style-type: none"> <li>1. The speaker and listener may differ in their education, experience and background.</li> <li>2. The speaker fail to convey the information the listener needs and can understand.</li> <li>3. One stereotypes and beliefs influence what one hears.</li> <li>4. One's emotional state of mind colours what one hears.</li> <li>5. Individual conflict.</li> <li>6. Suspicion about the Speakers motivation.</li> <li>7. Imperfect Listening.</li> <li>8. Failure to evaluate the meaning behind what one hears.</li> </ol>	1. Source	2. Message	3. Channel/ media	4. Receiver	5. Feedback		<p>Question to group</p> <p>V.1</p> <p>Lecture</p> <p>Question to group</p> <p>V.2</p> <p>Question to group</p> <p>V.3</p>
1. Source	2. Message						
3. Channel/ media	4. Receiver						
5. Feedback							

Course Title : CSC MANAGEMENT TRAINING	Code: CSC.
Topic : COMMUNICATION	Edition: Feb'95
Section 2: SESSION NOTES	Page: 02 of 02
<p><b>4. HOW TO MAKE THE COMMUNICATION EFFECTIVE?</b>            Get the feedback from the participants and then explain that effective communication, in practice, means to begin with a communication that has not only reached the receiver but has enabled the receiver to have a change regarding the information received or improve the level of knowledge. In order to be effective, a communicator should possess the following characteristics.</p> <ul style="list-style-type: none"> <li>- S/he should be knowledgeable and fully conversant with the subject under discussion.</li> <li>- S/he should have credibility before the receiver which he gains by his sincerity, honesty and intellectual capability.</li> <li>- S/he should have proper attitude towards the receiver and subject matter.</li> <li>- S/he should have proper communication skill and should have skill in selecting and using the channel.</li> <li>- Feedback should be ensured.</li> </ul>	<p>Question to group</p> <p style="text-align: right;">V.4</p>
<p><b>5. HOW MESSAGE CAN BE DISSEMINATED THROUGH EFFECTIVE COMMUNICATION?</b>            Feedback-</p> <ul style="list-style-type: none"> <li>- It should be need-based and timely, appropriate and relevant.</li> <li>- It should be supported by factual material to give it proper authenticity.</li> <li>- The channel should be manageable by the communicator &amp; should be appropriate</li> <li>- Treatment of the message is also important. Its purpose is to make the message clear, understandable and realistic and specially situated for the channel or media that has been selected.</li> </ul>	<p>Question to group</p> <p style="text-align: right;">V.5</p>
<p><b>6. WHAT ARE THE PRINCIPLES FOR THE TREATMENT OF MESSAGE ?</b>            Feedback:-</p> <ul style="list-style-type: none"> <li>- Proper emphasis where required.</li> <li>- Repetition for the sake of emphasis.</li> <li>- Contrast of ideas and comparisons.</li> <li>- Logical sequence.</li> <li>- Redundancy for reduction of noise.</li> <li>- To explain the ideas with greater strain or using multiple channels to ensure greater chances of its effectiveness.</li> </ul>	<p>Question to group</p> <p style="text-align: right;">V.6</p>
<p><b>7. WHAT ARE THE APPROPRIATE CHANNELS OF COMMUNICATION ?</b>            Feedback-</p> <ul style="list-style-type: none"> <li>- It should be familiar both to the communicator and the communicatee.</li> <li>- It should be appropriate to the message.</li> <li>- It should be available and accessible.</li> </ul>	<p>Question to group</p> <p style="text-align: right;">V.7</p>

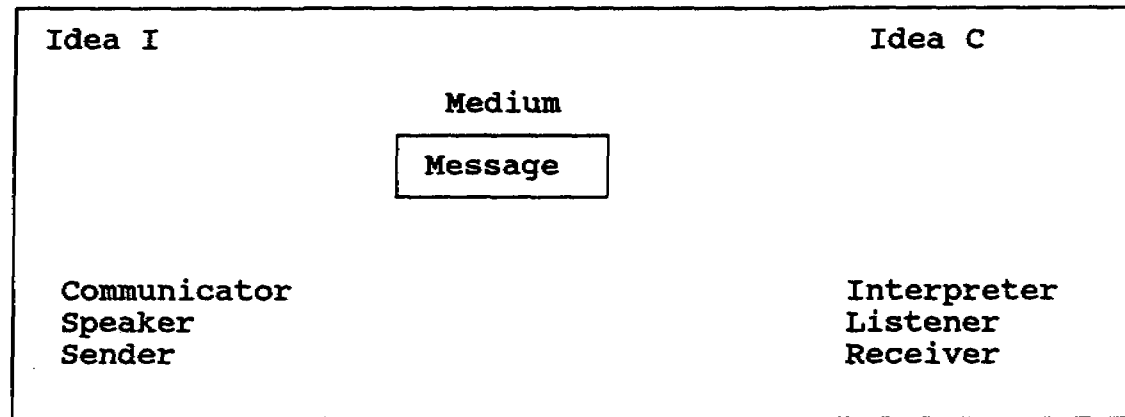


**DEFINITION OF COMMUNICATION**

**COMMUNICATION IS THE PROCESS OF  
TRANSMITTING AND RECEIVING INFORMATION.**

Communication

V.2



## BARRIERS TO COMMUNICATION

1. THE SPEAKER AND LISTENER MAY DIFFER IN EDUCATION, EXPERIENCE AND BACKGROUND.
2. WE FAIL TO CONVEY THE INFORMATION THE LISTENER NEEDS AND CAN UNDERSTAND.
3. OUR STEREOTYPES AND BELIEFS INFLUENCE WHAT WE HEAR.
4. OUR EMOTIONAL STATE OF MIND COLOURS WHAT WE HEAR.
5. INDIVIDUAL CONFLICT.
6. SUSPICION ABOUT THE SPEAKERS MOTIVATION.

## CHARACTERISTICS TO BE AN EFFECTIVE COMMUNICATOR

1. HE SHOULD BE KNOWLEDGEABLE AND FULLY CONVERSANT WITH THE SUBJECT UNDER DISCUSSION.
2. HE SHOULD HAVE CREDIBILITY BEFORE THE RECEIVER WHICH HE GAINS BY HIS SINCERITY, HONESTY AND INTELLECTUAL CAPABILITY.
3. HE SHOULD HAVE PROPER ATTITUDE TOWARDS THE RECEIVER AND SUBJECT MATTER.
4. HE SHOULD HAVE PROPER COMMUNICATION SKILL AND SHOULD HAVE IN SELECTING AND USING THE CHANNEL.
5. FEEDBACK SHOULD BE ENSURED.

**DISSEMINATION OF MESSAGE THROUGH EFFECTIVE COMMUNICATION.**

1. IT SHOULD BE NEED-BASED AND TIMELY AND APPROPRIATE RELEVANT.
2. IT SHOULD BE SUPPORTED BY FACTUAL MATERIAL TO GIVE IT PROPER AUTHENTICITY.
3. THE CHANNEL SHOULD BE MANAGEABLE BY THE COMMUNICATOR AND SHOULD BE APPROPRIATE.
4. TREATMENT OF THE MESSAGE IS ALSO IMPORTANT. ITS PURPOSE IS TO MAKE THE MESSAGE CLEAR, UNDERSTANDABLE AND REALISTIC AND SPECIALLY SITUATED FOR THE CHANNEL OR MEDIA THAT HAS BEEN SELECTED.

**PRINCIPLES FOR THE TREATMENT OF MESSAGE.**

1. **PROPER EMPHASIS WHERE REQUIRED.**
2. **REPETITION FOR THE SAKE OF EMPHASIS.**
3. **CONTRAST OF IDEAS AND COMPARISONS.**
4. **LOGICAL SEQUENCE.**
5. **REDUNDANCY FOR REDUCTION OF NOISE.**
6. **TO EXPLAIN THE IDEAS WITH GREATER STRAIN OR USING MULTIPLE CHANNELS TO ENSURE GREATER CHANCES OF ITS EFFECTIVENESS.**

**APPROPRIATE CHANNEL OF COMMUNICATION.**

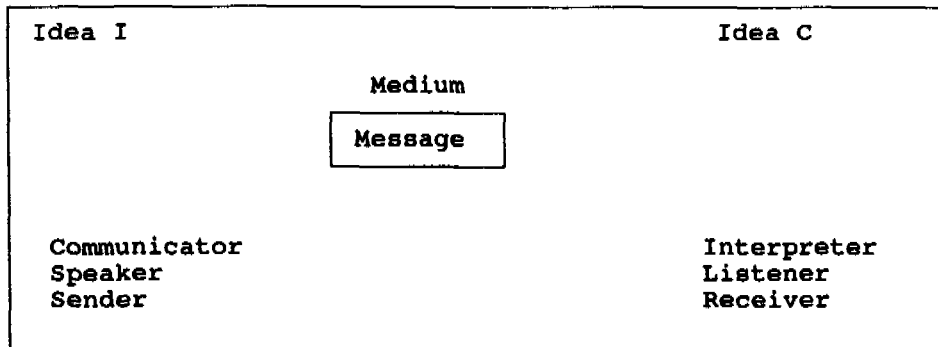
1. **IT SHOULD BE FAMILIAR BOTH TO THE COMMUNICATOR AND COMMUNICATEE.**
2. **IT SHOULD BE APPROPRIATE TO THE MESSAGE.**
3. **IT SHOULD BE AVAILABLE AND ACCESSIBLE.**

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Section 4 : H A N D O U T	Page: 01 of 03

Communication is the process of transmitting and receiving information. We can say, it is the process of conveying ideas. In human society, communication plays an important part in daily life. We have the advantage of language, spoken words, songs, visual aids, written scripts and so on. Besides, we can also express our feelings by facial expression and gesture of the face, hands etc. It is by communication that an individual wants himself to be understood by others. A deaf mute can communicate by signs and gestures. A normal person can communicate in many ways. It is only a literate person who can take advantage of written communication. Therefore, there variety ways of communicating and interacting. It includes both verbal and nonverbal.

Communication process: Communication may be defined as consisting of the transfer of an idea from one person to another. The idea in the mind of the transmitter, speaker or communicator is referred to as Idea I. The idea in the mind of the receiver, listener, or interpreter is classified as Idea C. The basic problem of the speaker to get the idea into the mind of the listener in such a way that Idea C will correspond exactly to idea I that is, the message will have the same meaning to both. To the extent these two ideas correspond, there is an agreement in the communication process. To the extent that they do not correspond, there is distortion. Through a cycle this can be illustrated as follows:



From the diagram we can see that communication is too complex to be viewed simply as a process of sending and receiving message. The speaker has a meaning, he has to choose a medium, and then he has to frame a message. The sender has an idea or an intention which he has to encode into a message. One has to choose the medium. Encoding immediately presents a block or a barrier of Idea I to be equal to Idea C.

Elements of Communication

1. Source
2. Message
3. Channel/ media
4. Receiver
5. Feedback

Media through which a message/idea is transmitted then the message is received by the receiver to decode the message and the receiver expresses his/her reaction which is called feedback.



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Barriers and Gateways Of Communication

Communication is the process of imparting, transmitting or sharing information of one kind or another. But this process is not always smooth. We do not always succeed in transmitting the intended message to the other party because of the existence of various barriers of communication. We become surprised at the non-response or unexpected type of response of the other party. Sometimes, this is because we lack knowledge about ourselves, and at other times, because we know so little about other people. Following may be specified as barriers to communication.

1. The speaker and listener may differ in education, experience and background.
2. One may fail to convey the information the listener needs and can understand.
3. One's stereotypes and beliefs influence what one hears.
4. One's emotional state of mind colours what one hears.
5. Individual conflict.
6. Suspicion about the Speakers motivation.
7. Imperfect Listening.
8. Failure to evaluate the meaning behind what we hear.

Steps To Improve Communication

1. Plan your communication.
2. Projection.
3. Timing.
4. Believability.
5. Simplicity.
6. Repetition.

**EFFECTIVE COMMUNICATION**

The very purpose of communication is to transfer or exchange ideas and thoughts. Communication is a very important part of the educational process. While learning aims at changing in level of knowledge, change in attitude and change in behaviour it is implied that the impact of communication also lies in the change that has been effected in the knowledge, attitude and behaviour. Needless to say, communication can be considered effective only if the ideas or the message have been properly received, interpreted and utilised for enhancement of knowledge or change of attitude and behaviour. From the experiences gained from social psychology, there is a close link between knowledge, attitude and behaviour and it is generally believed that knowledge (information) precedes change of attitude which in turn precedes change of behaviour. If we go deep into the subject, we shall also come across behaviour without the required attitude or knowledge and similarly a change of attitude without adequate knowledge or change of behaviour. But it is generally understood that learning aims at improvement of knowledge to begin with and this should be followed by a desired change in attitude and then behaviour. So also communication has to step up the knowledge first and this knowledge gained is supposed to motivate further and bring about a change in attitude and behaviour. In any case it is expected that communication will serve its purpose only if the change in knowledge level has been achieved.

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Effective communication therefore means to begin with a communication that has not only reached the receiver but has enabled the receiver to have a change in the information or improvement in the level of knowledge.

For effective communication to take place, the following points are essential.

**COMMUNICATOR:** The communicator should possess the following characteristics.

1. S/he should be knowledgeable and fully conversant with the subject under discussion.
2. S/he should have credibility before the receiver which he gains by his sincerity, honesty and intellectual capability.
3. S/he should have proper attitude towards the receiver and subject matter.
4. S/he should have proper communication skill in selecting and using the channel.
5. Feedback should be ensured.

**MESSAGE.** The message content should be brief and clear.

1. It should be need-based and timely and appropriate and relevant.
2. It should be supported by factual material to give it proper authenticity.
3. The channel should be manageable by the communicator and should be appropriate.
4. Treatment of the message is also important. Its purpose is to make the message clear, understandable and realistic and specially situated for the channel or media that has been selected.

Some of the salient principles in treatment of message for effective communication are as follows :

1. Proper emphasis where required.
2. Repetition for the sake of emphasis.
3. Contrast of ideas and comparisons.
4. Logical sequence.
5. Redundancy for reduction of noise.
6. In good effective communication, there should not be any entropy. Entropy is the wastage or loss of information due to uncertainty or lack of clarity. Entropy is just the opposite of redundancy. It is a kind of noise insurance. It reduces the influence of the noise. Redundancy may be brought about by elaborate writing or speech, to explain ideas with greater strain or using multiple channels to ensure greater chances of its effectiveness.

**CHANNEL**

1. It should be familiar both to the communicator and the communicatee.
2. It should be appropriate to the message.
3. It should be available and accessible.

**RECEIVER**

1. Like the communicator, the receiver also should have proper attitude and the desire to receive the communication.
2. The receiver's sensory organs should be intact and in good working condition.

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Course Title : CSC MANAGEMENT TRAINING		Code: CSC.
Topic : MOTIVATION		Edition:Feb'95
Section 1: INFORMATION SHEET		Page: 01 of 01/10
Duration:	90 minutes	
Training objectives:	On completion of the session, the participants shall be able to - define motivation - identify the barriers to motivate - determine the techniques of motivation - motivate the beneficiaries to adopt good hygiene practice	
Trainee selection:	CSC staffs of different Pourashavas under 18 DTP	
Training aids:	- Vufoils - Handout	
Special Features :	VIPP shall be used as the training method to make training effective	
Keywords:	Behaviour/Sociogenic needs/Biogenic needs/ Perceived susceptibility/Change process	

Department of Public Health Engineering, 18 District Towns Project

Course Title : <b>CSC MANAGEMENT TRAINING</b>	Code: CSC.
Topic : <b>MOTIVATION</b>	Edition:Feb'95
Section 2: <b>SESSION NOTES</b>	Page: 01 of 02
<p><b>1. WHAT IS MOTIVATION ?</b>            Get participant's feedback and write their responses on the board/flip paper</p> <p>Motivation means creating a force or impulse which shall move somebody towards a desired action or activity. Motivation activates someone to do or not to do some thing. It is an intervening variable, that can not be directly observed, seen, heard or felt. It can be inferred by observing and analysis if actual behaviour.</p>	<p>Question to group</p> <p>V.1</p>
<p><b>2. WHAT ARE THE THREE IMPORTANT ASPECTS THAT MOTIVATION INVOLVE ?</b>            Feedback-            Three important aspects that motivation involve are:</p> <ul style="list-style-type: none"> <li>- Motivating States</li> <li>- Motivated behaviour</li> <li>- The conditions that satisfy or alleviate the motivating conditions.</li> </ul>	<p>Question to group</p> <p>V.2</p>
<p><b>3. WHAT ARE THE HUMAN NEEDS WHICH MOTIVATE A PERSON ?</b></p> <p>Get feedback from the participants and write their responses on the board/flip paper and then explain that there are two broad types of human needs such as biogenic needs and sociogenic needs.            The biogenic needs are physiological needs like hunger, thirst etc.            The sociogenic needs, on the other hand, refer to such needs as are acquired society. Through learning and adoption. Therefore, it can be called an acquired needs. Bear in mind that a hygiene educator shall have to understand both biogenic needs and sociogenic needs of human being in order to motivate a beneficiary to adopt good hygiene practice.</p>	<p>Question to group</p>
<p><b>4. WHAT ARE THE MAIN BARRIERS TO MOTIVATE A BENEFICIARY TO ADOPT GOOD HYGIENE PRACTICE ?</b>            Get feedback from the participants and write their responses on the board/flip paper and then Sum up as follows:</p> <ol style="list-style-type: none"> <li>1. Lack of awareness of the beneficiaries regarding the benefit of good hygiene practice.</li> <li>2. Lack of perceived susceptibility.</li> <li>3. Misconception</li> <li>4. Unfavourable attitude towards himself</li> <li>5. Unfavourable attitude towards society</li> <li>6. Non-availability of the facilities</li> <li>7. Non-availability of social support</li> <li>8. Poverty</li> <li>9. Socio-cultural condition</li> </ol>	<p>Question to group</p> <p>V.3</p>

Department of Public Health Engineering, 18 District Towns Project

<b>Course Title :</b> CSC MANAGEMENT TRAINING	<b>Code:</b> CSC.
<b>Topic :</b> MOTIVATION	<b>Edition:</b> Feb'95
<b>Section 2: S E S S I O N N O T E S</b>	<b>Page:</b> 02 of 02
<p><b>5. WHAT ARE THE PROCESS OF CHANGE INVOLVED IN MOTIVATION ?</b>                  Feedback-                  In order to overcome the restraining forces that impede the adoption of hygiene practices, planned intervention is essential                  [Trainer's Note: The trainer should explain the change process to bring about the desired behavior to adopt hygiene education.]</p> <p><b>6. WHAT ARE THE TECHNIQUES OF MOTIVATING THE BENEFICIARY TO ADOPT TO GOOD HYGIENE PRACTICE ?</b></p> <p>Get the responses from the participants and write those on the flip chart and then explain as follows:</p> <ul style="list-style-type: none"> <li>- Establish relationship with the beneficiaries</li> <li>- Creation of awareness</li> <li>- Motivation through citing examples</li> <li>- Motivation by bringing variety for disseminating the information</li> <li>- Motivation through explaining risks and benefits of good hygiene practice</li> <li>- Motivation through various visual Aids.</li> </ul> <p>[Trainer's Note: Trainer shall involve the participants in playing roles that of a hygiene educator and of a beneficiary to provide them direct feedback as to their motivating skill.]</p> <p><b>7. SUMMARY</b>                  Summarise the main points.</p> <p>Explain that the hygiene educator should understand that motivation is a very complex process. It should be borne in mind that there is no short cut way or common principle or technique to motivate a person. Laws of human nature is non-existent. Therefore, a hygiene educator, to be effective, must apply his/her common sense and intelligence to motivate a particular beneficiary. S/he must be an adept in the art of effective communication and acquire sufficient knowledge about hygiene education. However, following may adopted as techniques to motivate the beneficiaries to adopt good hygiene practice.</p>	<p>Question to group</p> <p>V.4</p> <p>Question to group</p> <p>V.5</p> <p>Role play</p> <p>Lecture &amp; Discussion</p>

**DEFINITION OF MOTIVATION**

**MOTIVATION MEANS CREATING A FORCE OR  
IMPULSE WHICH SHALL MOVE SOMEBODY TOWARDS A  
DESIRED ACTION OR ACTIVITY.**

**THREE ASPECTS OF MOTIVATION**

**MOTIVATING STATES**

**MOTIVATED BEHAVIOUR**

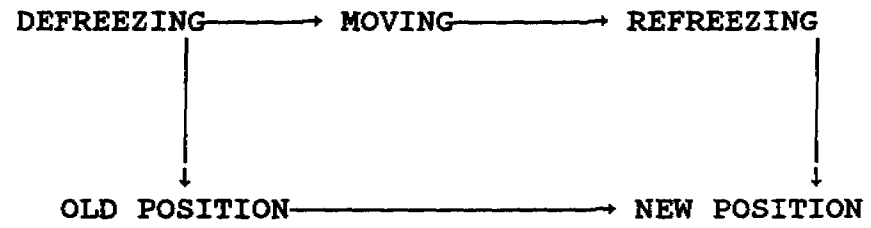
**THE CONDITION THAT SATISFY OR  
ALLEVIATE THE MOTIVATING CONDITION**

**BARRIERS OF MOTIVATION**

1. LACK OF AWARENESS OF THE BENEFICIARIES REGARDING THE BENEFIT OF GOOD HYGIENE PRACTICE.
2. LACK OF PERCEIVED SUSCEPTIBILITY.
3. MISCONCEPTION
4. UNFAVOURABLE ATTITUDE TOWARDS HIMSELF
5. UNFAVOURABLE ATTITUDE TOWARDS SOCIETY
6. NON-AVAILABILITY OF THE FACILITIES



PROCESS OF CHANGE INVOLVE IN MOTIVATIONS AS GIVEN BY ROGERS



## TECHNIQUES OF MOTIVATION

ESTABLISH RELATIONSHIP WITH THE BENEFICIARIES

CREATION OF AWARENESS

MOTIVATION THROUGH CITING EXAMPLES

MOTIVATION BY BRINGING VARIETY FOR  
DISSEMINATING THE INFORMATION

MOTIVATION THROUGH EXPLAINING RISKS AND  
BENEFITS OF GOOD HYGIENE PRACTICE

MOTIVATION THROUGH VARIOUS VISUAL AIDS.

## Department of Public Health Engineering

Course Title :	CSC MANAGEMENT TRAINING.	Code:CSC.
Topic :	MOTIVATION	Edition: Feb'95
Section 4 :	H A N D O U T	Page 01 of 02

Motivation means creating a force or impulse which will move somebody towards a desired action or activity. Motivation involves three aspects, namely, 1. motivation states, 2. motivated behaviour, 3. the conditions that satisfy or alleviate the motivation conditions.

Motivation activates someone to do or not to do something. It is an intervening variable that cannot be directly observed, seen, heard or felt : it can be inferred by observing and analysing actual behaviour. The prime responsibility of hygiene educators is to influence of the behaviour of the beneficiaries along lines deemed appropriate to achieve hygiene education objectives. The actual effect of this influence comes from an assessment by the receiver in following ways:

1. the anticipated value of the perceived outcome of the behaviour, and
2. the strength of expectancy that the act will eventually result in realization of the outcome.

The human needs which motivate a person can be broadly classified into biogenic and Sociogenic needs. The biogenic needs are physiological needs like hunger, thirst, etc. Sociogenic needs refer to those kinds of needs which are affected by social settings such as position, status and other day to day activities of work, rest, recreation etc. In other words, it can be called acquired needs.

A hygiene educator in order to motivate a person to adopt hygiene practices shall have to understand both the biogenic and sociogenic needs of human beings. He is to understand that motivation is very complex process. Every individual tends to react as a total organism; and a complex of conscious and unconscious motivating forces seem to underlie his or her every action. The educator has to identify motives in individuals and draw them or arouse them so that behaviour can be changed. Motives can be influenced by a certain extent by creating a sense of discomfort or making it appear to the individual that things as they are, are not all right and are not going to be all right till a particular course of action is taken by the social forces in which he lives.

Forcing an individual by an external force is against the very principle and Maslow says that his inner urge influences his action. Only influence that affects them is the social influence, which may affect him to some extent.

## Department of Public Health Engineering

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In order to motivate a person or the beneficiaries, a field worker shall have to identify the bottlenecks or barriers to disseminate the hygiene messages. The following may be identified as the main barriers:

1. Lack of awareness
2. Lack of perceived susceptibility
3. Misconception
4. Unfavourable attitude towards himself
5. Unfavourable attitude towards society
6. Non-availability of facilities
7. Non-availability of social support
8. Lack knowledge of hygiene education
9. Poverty
10. Socio-Cultural condition.

In order to overcome the above mentioned restraining forces that impede the adoption of hygiene practices, planned intervention is essential.

- A man who has to change his practice must be dissatisfied with his old practice.
- He must move towards their new practice.
- He will follow the new practice of this will be change a part of his life by repetition and permanency.

Techniques of motivating beneficiaries:-

- Establish relationship with the beneficiaries
- Creation of awareness
- Motivation through citing examples
- Motivation by bringing variety for disseminating the information
- Motivation through explaining risks and benefits of good hygiene practice
- Motivation through multi channels.

Department of Public Health Engineering, 18 District Towns Project

<b>Course Title : CSC MANAGEMENT TRAINING</b>		<b>Code: CSC.</b>
<b>Topic: IMPLEMENTATION PROCEDURE.</b>		<b>Edition: Feb'95</b>
<b>Section 1 : INFORMATION SHEET</b>		<b>Page: 01 of 01/</b>
<b>Duration:</b>	60 minutes	
<b>Training objectives:</b>	<p>After this session the participants will be able to:</p> <ul style="list-style-type: none"> <li>- identify the activities of CSC</li> <li>- explain the implementation procedure.</li> <li>- determine their responsibility in the implementation process.</li> <li>- fill in the prescribed forms.</li> </ul>	
<b>Trainee selection:</b>	<ul style="list-style-type: none"> <li>- CSC staff of different Pourashavas under 18DTP.</li> </ul>	
<b>Training aids:</b>	<ul style="list-style-type: none"> <li>- Viewfoils.</li> <li>- Handout.</li> </ul>	
<b>Special features:</b>	Practical session to fill in the forms.	
<b>Keywords:</b>	Forms/ job description	

Department of Public Health Engineering, 18 District Towns Project

<b>Course Title : CSC MANAGEMENT TRAINING</b>	<b>Code: CSC.</b>
<b>Topic: IMPLEMENTATION PROCEDURE.</b>	<b>Edition:Feb'95</b>
<b>Section 2: SESSION NOTES</b>	<b>Page:0 of 02</b>
<p><b>1. INTRODUCTION</b></p> <p>We are to work in a group by following a definite and specific work method and procedure. Every person irrespective of his/her position is to perform certain duties and responsibilities. To implement the Low Cost Latrine Programme, csc staffs are directly responsible.</p> <p><b>2. WHAT ARE THE TASKS OF CSC STAFF ?</b></p> <p><b>FEEDBACK-</b></p> <ol style="list-style-type: none"> <li>i. hygiene education programme.</li> <li>ii. latrine Programme.</li> <li>iii. solid waste disposal.</li> <li>iv. sullage connection of drainage programme.</li> <li>v. service connections (service connections and street hydrants) and to hand tubewells under water supply programme.</li> </ol> <p>[Note: task iii, iv &amp; v depends upon Government's clearance.]</p> <p><b>3. WHAT ARE THE KEY ACTIVITIES INVOLVED IN THE IMPLEMENTATION PROCEDURE ?</b></p> <p><b>Feed back:</b> The whole range of activities may be classified under the following broad and sub-headings:</p> <p><b>A. Non-technical works</b></p> <p><b>A.1 Motivational work</b></p> <ul style="list-style-type: none"> <li>● Target group selection</li> <li>● Promotional works</li> </ul> <p><b>A.2 Distribution and installation of latrine sets</b></p> <ul style="list-style-type: none"> <li>● Site approval</li> <li>● Preparatory works</li> <li>● Installation of latrine sets</li> </ul> <p><b>A.3 Health and hygiene Education (post installation) to the beneficiaries.</b></p> <p><b>A.4 Monitoring of the non-technical activities</b></p> <p><b>B. Technical</b></p> <p><b>B.1 Production of latrine units</b></p> <ul style="list-style-type: none"> <li>● Estimate &amp; approval as per action plan</li> <li>● Tendering and awarding of contract</li> <li>● Production through contractor and make set available at CSC.</li> </ul> <p><b>B.2 Monitoring of the whole technical activities.</b></p>	<p>lecture</p> <p>Question to group</p> <p>Question to group</p> <p>V.1</p>

Department of Public Health Engineering, 18 District Towns Project

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**IMPLEMENTAION RELATED ACTIVITES**

**A. NON-TECHNICAL WORKS**

**1.MOTIVATIONAL WORK**

- TARGET GROUP SELECTION
- PROMOTIONAL WORKS

**2. DISTRIBUTION AND INSTALLATION OF LATRINE SETS**

- SITE APPROVAL
- PREPARATORY WORKS
- INSTALLATION OF LATRINE SETS

**3. HEALTH AND HYGIENE EDUCATION (POST INSTALLATION) TO THE BENEFICIARIES.**

**4. MONITORING OF THE NON-TECHNICAL ACTIVITIES**

**B. TECHNICAL**

- ESTIMATE & APPROVAL AS PER ACTION PLAN
- TENDERING AND AWARDDING OF CONTRACT
- PRODUCTION THROUGH CONTRACTOR AND MAKE SET AVAILABLE AT CSC.

**B.2 MONITORING OF THE WHOLE TECHNICAL ACTIVITIES.**



**RESPONSIBILITIES OF DIFFERENT PERSONS INVOLVED IN THE PROGRAMME.**

ACTIVITIES	REESPONSIBILITY
<b>A. NON-TECHNICAL WORKS</b>	
1. MOTIVATIONAL WORK	CSC STAFF
- TARGET GROUP SELECTION	CSC STAFF
- PROMOSIONAL WORKS	CSC STAFF
2. DISTRIBUTION AND INSTALLATION OF LATRINE SETS	
- SITE APPROVAL	WSSC
- PREPARATORY WORKS	CSC STAFF
- INSTALLATION OF LATRINE SETS	CSC STAFF
3. HEALTH AND HYGIENE EDUCATION (POST INSTALLATION) TO THE BENEFICIARIES.	CSC STAFF
4. MONITORING OF THE NON-TECHNICAL ACTIVITIES	SUPERVISOR CHAIRMAN SDE/PO
<b>B. TECHNICAL</b>	
1. PRODUCTION OF LATRINE UNITS	
- PRODUCTION AND MAKE AVAILABLE AT CSC.	SDE/EE/PO
2. MONITORING OF THE WHOLE TECHNICAL ACTIVITIES.	SDE,EE,ODE,PO

**Form : Latrine Application and Monitoring Form**

..... Pourashava

**A. Household Information**

Name ..... Caretaker .....

Ward No. .... Village .....

Women.... Men..... Children 10-4..... Children 3-0..... Total.....

Religion ..... Occupation .....

Owner..... Tenant..... Owner agrees?..... Type of house.....

**B. Latrine Information**

Nb. of Latrine..... Single Household..... Shared by..... Households

Location of pits .....

Floor Risk ...High Med Low Pit Build Up...Yes No Depth of pits.....ft.

Latrine Materials Pit Rings..... Slab & Pan..... Nb.Bricks....

Problems and/or comments.....

.....

.....

**C. Implementation & Monitoring Record**

Group Promotion	.....19....	Promotion Visit	.....19....
Application Agreed	.....19....	Layout Made	.....19....
Components for	.....19....	Materials Issued	.....19....
Misty for	.....19....	Misty Name	.....
Pit Digging Check	.....19....	S' structure materials	.....19....
Slab/ Pan Issued	.....19....	Pit Instal. Check	.....19....
Instal. Complete	.....19....	Maintenance Instruct	.....19....
<b>Sanitation Education Programme</b>			
Visit 1	.....19....	Visit 2	.....19....
Visit 4	.....19....	Visit 5	.....19....
		Visit 3	.....19....
		Visit 6	.....19....

**AGREEMENT FOR LATRINE INSTALLATION**

I.....of.....Village, Ward

Number....of .....Pourashava agree to the installation of a pour flush latrine for the use of our household members subject to the following conditions and responsibilities:

1. That the 18 District Town Project will provide free of cost all manufactured components for .... Double Direct Pit Latrine (s) including delivery costs to instal the components. These componets will remain the property of the project until the completion of the Sanitation Education Programme for the household after which, the complete installed latrine will be the sole property of the household.
2. The household will contribute to the installation by digging the pits as instructed and at the positions agreed to, assist the Installation with all required labour, build the latrine base above ground and build a superstructure of independent style that will ensure all users have sufficient privacy for use of the latrine.
3. The superstructure materials will be available by the time the latrine pits have been dug. Latrine components will not be delivered until these materials are available.
4. A full programme of sanitation Education for the use and care of the latrine and related personal hygiene can be given to all household members within the 6 weeks following completion of latrine installation.
5. Our household group caretaker for sanitation is .....
6. There shall be no money exchanged between the household and the 18 District Town project.

Accepted for the Household

.....

Date..... 19...

Position.....

Witnessed by:

Approved by:

Sanpro.....

Supervisor.....

-----  
Latrine Location Sketch:

1ST PART  
HAND RECEIPT

2ND PART  
HAND RECEIPT

3RD PART  
HAND RECEIPT

<p>Received the following component of latrine units from Centres through carrying contractor Mr. .... on ..... in good condition.</p>	<p>Received the following component of latrine units from Centres through carrying contractor Mr. .... on ..... in good condition.</p>	<p>Received the following component of latrine units from Centres through carrying contractor Mr. .... on ..... in good condition.</p>
<p><u>RCC SLAB</u></p> <p>1. With <u>FC</u> pan            1 Unit 2. Without            pan 1 Unit</p> <p>In words</p> <p>_____</p> <p>_____</p>	<p><u>RCC SLAB</u></p> <p>1. With <u>FC</u> pan            1 Unit 2. Without            pan 1 Unit</p> <p>In words</p> <p>_____</p> <p>_____</p>	<p><u>RCC SLAB</u></p> <p>1. With <u>FC</u> pan            1 Unit 2. Without            pan 1 Unit</p> <p>In words</p> <p>_____</p> <p>_____</p>
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<p>Signature of Caretaker ..... Date ..... Address ..... ..... Signature of Contractor ..... Date .....</p>	<p>Signature of Caretaker ..... Date ..... Address ..... ..... Signature of Contractor ..... Date .....</p>	<p>Signature of Caretaker ..... Date ..... Address ..... ..... Signature of Contractor ..... Date .....</p>



Department of Public Health Engineering, 18 District Towns Project

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## Sanitation Programme (LCS Latrine Programme)

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- Objectives :-**
- To facilitate on site low cost sanitation to the poor of the urban slums and fringes;
  - To ensure the proper use of the physical facilities delivered to them;
  - Thus improvement of the health and hygienic conditions of the urban slums and fringes.

- Programme's Targets :-**
- To distribute lcs latrines among the bona fide beneficiaries;
  - To ensure proper use of the latrines by the beneficiaries.

- Types of Activities Required :-**
- Non-technical
  - Technical

### Detailing of the Required Activities

Programme Activities will be

#### A. Non-technical

##### A\_1. Motivational Works

- o Target Group Selection
  - Potential House Hold (HH) Identification by CSC staff
- o Promotional Works
  - Preliminary Education to identified HH by CSC staff
  - Application Forms distribution to potential HH by CSC staff
  - Collection of distributed forms by CSC staff
  - Priority listing of the collected forms by CSC staff

##### A\_2. Distribution and Installation of Latrine Set

- o Site Approval
  - Submission to WSSC meeting by the Supervisor, CSC and recommending the same in the meeting
  - Submission of the recommended list to the Chairman, Pourashava by Chairman, WSSC
  - Submission to Programme Office with recommendation by the Chairman, Pourashava.
  - Returning to the Chairman, Pourashava with approval from the Programme Office.
  - Informing the Supervisor, CSC and SDE, 18 DTP concerned by the Chairman, Pourashava



- o Preparatory works
  - Informing the beneficiaries by CSC staff
  - Preparation of super structure and pit by beneficiary under the supervision of the CSC staff
  - Checking the preparation and clearance for set delivery by CSC staff
- o Installation of Latrine set
  - Receipt and carrying of latrine set from CSC by the beneficiaries
  - Installation of latrine set by the beneficiary under the supervision of CSC staff

*A\_3. Health and hygiene education (post installation) to the beneficiaries by the CSC staff*

*A\_4. Monitoring of the whole non-technical activities by Supervisor, CSC, Poura Chairman, SDE, EE and Programme Office.*

**B. Technical**

*B\_1. Production of latrine set*

- o Estimating and approval as per action plan by Programme Office
- o Tendering and awarding of contract by the EE concerned
- o Production through contractor and make set available to the CSC by the SDE concerned

*B\_2. Monitoring of the whole technical activities by the SDE, EE, 18 DTP and Programme Office*

**Tasks of NGO Staff employed at CSC :**

- i) Related to Health and Hygiene Education Programme;
- ii) Related to Latrine Programme;
- iii)\* Related to sullage connection of Drainage Programme
- iv)\* Related to solid waste disposal;
- v)\* Related to service connections (house connections and street hydrants) and to Hand Pump Tubewells under Water Supply Programme;

\* **Note :** Tasks iii to v depends upon clearance from Government of Bangladesh.

A 6 monthly time schedule (model) for the lcs latrine programme is given in the following page.

Time Schedule to implement the Latrine Programme of 18 DTP

Project Town : \_\_\_\_\_

Duration : 12 (Twelve) Months

FIRST SIX MONTH

LATRINE INSTALLATION TARGET = \_\_\_\_\_ SETS

SECOND SIX MONTH

LATRINE INSTALLATION TARGET = \_\_\_\_\_ SETS

Activities	month > week >	Time Schedule												Time Schedule																							
		1st			2nd			3rd			4th			5th			6th			1st			2nd			3rd			4th			5th			6th		
		1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3						
<b>A. Non-technical</b>																																					
<b>A_1. Motivational Works</b>																																					
o Target Group Selection																																					
- Potential HH Identification																																					
o Promotional works																																					
- Preliminary education to the identified HH																																					
- Application forms distribution to potential HH																																					
- Collection of distributed forms																																					
- Priority listing of the collected forms																																					
<b>A_2. Distribution and installation of latrine set</b>																																					
o Site approval																																					
- Submission to WSSC meeting and recommending																																					
- Submission to the Chairman, Poursahava by WSSC																																					
- Submission to the PO with recommendation by Chairman																																					
- Return to the Chairman, Poursahava with approval from PO																																					
- Informing the Supervisor, CSC and SDE, 18 DTP concerned by the Pours Chairman																																					
o Preparatory works																																					
- Informing the beneficiaries																																					
- Preparation of super structure and pit																																					
- Checking of the preparation and clearance for set delivery																																					
o Installation of latrine set																																					
- Receipt and carrying of set to beneficiaries premises by the beneficiaries																																					
- Installation of latrine by the beneficiaries under the supervision of CSC staff																																					
<b>A_3. Health and hygiene education (post installation) to the beneficiaries</b>																																					
<b>A_4. Monitoring of the non-technical activities by Supervisor, CSC, Pours Chairman, SDE, EE and PO</b>																																					
<b>B. Technical</b>																																					
<b>B_1. Production of latrine units</b>																																					
o Estimating and approval as per action plan by PO																																					
o Tendering and awarding of contract by EE concerned																																					
o Production through Contractor and make set available to the CSC by SDE																																					
<b>B_2. Monitoring of the whole technical activities by SDE, EE, 18 DTP, and PO</b>																																					

## 1. Work Description

### a. Sanitation Supervisor

The Sanitation Programme for each pourashava will be coordinated by a Sanitation Supervisor with responsibility for the operation of up to three Community Sanitation Centres and associated Production Centres, one for each ward or each Pourashava Specific tasks for the Supervisor are:

1. Assist with the preparation of the Pourashava Sanitation Programme and the preparation of annual Ward sanitation work plans.
2. Implement the Pourashava Sanitation Programme.
3. Supervise and support the operation of each Community Sanitation Centre and the performance of Centre staff members with particular attention to work planning, actual work done and quality of performance both socially and technically. Specifically:
4. Supervise promotion activities and monitor promotion effectiveness.
5. Supervise the adequacy of latrine layouts and installation quality.
6. Supervise sanitation education programmes and monitor education effectiveness.
7. Supervise the maintenance of household latrine implementation and monitoring records.
8. Supervise the operation of production Centres, quality control and the maintenance of stock records.
9. Make requests of the SDE for the regular supply and delivery of materials for the operation of production Centres.
10. Organise payments for Production Mistries Installation Mistries and delivery of latrine components to households.
11. Manage Sanitation Programme staff, give necessary operational approvals with working backup and organise replacement staff.
12. Provide on- the - job consolidation training of staff according to observed needs.

13. Liaise with the Pourashava and SDE as necessary for Programme operation and with the Ward sanitation and Surveillance Committees on community matters.
14. Collate implementation records.
15. Prepare a monthly Sanitation Programme progress report with supporting records of work achieved, problems arising and work planned for the following month together with any specific recommendations for Programme implementation.

The Sanitation Supervisor reports to the NGO 18 DTP Coordinator.

## 1. Work Description

### b. Sanitation Promoter

For the Sanitation Programme to be implemented in an effective and timely manner, it needs to be systematically promoted and latrines installed in a structured manner. These activities require to be organised and their implementation managed. The Sanitation Promoter (Sanpro) is responsible for this organisation and management within his / her Ward (or Pourashava) working area. The Sanpro will work from and contribute to the day-to-day function of the Ward's Community specific tasks of the Sanpro are:

1. Organise household group meetings and promote the installation of latrines by group members with follow up one-to-one household promotion visits.
2. Receive and process Household applications.
3. Layout latrines with households members with consideration for necessary technical and social issues and ensure the households understand their contribution and responsibilities.
4. Monitor the installation work of the household latrine to ensure quality and rate of progress is maintained and see that deficiencies are rectified.
5. Maintain an up-to-date work programme for both promotion meeting and household visits and latrine installation work.
6. Issue latrine components, organise their delivery to each household by arranged dates and organise Installation.
7. Make completion inspections of installed latrines and instruct Households on the function and maintenance of latrines.
8. Monitor the day-to-day operation of the Ward Production Centre and receive finished components into Community Sanitation Centre stock. Maintain necessary stock records.
9. Contribute to the organisation, operation and maintenance of the Community Sanitation Centre.
10. Actively support and back up the Sanitation Educator in her work.
11. Together with the Sanitation Educator, liaise with the Ward Water and Sanitation Surveillance Committee on

community matters relating to the Sanitation Programme and the Community Sanitation Centre.

12. Keep a daily diary of work activity and maintain implementation records.
13. Prepare a monthly progress report with supporting records of work achieved, problems arising and work planned for the following month.

The Sanitation Promoter reports to the Sanitation Supervisor.

## 1. Work Description

### c. Sanitation Educator

It is essential that installed household latrines are used properly by all members of the household and kept clean to ensure the success of the installation. An essential component of this objective is household Sanitation Education. The Sanitation Educator (Saned) is responsible for organising and implementing the household Sanitation Education Programme within her Ward (or Pourashava) working area. The Saned will work from and contribute to the day-to-day function of the Ward's Community Sanitation Centre and when provided, the associated production Centre. The specific tasks of the Saned are:

1. Organise and implement a Household Sanitation Education Programme with the support of household group Caretakers.
2. Give particular attention to the sanitation education of household group Caretakers so that they can support the Saned and monitor household response.
3. Maintain and implement an up-to-date work programme for Sanitation Education visits.
4. Assist the Sanitation promoter at household group promotion meetings (and promotion meetings for household women).
5. Carry out latrine "User Satisfaction and Performance" surveys from time to time when requested.
6. Contribute to the organisation, operation and maintenance of the Community Sanitation centre.
7. Actively support and back up the Sanitation Promoter in her/his work.
8. Together with the Sanitation Promoter, liaise with the Ward Water and Sanitation Surveillance Committee on community matters relating to the Sanitation Programme and the Community Sanitation Centre.
9. Keep a daily diary of work activity and maintain implementation records.
10. Prepare a monthly progress report with supporting records of work achieved, problems arising and work planned for the following month.

The Sanitation Educator reports to the Sanitation Supervisor.

**Appendix 6.4 : Latrine Application and Monitoring Form**

..... Pourashava

**A. Household Information**

Name ..... Caretaker .....  
Ward No. .... Village .....  
Women.... Men.... Children 10-4..... Children 3-0..... Total.....  
Religion ..... Occupation .....  
Owner..... Tenant..... Owner agrees?..... Type of house.....

**B. Latrine Information**

Nb. of Latrine..... Single Household..... Shared by..... Households  
Location of pits .....  
Floor Risk ...High Med Low Pit Build Up...Yes No Depth of pits.....ft.  
Latrine Materials Pit Rings..... Slab & Pan..... Nb.Bricks....  
Problems and/or comments.....  
.....  
.....

**C. Implementation & Monitoring Record**

Group Promotion	.....19....	Promotion Visit	.....19....
Application Agreed	.....19....	Layout Made	.....19....
Components for	.....19....	Materials Issued	.....19....
Misty for	.....19....	Misty Name	.....
Pit Digging Check	.....19....	S' structure materials	.....19....
Slab/ Pan Issued	.....19....	Pit Instal. Check	.....19....
Instal. Complete	.....19....	Maintenance Instruct	.....19....
<b>Sanitation Education Programme</b>			
Visit 1	.....19....	Visit 2	.....19....
Visit 4	.....19....	Visit 5	.....19....
		Visit 3	.....19....
		Visit 6	.....19....



**AGREEMENT FOR LATRINE INSTALLATION**

I.....of.....Village, Ward

Number....of .....Pourashava agree to the installation of a pour flush latrine for the use of our household members subject to the following conditions and responsibilities:

1. That the 18 District Town Project will provide free of cost all manufactured components for .... Double Direct Pit Latrine (s) including delivery costs to instal the components. These components will remain the property of the project until the completion of the Sanitation Education Programme for the household after which, the complete installed latrine will be the sole property of the household.
2. The household will contribute to the installation by digging the pits as instructed and at the positions agreed to, assist the installation with all required labour, build the latrine base above ground and build a superstructure of independent style that will ensure all users have sufficient privacy for use of the latrine.
3. The superstructure materials will be available by the time the latrine pits have been dug. Latrine components will not be delivered until these materials are available.
4. A full programme of sanitation Education for the use and care of the latrine and related personal hygiene can be given to all household members within the 6 weeks following completion of latrine installation.
5. Our household group caretaker for sanitation is .....
6. There shall be no money exchanged between the household and the 18 District Town project.

Accepted for the Household

.....

Date..... 19...

Position.....

Witnessed by:

Approved by:

Sanpro.....

Supervisor.....

-----  
Latrine Location Sketch:

1ST PART  
HAND RECEIPT

2ND PART  
HAND RECEIPT

3RD PART  
HAND RECEIPT

Annex - 6

<p>Received the following component of latrine units from Centres through carrying contractor Mr. .... on ..... in good condition.</p>	<p>Received the following component of latrine units from Centres through carrying contractor Mr. .... on ..... in good condition.</p>	<p>Received the following component of latrine units from Centres through carrying contractor Mr. .... on ..... in good condition.</p>
<p><u>RCC SLAB</u></p> <p>1. With <u>FC</u> pan            1 Unit 2. Without            pan 1 Unit</p> <p>In words</p> <p>_____</p> <p>_____</p>	<p><u>RCC SLAB</u></p> <p>1. With <u>FC</u> pan            1 Unit 2. Without            pan 1 Unit</p> <p>In words</p> <p>_____</p> <p>_____</p>	<p><u>RCC SLAB</u></p> <p>1. With <u>FC</u> pan            1 Unit 2. Without            pan 1 Unit</p> <p>In words</p> <p>_____</p> <p>_____</p>
<p><u>Rings</u> R.C.C.                            10/5 Nos.</p> <p>In words</p> <p>_____</p> <p>_____</p>	<p><u>Rings</u> R.C.C.                            10/5 Nos.</p> <p>In words</p> <p>_____</p> <p>_____</p>	<p><u>Rings</u> R.C.C.                            10/5 Nos.</p> <p>In words</p> <p>_____</p> <p>_____</p>
<p>Signature of Caretaker ..... Date ..... Address ..... ..... Signature of Contractor ..... Date .....</p>	<p>Signature of Caretaker ..... Date ..... Address ..... ..... Signature of Contractor ..... Date .....</p>	<p>Signature of Caretaker ..... Date ..... Address ..... ..... Signature of Contractor ..... Date .....</p>



Department of Public Health Engineering, 18 District Towns Project

<b>Course Title : CSC MANAGEMENT TRAINING</b>		<b>Code: CSC.</b>
<b>Topic: HOUSE VISITS</b>		<b>Edition: Feb'95</b>
<b>Section 1 : INFORMATION SHEET</b>		<b>Page: 01 of 01 / 08</b>
<b>Duration:</b>	30 minutes	
<b>Training objectives:</b>	After this session the participants will be able to: <ul style="list-style-type: none"><li>- define house visits</li><li>- explain the purpose of house visit</li><li>- plan a house visit</li><li>- visit a house as per plan.</li></ul>	
<b>Trainee selection:</b>	<ul style="list-style-type: none"><li>- CSC staff of different Pourashavas under 18DTP.</li></ul>	
<b>Training aids/materials:</b>	<ul style="list-style-type: none"><li>- Viewfoils.</li><li>- Handout.</li></ul>	
<b>Special features:</b>	VIPP shall be used as the training method to make training effective	
<b>Keywords:</b>	Behavioral change/ techniques of disseminating hygiene education.	

Department of Public Health Engineering, 18 District Towns Project

Course Title : CSC MANAGEMENT TRAINING	Code: CSC.
Topic : HOUSE VISITS	Edition: Feb '95
Section 2: SESSION NOTES	Page: 01 of 02
<p><b>1. INTRODUCTION.</b></p> <p>House visits provide an opportunity to the hygiene educator to make a personal contact with the target group with a view to creating an atmosphere of trust and understanding.</p> <p><b>2. WHAT IS A HOUSE VISIT ?</b></p> <p>Get feedback from the participants and write their responses on the board/flip paper and then define as follows</p> <p>House visits may be used as an effective method of disseminating information with respect to some issues which require special care and to get feedback from the field to determine whether the intended purpose is being accomplished.</p> <p><b>3. WHAT ARE THE DISADVANTAGES OF HOUSE VISITS ?</b></p> <p>Feedback:</p> <p>Two main disadvantage of house visits are as follows:</p> <ol style="list-style-type: none"> <li>1. It is time consuming</li> <li>2. It is expensive to reach message to all members of the target group.</li> </ol> <p><b>4. PURPOSE OF HOUSE VISITS.</b></p> <p>The main aim of any hygiene education activity is to bring about behavioural changes of the target group in order to improve their health status.</p> <p>The process of behavioural changes involve following phases :</p> <ol style="list-style-type: none"> <li>1. increase knowledge and understanding,</li> <li>2. developed favourable attitude,</li> <li>3. changed behaviour,</li> </ol> <p><b>5. HOW TO PREPARE FOR HOUSE VISITS ?</b></p> <p>Feedback-</p> <p>For house visits, the hygiene educator has to be well prepared to make effective communication possible. He or she should clearly have in mind the specific purpose of the discussion, and the main message(s), and be thoroughly familiar with the subject, including the supporting material to be used during the discussion.</p>	<p>Lecture</p> <p>Question to group</p> <p>V.1</p> <p>Question to group</p> <p>V.2</p> <p>Lecture &amp; discussion</p> <p>V.3</p> <p>Question to group</p>

Department of Public Health Engineering, 18 District Towns Project

Course Title : CSC MANAGEMENT TRAINING	Code: CSC.
Topic : HOUSE VISITS	Edition:Feb'95
Section 2: SESSION NOTES	Page:02 of 02
<p>6. HOW TO VISIT A HOUSE ?</p> <p>Get the feedback from the participants and then explain as follows:</p> <ol style="list-style-type: none"> <li>1. inform them of the reasons for visit</li> <li>2. try to build up an easy friendly relation with the members of the target group</li> <li>3. encourage them to tell their <i>experience about the problems relating to health and hygiene</i></li> <li>4. give them enough time to express their experiences and expectations</li> <li>5. listen with sincere interest</li> <li>6. do not underestimate them</li> <li>7. discuss- do not argue</li> <li>8. use common language</li> </ol> <p>7. SUMMARY</p> <p>Since one household visit cannot be expected to bring about the desired result, household visits are usually repeated over time.</p>	<p>Question to group</p> <p>V.4</p> <p>Lecture</p>

## DEFINITION OF HOME VISITS

HOME VISITS MAY BE USED AS AN EFFECTIVE METHOD OF DISSEMINATING INFORMATION WITH RESPECT TO SOME ISSUES WHICH REQUIRE SPECIAL CARE AND TO GET FEEDBACK FROM THE FIELD TO DETERMINE WHETHER THE INTENDED PURPOSE IS BEING ACCOMPLISHED.

## DISADVANTAGES OF HOUSE VISITS

TWO MAIN DISADVANTAGE OF HOUSE VISITS ARE  
AS FOLLOWS:

1. IT IS TIME CONSUMING
2. IT IS EXPENSIVE TO REACH MESSAGE  
TO ALL MEMBERS OF THE TARGET  
GROUP.



**THE PROCESS OF BEHAVIOURAL CHANGES  
THROUGH HOUSE VISITS INVOLVE FOLLOWING  
PHASES :**

1. INCREASE KNOWLEDGE AND UNDERSTANDING,
2. DEVELOPED FAVOURABLE ATTITUDE,
3. CHANGED BEHAVIOUR,

### HOW TO VISIT A HOUSE

1. INFORM THEM OF THE REASONS FOR VISIT
2. TRY TO BUILD UP EASY FRIENDLY RELATION WITH THE MEMBERS OF THE TARGET GROUP
3. ENCOURAGE THEM TO TELL THEIR EXPERIENCE ABOUT THE PROBLEMS RELATING TO HEALTH AND HYGIENE
4. GIVE THEM ENOUGH TIME TO EXPRESS THEIR EXPERIENCES AND EXPECTATIONS
5. LISTEN WITH SINCERE INTEREST
6. DO NOT UNDERESTIMATE THEM
7. DISCUSS- DO NOT ARGUE
8. USE COMMON LANGUAGE

Department of Public Health Engineering, 18 District Towns Project

Course Title :CSC MANAGEMENT TRAINING	Code: CSC.
Topic :HOUSE VISITS	Edition: Feb'95
Section 4: H A N D O U T	Page: 01 of 01

1. INTRODUCTION.

House visits provide an opportunity to the hygiene educator to make a personal contact with the target group with a view to creating an atmosphere of trust and understanding.

2. WHAT IS HOUSE VISITS ?

House visits may be used as an effective method of disseminating information with respect to some issues which require special care and to get feedback from the field to determine whether the intended purpose is being accomplished.

3. DISADVANTAGES OF HOUSE VISITS

Two main disadvantages of house visits are as follows:

1. It is time consuming
2. It is expensive to reach message to all members of the target group.

4. PURPOSE OF HOUSE VISITS.

The main aim of any hygiene education activity is to bring about behavioural changes of the target group in order to improve their health status.

The process of behavioural changes involve following phases :

1. increase knowledge and understanding,
2. developed favourable attitude,
3. changed behaviour,

5. PREPARATION FOR HOUSE VISITS.

For house visits, the hygiene educator has to be well prepared to make effective communication possible. He or she should clearly have in mind the specific purpose of the discussion, and the main message(s), and be thoroughly familiar with the subject, including the supporting material to be used during the discussion.

6. PROCESS OF VISITING A HOUSE.

Field workers may use the following techniques of disseminating the message of hygiene education to the beneficiaries:

1. inform them of the reasons for visit
2. try to build up easy friendly relation with the members of the target group
3. encourage them to tell their experience about the problems relating to health and hygiene
4. give them enough time to express their experiences and expectations
5. listen with sincere interest
6. do not underestimate them
7. discuss- do not argue
8. use common language

7. Summary

Since one household visit cannot be expected to bring about the desired result, household visits are usually repeated over time.

**Department of Public Health Engineering, 18 district Towns Project**

<b>Course Title : CSC MANAGEMENT TRAINING</b>		<b>Code: CSC.</b>
<b>Topic : SUPERVISION</b>		<b>Edition:Feb. 95</b>
<b>Section I I N F O R M A T I O N S H E E T</b>		<b>Page: 01 of 01/ 10</b>
<b>Duration:</b>	60 minutes	
<b>Training objectives:</b>	<p>After completion of this session, the participants shall be able to</p> <ul style="list-style-type: none"> <li>- define supervision</li> <li>- identify the short comings of supervision</li> <li>- identify techniques of supervision</li> </ul>	
<b>Trainee selection:</b>	CSC staffs of different Pourashavas under 18 DTP	
<b>Training aids and Materials :</b>	<ul style="list-style-type: none"> <li>- Vufoils</li> <li>- Handout</li> </ul>	
<b>Special Features :</b>	VIPP shall be used as the training method to make training effective	
<b>Keywords:</b>	Supervisor's responsibility/ Supervisors short coming/ Supervision techniques	

Department of Public Health Engineering, 18 District towns Project

Course Title : CSC MANAGEMENT TRAINING	Code: CSC.
Topic : SUPERVISION	Edition: Feb.'95
Section 2: SESSION NOTES	Page: 01 of 02
<p><b>1. WHAT IS SUPERVISION ?</b></p> <p>Get feedback from the participants and write their responses on the board/flip paper and then define as follows:</p> <p>Supervision is the achieving of desired results by means of the intelligent utilization of human talents and facilitating resources in a manner that provides the greatest challenge and interest to the human talents</p> <p>Explain that-</p> <p>There is no universally accepted definition. Supervisory jobs differ widely in scope and implementation. Some supervisors manage completely their own unit or department, other decide issues in limited areas only while others carry out somebody's orders. Irrespective of the difference in supervisor's job, the common characteristics of a supervisory job are to see that the responsibilities assigned are accomplished effectively.</p> <p><b>2. WHAT ARE THE SUPERVISOR'S RESPONSIBILITY ?</b></p> <p>Feedback</p> <ol style="list-style-type: none"> <li>i. Organize work activities and efficient work plan</li> <li>ii. Lead and develop motivated employee</li> <li>iii. Control resources and work activities</li> <li>iv. Communication with others</li> <li>v. Humanistically handle employees</li> <li>vi. Develop constructive attitude and ethical behaviour</li> </ol> <p><b>3. WHAT ARE THE SHORTCOMINGS OF SUPERVISION ?</b></p> <p>Feedback-</p> <ol style="list-style-type: none"> <li>i. Loud reprimendation in presence of others</li> <li>ii. Lack of work knowledge</li> <li>iii. Using employees as scape goat</li> <li>iv. Refuse to admit mistakes</li> <li>v. Over supervision</li> <li>vi. Failure to delegate</li> <li>vii. Lack of confidence in people</li> <li>viii. Treating people as subordinate not as associates</li> </ol>	<p>Question to group</p> <p>V.1</p> <p>Lecture</p> <p>Question to group</p> <p>V.2</p> <p>Question to group</p> <p>V.3</p>

**Department of Public Health Engineering, 18 District towns Project**

<b>Course Title : CSC MANAGEMENT TRAINING</b>	<b>Code: CSC.</b>
<b>Topic : SUPERVISION</b>	<b>Edition: Feb.'95</b>
<b>Section 2: SESSION NOTES</b>	<b>Page: 02 of 02</b>
<p><b>4. WHAT ARE THE TECHNIQUES OF SUPERVISION ?</b></p> <p>Get feedback from the participants and write their responses on the board/flip paper and then describe as follows:</p> <ol style="list-style-type: none"> <li>1. Knowledge about people working with them</li> <li>2. Skill of giving order judiciously</li> <li>3. Helping attitude to people</li> <li>4. Competence to take a decision</li> <li>5. Art of criticising constructively</li> <li>6. Skill of handling grievance</li> <li>7. Dealing with problem child</li> </ol> <p><b>5. SUMMARY</b></p> <p>Summarise the main points to increase learning retentability of the participants.</p>	<p>Question to group</p> <p>V.4</p> <p>Lecture</p>

## DEFINITION OF SUPERVISION

**SUPERVISION IS THE ACHIEVING OF DESIRED RESULTS BY MEANS OF THE INTELLIGENT UTILIZATION OF HUMAN TALENTS AND FACILITATING RESOURCES IN A MANNER THAT PROVIDES THE GREATEST CHALLENGE AND INTEREST TO THE HUMAN TALENTS**

**RESPONSIBILITIES OF A SUPERVISOR**

1. **ORGANIZE WORK ACTIVITIES AND EFFICIENT WORK PLAN**
2. **LEAD AND DEVELOP MOTIVATED EMPLOYEE**
3. **CONTROL RESOURCES AND WORK ACTIVITIES**
4. **COMMUNICATION WITH OTHERS**
5. **HUMANISTICALLY HANDLE EMPLOYEES**
6. **DEVELOP CONSTRUCTIVE ATTITUDE AND ETHICAL BEHAVIOUR**



♠ SHORTCOMINGS OF SUPERVISION

1. LOUD REPRIMENDATION IN PRESENCE OF OTHERS
2. LACK OF WORK KNOWLEDGE
3. USING EMPLOYEES AS SCAPE GOAT
4. REFUSE TO ADMIT MISTAKES
5. OVER SUPERVISION
6. FAILURE TO DELEGATE
7. LACK OF CONFIDENCE IN PEOPLE
8. TREATING PEOPLE AS SUBORDINATE NOT AS ASSOCIATES

TECHNIQUES OF SUPERVISION

1. KNOWLEDGE ABOUT PEOPLE WORKING WITH THEM
2. SKILL O GIVING ORDER JUDICIOUSLY
3. HELPING ATTITUDE TO PEOPLE
4. COMPETENCE TO TAKE A DECISION
5. ART OF CRITICISING CONSTRUCTIVELY
6. SKILL OF HANDLING GRIEVANCE
7. DEALING WITH PROBLEM CHILD

Department of Public Health Engineering, 18 District Towns Project

Course Title : CSC MANAGEMENT	Code: CSC.
Topic : SUPERVISION	Edition: Feb'95
Section 4: H A N D O U T	Page: 01 of 03

There is no universally accepted definition of supervision. Supervisory jobs differ widely in content, scope, and implementation. Some supervisors manage completely their unit or department, Others decide issues in limited areas only while others carry out somebody else's orders. Some perform operative work part of this time and supervise part of the time commonly over specific activities.

The word supervision comes from (1) Super-meaning over and above (2) vision the art of seeing objects or perceiving mental images or looking over. No matter what the label, the common characteristics of everyone who performs supervisory work is to see that the work is accomplished. If it is not accomplished, the supervisor is the one who must answer. How is work accomplished? By use of human talents, materials, machines, method, money, time and space. These are the basic resources. They are employed to achieve desired results, or the work to be accomplished.

Supervision is the achieving of desired results by means of the intelligent utilization of human talents and facilitating resources in a manner that provides the greatest challenge and interest to the human talents.

THE SUPERVISOR'S RESPONSIBILITY ARE:

1. Knowing clearly what the goals are and how the units contributions fit into the overall picture.
2. Keeping superiors, peers, and work group members fully informed.
3. Finding better ways to achieve desired results.
4. Improving each group member's knowledge and skill with special emphasis given to the ability to get along with people.
5. Developing a good team effort.
6. Preparing reports, interpreting policies, and enforcing company regulations.
7. Allocating and scheduling the work fairly.
8. Stressing cost reduction.

THE SUPERVISOR'S AUTHORITY ARE:

1. Accepting the need for and making decisions plus standing back of them.
2. Gaining mutual understanding with superior regarding extent of formal authority that can be exercised to carry out each major responsibility.
3. Recognizing the existence and the influence of each employee's personal doctrine, previous training, loyalty and experience upon his work attitude and behaviour.
4. Obtaining and using the facts along with judgement in all decision making.
5. Giving group members the opportunity to participate in decision making.
6. Using discretion and recognizing that the degree of decision making through participation varies with the type of issues, the calibers of employees, and the urgency of the situation.
7. Encouraging employee group interaction to reach tentative goals and decisions with supervisory approval, thus giving the employees a voice in matters of deep concern to them and also avoiding the difficulty of enforcing a multitude of formal decisions by the supervisor.

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**SHORT COMINGS IN SUPERVISION**

While performing the supervisory job, the followings should not be practised by a supervisor.

1. Loud reprimanding in presence of other people.
2. Favouritism towards certain individuals in the unit.
3. Insufficient knowledge of the work.
4. Poor instruction - either too general or not complete.
5. Deadlines not explained in advance.
6. Using employees as scapegoats for the supervisor's error.
7. Refusal to admit mistakes.
8. Over supervision, that is, too close watching of everything his people are doing.
9. Failure to delegate authority to his people, where needed.
10. Lack of confidence in people.
11. Failure to give credit when due.
12. Failure to provide adequate materials or facilities for his people.
13. Treatment of his people as inferiors, not as associates.
14. Clear-cut prompt decisions not given for problems.

**TECHNIQUES IN SUPERVISING**

The basic knowledge and skill with which a supervisor goes about supervising comes only with practice. How to supervise, how to put the principles of supervision into practice make up the art of supervision. The experienced supervisors have found the following to be of value to a supervisor.

**1. HOW TO BEGIN SUPERVISING:**

A supervisor needs to know all about his people - their schooling their habits, their attitude towards work, their ambitions etc. It should be kept in mind that each individual has unique set of experiences that have helped to make him what he is. by giving due weightage to individual differences, the people should be judged by what they do, how they think and how they act. They should not be prejudged by popular misconception.

**2. HOW TO GIVE ORDERS:**

Orders should not be given in the form of a direct command. It may rather be given by analysing a situation to the people in such a way that the situation itself gives the order involving need for action. The Supervisor may also seek for mutual agreement on needed action. If it does not work, he should try suggesting and then asking. If there is no alternative, then he should take resort to direct action.

**3. HOW TO GET HELP FROM PEOPLE:**

The people are under the guidance of a supervisor to do a job. He may encourage employee participation by allowing them to know "Why of the orders". The supervisor may also encourage employee cooperation by placing a problem before them for finding its solution. He should judiciously delegate authority to see that what he wants them to do is done the way he likes to do it. With the development of cooperation, the confidence of the supervisor will increase and even a topnotch leader will be able to get job done in an easy manner.

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<p>4. HOW TO MAKE DECISION:</p> <p>A supervisor should get full facts relating to a problem. He should then fit facts together in order to find its relationship with each other.</p> <p>Then giving weightage to the really important ones, he should give decision promptly with delegated authority given to him.</p> <p>Calm and thoughtful consideration of a problem followed by logical and reasoned decision is sure way to the development of confidence.</p>	
<p>5. HOW TO CRITICISE:</p> <p>Criticism must be made in private, never in presence of a man's fellow workers. In criticising a person's job, he should first of all be told what the supervisor likes about his work, and then he should tell him what he does not like. He should be told in a friendly manner how he can improve. Dignity of people is important to every man and if the criticism gives him the impression that the supervisor is really keen for his improvement, the man will take criticism at heart.</p>	
<p>6. HOW TO DEAL WITH THE PROBLEMS CHILD</p> <p>Every supervisor may get a man who is lazy, slow, nervous, discourteous, disloyal or unable to get along with other people. They disrupt work; so the usual way to deal with problem child is to get them transferred. But the personnel problem can rarely be solved in that way.</p> <p>The logical way is to talk to the man about his faults showing reasons. If talk fails, the supervisor should go over the situations and seek for more reasons - if fault persists he should have patience and try to gain his cooperation. If no progress is achieved, he should talk to his own supervisor and find out the course of action.</p>	
<p>7. HOW TO SETTLE GRIEVANCES:</p> <p>Petty grievances may become tough, if it is not settled as early as possible. In dealing with grievances, the important things to be kept in mind are to get all facts about the grievance, to talk to persons concerned and to settle matters promptly.</p>	
<p>8. HOW TO DEAL WITH MISCONDUCT:</p> <p>A supervisor may be confronted with a case of misconduct or serious irregularity. Although, in such cases the decision has to be taken by the personnel Department depending on the merit of the case but the supervisor is the main person for getting facts. He should have sufficient information to recommend for action to whatever authority makes the final decision.'</p>	