

WASH Training Guide



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Acknowledgements

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Aims and Vision of the Guide

To break the cycle of poverty through water and sanitation.

Objectives

- Discuss the importance of key WASH practices
- Define the terms commonly used in WASH programmes
- Analyze and describe WASH problems at respective areas
- Describe the main routes and barriers for fecal-oral contamination
- Demonstrate the use of simple action and technologies for practicing good hygiene behaviors
- Develop action plans for making their schools WASH-friendly

Definition of Terms

Hygiene the practice of keeping oneself and the surrounding environment clean.

Sanitation is safe management of human waste. It is critical to health communities.

Transformation is a complete change, usually into something with an improved appearance or usefulness.

Participation take part in an event or activity.

Health is a complete state of physical, mental, spiritual and social wellbeing of the body and not merely the absence of disease or infirmity.

Environment is everything that surrounds us. It can be either living or non-living things.

Disease is a disorder of the mind or body which destroys good health.

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Introduction

Dig Deep (Africa) WINs Program

Dig Deep (Africa) is an International NGO whose mission is to break the cycle of poverty through water and sanitation. Dig Deep implements Water, Hygiene and Sanitation projects targeting schools and communities in rural areas of Kenya. Dig Deep's WINs program specifically aims to promote good hygiene and sanitation practices among school going children ensuring their access to safe, healthy environment and improved sanitation facilities at their institutions. Additionally, the program builds capacity of teachers, school health committees and students to enable them acquire skills and foster positive hygiene behavior change.

Purpose of the Training Guide

This training guide contains a series of information packages for facilitating WASH sessions for teachers and school children. The information packages provide practical learning materials and ideas which will help the teachers and school health committees plan for WASH lessons. These are based on the principles that new practices can be adopted and current practices can be modified or changed in small ways that are acceptable to individuals and communities. These small changes will in the long term make a difference to reducing diarrheal related illnesses and improving the health and well-being of children, families and the larger community.

Why Hygiene Promotion in Schools

Availability of good water supply, improved sanitation facilities and practice of good hygiene behaviors in schools contribute to increased cognitive function and attention, reduced days missed from school, more time for learning and increased dignity and safety particularly for girls and for children with disabilities. Programs and projects aimed at school water, sanitation and hygiene education go beyond the construction of water and sanitation facilities. They also aim to improve the education and hygiene and sanitation practices of school-going children and the quality of life of these children and their immediate families. Good hygiene and sanitation practices require proper facilities that are kept clean and are used by children and teachers in a hygienic manner. These practices also result from education that is practice oriented, and building skills and attitudes as well as knowledge. Addressing sanitation and hygiene in schools is imperative as young children are far more receptive than adults to new ideas. In their primary school years, children can be stimulated to cultivate and adopt good personal hygiene habits which, will last throughout their adult lives.

Objectives and Schedule

Objectives of the Training

The overall objective is to build champions of WASH-friendly schools. The participants will be able to;

- Discuss the importance of the key WASH practices in schools
- Define terms commonly used in WASH
- Analyze and describe WASH problems at their respective schools
- Describe the main routes and barriers for fecal-oral contamination
- Demonstrate the use of simple actions and technologies for practicing good hygiene behaviors
- Develop action plans for making their schools WASH-friendly

Training Schedule

	Day 1	Day 2	Day 3
AM	Unit 1 Training Introduction Unit 2 Understanding the WASH Problem <i>Diarrhoea disease transmission ✓</i> <i>Categories of water related diseases ✓</i>	Unit 4 Key WASH Practice - Keeping Drinking Water Safe <i>Water safety chain ✓</i> <i>Actions to keep water safe ✓</i> <i>Different water treatment methods ✓</i>	Unit 6 Key WASH Practice - Hand Washing with Soap <i>Importance of handwashing with soap/ash ✓</i> <i>Critical times of hand washing ✓</i> <i>How to wash hands with soap/ash correctly ✓</i> <i>Making water-saving hand washing device/tippy taps ✓</i> Unit 7 Personal Hygiene
	Lunch	Lunch	Lunch
PM	Unit 3 What Can We Do About the WASH Problem? <i>The F diagram ✓</i>	Unit 5 Key WASH Practice - Latrine Use and Maintainance <i>Latrine assessment and creating sanitation ladders ✓</i> <i>The key barriers for blocking the routes of fecal contamination ✓</i> <i>Latrine use and maintainance ✓</i>	Unit 8 Action Planning <i>Developing action plans to integrate WASH into school plans ✓</i>

Unit I: Training Introduction

Unit Objectives

To get to know each other, agree on the purpose, review on the organization goals and vision and objectives of the training workshop.

Preparation/Materials

- Workshop objectives on flipchart
- Workshop schedule hand out circulated.

Activity

- Welcome everyone to the training/workshop and;
- Introduce yourself by name, job function, school/village you represent and ask everyone else to introduce themselves the same way.
- Present the purpose of the workshop on a flipchart:
- Give a brief presentation to the participants about Dig Deep's WINS program and how the workshop came to be.
- Present workshop objectives on a flip chart.
- Answer any emerging questions

Unit 2: Understanding the WASH Problem

Unit Objectives

The introduction to the topic gets people thinking about and understanding the problem of open defecation and the importance of barriers (latrines, clean hands, safe water) to fecal contamination.

Diarrhea Diseases

Diarrhea, dysentery, cholera, and typhoid are caused by many kinds of germs carried by human waste, unsafe water, flies and insects, and on food. Diarrhea can also be a sign of some kinds of worm and parasite infections. These illnesses may also be caused by poor sanitation and a lack of enough water for personal cleanliness.

Chain of Contamination

The purpose of these exercises is to draw on the participants' existing knowledge and experience and assess their understanding of how diarrhea and other water and sanitation related diseases are transmitted. The exercise also motivates the participants to take action by asking what can be done about the problems illustrated.

Chain of Contamination Boromet



1. Divide participants into small groups and give each group a set of randomly ordered sequential pictures showing how a specific disease is transmitted
2. Ask the groups to explain their 'story of transmission' to the rest of the group and clarify any misunderstandings
3. What action could be taken in the current situation to prevent transmission? And by whom?
4. Ask the participants to: 1. Identify what they will do differently as a result of the activity, 2. Consider how they will mobilize others to take action to prevent this disease
5. Revise the main ways in which the disease is transmitted and the main prevention methods Discuss some of the WASH related diseases in the community

A Simple Story About How Germs Travel

1

A man has diarrhoea outside.

2

The dog eats the mans faeces.

3

A child plays with the dog and gets faeces on his hands.

4

The child starts to cry and his mother carries him. He wipes his hands on her skirt.

5

The mother cooks. The germs on her skirt get on her hands . She serves the food with her hands.

6

The family eats the food.

7

Later, the whole family has diarrhea.

Categories of Water Related Diseases

Category	Transmission	Disease Examples
Water-borne diseases	Transmission occurs by drinking contaminated water, particularly contamination by pathogens transmitted from human excreta	Typhoid, dysentery, cholera, amoebiasis
Water-washed diseases	Diseases caused by poor personal hygiene and skin and eye contact with contaminated water	Scabies, trachoma, typhus, and other flea, lice and tick-borne diseases
Water-based diseases	Diseases caused by parasites found in intermediate organisms living in contaminated water (e.g. snails)	Schistosomiasis (bilharzia) and Dracunculiasis (guinea worm)
Water-related diseases	These are caused by insect vectors, especially mosquitoes, that breed or feed near contaminated water	Dengue, malaria, trypanosomiasis (sleeping sickness) and yellow fever

Unit 3: What Can We Do About the Wash Problem?

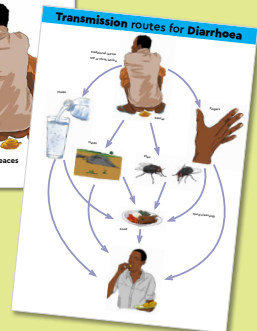
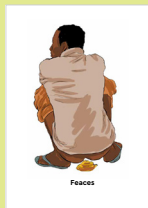
Unit Objectives

In this session, the participants will be able to:

- Describe the 'F' routes that feces take from one person to another as a result of open defecation (contamination routes),
- Identify the key barriers to blocking the 'F' routes of fecal contamination.

Activity 1

Transmission
routes for
diarrhoea



1. Ask the participants to think of the main ways in which diarrhea is transmitted.
2. Explain that the routes of transmission can be illustrated with the help of a diagram known as the 'F' diagram. Display a picture of the 'F' diagram and go over the different routes.
3. Remove the diagram temporarily from view

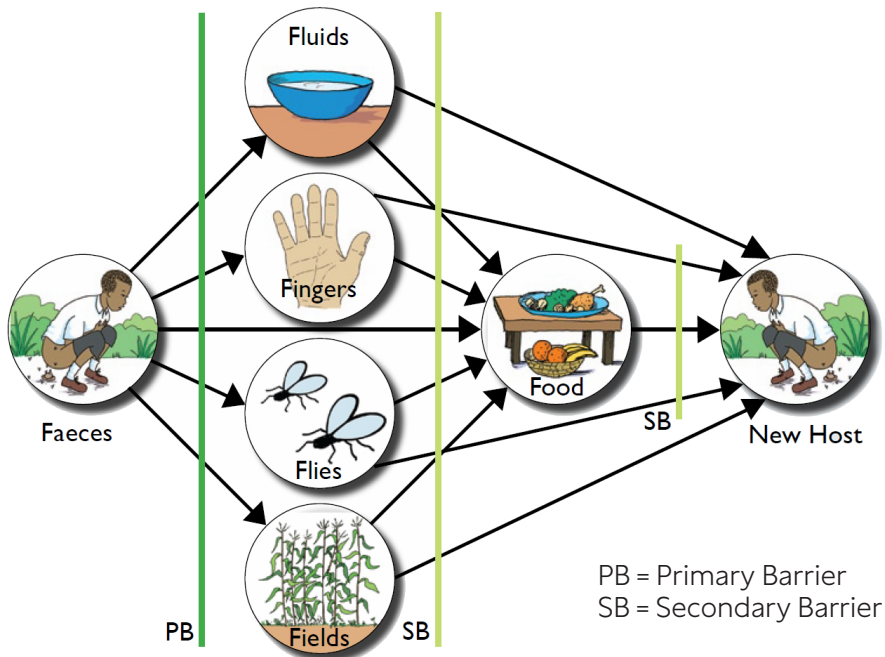
4. Divide participants into small groups and provide each group with picture cards depicting the different routes of transmission and ask them to compile the diagram from memory.
5. Provide each group with a set of picture cards that depict how the chain of contamination can be broken and ask them to place these on the diagram in the appropriate places.
6. In plenary ask the small groups to circulate around the different diagrams and to ask questions to clarify or correct misconceptions.

Activity 2

Divide the participants into groups. Discuss what could prevent the spread of feces into our food and water supply.

- Tell each group to think of and discuss different ideas for blocking each 'F' pathway and write down one key blocking or prevention behavior idea for each pathway on the flipchart
- When groups have finished, ask one group to select and place/tape one prevention behavior written on the paper or card to block the corresponding 'F' feces transmission route
- Tell other groups to place a different response to "block" the other 'F' transmission routes
- Ask the group what they can do to prevent diarrhea in their homes and community

The 'F' Diagram



Prevention of Diarrhea Diseases

- Drink water from protected sources
- Make water safe to drink by treating and covering it
- Use latrines to dispose faeces
- Wash hands with soap or ash and water after using latrines
- Wash hands with soap and water before handling food
- Cook food well and cover to protect it from germs
- Clean baby feeding utensils and eating utensils with soap and clean running water after use and dry them on a dish rack

Unit 4: Key WASH Practice - Keeping Drinking Water Safe

Unit Objectives

The purpose of this session is to help participants understand the possible sources of contamination of drinking water between the source and the mouth and gain knowledge about the water safety chain.

Activity



I. Ask the participants randomly to answer the questions below and record the responses (these are the current practices within the community/school)

- Where they get their drinking water (what source or supply)
- How they transport water from the source to their homes
- How they store their drinking water at home
- How they treat their drinking water at home
- How they serve drinking water at home

Explain to the participants that these are links in what we call the Water Safety Chain (show the water safety chain chart) and each part needs to be protected from contamination (fecal) to make it safe.

It is called the Water Safety Chain because if hygiene breaks down at any one link in the chain, the water is no longer safe for drinking.

2. Pass out the water safety picture cards. In groups, ask the participants to label the key links

3. Ask the group the following questions to ensure that key points are discussed.

- How can dirt and feces enter the water at the different points in the water chain and contaminate it?
- What can you do at each of the points in the water chain that will prevent feces from making the water unsafe to drink?

4. Make a table on a flip chart capturing potential ways in each "link" that water could be contaminated, and then participants identify some doable actions to make drinking water safe.

Step in the Water Safety Chain	Actions to Keep Water Safe
Supply/Source	<p>Ground water: boreholes, shallow wells, springs</p> <ul style="list-style-type: none"> • Build a fence so animals and humans cannot defecate nearby • Proper siting of latrines • Build a raised platform and/or a soak pit <p>Rain water</p> <ul style="list-style-type: none"> • Cleaning the roofs and the gutters <p>Surface water</p> <ul style="list-style-type: none"> • Tree planting and fencing • Proper siting of latrines • Avoid bathing in the rivers • Avoid cultivating along the rivers • Construction of animals' drinking water trough
Collection	<ul style="list-style-type: none"> • Wash hands with soap/ash before collecting water • Do not put hand into container when collecting
Transportation	<ul style="list-style-type: none"> • Use a narrow neck container • Cap the container fittingly • Do not stick hand into the water container when carrying
Treatment	<p>Treat water before drinking with one of the following methods:</p> <ul style="list-style-type: none"> • Water Guard • Chlorine Tablets (aqua tabs) • Boiling • PUR (more expensive) • SODIS • Wash hand with soap/ ash before treating water

Supply/Source	<p>To prevent water from becoming contaminated during storage:</p> <ul style="list-style-type: none"> • Pour water out without touching the mouth of the container, or use a clean, long-handled dipper to take water out of the container. Do not let the dipper touch anything else, or it will contaminate the clean water when it is used again • Empty and clean the container every 2 or 3 weeks • Keep containers covered • Keep drinking cups clean • Never store water in containers that have been used for pesticides or any toxic chemicals • Raise water containers off the floor • Do not treat more water than you need for short-term use • Wash hand with soap/ ash before pouring water
Serving	<ul style="list-style-type: none"> • Pour water for use • Make a simple dipper/ladle for serving from calabash or can • Hang the dipper on the wall • Use mug with a handle to serve • Ensure the hand does not touch water • Store water in dedicated and clean place
Drinking Vessel	<ul style="list-style-type: none"> • Use your own clean cup

Unit 5: Key WASH Practice- Latrine Use and Maintenance

Unit Objectives

- Understand the various components of sanitation and the sanitation ladder
- Identify health problems caused by poor sanitation
- Explain the routes that faeces take from one person to another as a result of open defecation
- Identify the key barriers for blocking the routes of fecal contamination

Activity I

Divide the participants into groups.

1) Hold up the picture of a person openly defecating, ask:

- What happens when someone defecates in the open?

2) Take a few answers. Then ask:

- Where do the feces go?
- What happens to the feces when it rains?

How do people feel about stepping in feces?

- Does the smell of feces in the community bother people?
- What do people think about someone who defecates in open areas?

3) Ask each group to write some actions that they could take within the school and community to help stop the spread of feces.

4) When the groups are done, collect suggestions from around

the room. Record answers on a flipchart. Open the discussion and let people add suggestions.

Revisit with the participants the F- diagram of diarrheal disease transmission

1. Restate that the F-Diagram is an easy way to remember the routes that feces can take from one person to another and into our mouths. In more technical terms, it is called FECAL-ORAL CONTAMINATION. It also helps us think of ways to block these contamination routes

2. Divide participants into small groups

3. Hand out pieces of cut cards and a marker per group.

4. Ask each group to discuss what could prevent the spread of feces into our food and water supply?

Lack of sanitation facilities forces people to defecate in the open or rivers



Poor Sanitation

Health problems caused by poor sanitation include:

- Diarrhea diseases e.g. cholera, typhoid, dysentery
- Water and land contamination
- Breeding of insect and other vectors
- Worm infestations
- Dirty environment
- Risk of fire outbreak
- Foul smells
- Accidents

Activity 2

Creating Sanitation Ladders

1. Provide pre-written pieces of paper/cards with different forms of faeces disposal methods to the participants, each getting a piece of paper. Pin one of the prepared cards on the back of each participant.
2. Let the participants move around the room to find out what other members have as a method of feces disposal.
3. In the process encourage participants to form a sanitation ladder according to the available members in the room, having the lowest level of the ladder as the head of the queue that the participants have formed.
4. Facilitate the discussion of the sanitation ladder as the participants stand in a queue, for them to explain how they made up their ladder and why.
5. Once people have formed a line, have the groups decide which is the most complete.
6. Ask participants talk to another person about how they could use this information in their work as hygiene and sanitation promoters

- 1** I. Defecation in the open—indiscriminately (includes children defecating in compound).
- 2** A designated place in the open for defecation (not an acceptable option unless in an emergency setting).
- 3** Cat's method (in a small hole and covered with earth).
- 4** A traditional pit latrine
- 5** An improved pit latrine (generally means improved slab)
- 6** An improved pit latrine with ventilation. (VIP)
- 7** Flush toilet with onsite disposal.
- 8** Flush toilet with sewage and waste water treatment.

Activity 3

Latrine use and maintenance

Form two discussion groups.

1. Ask participants in one group to think about what would be a good set of guiding principles for building a latrine.
2. Ask the participants in the second to discuss at least five ways to keep latrines clean.
3. Give them time to talk and then take some answers.

Guiding principles

- Adequate pit depth
- Placement at the back of the house within 30 meters and at least 30 meters (downhill) from a water source
- Pit should not go deep into ground water—especially if people in the community get water from wells
- Hole must have a cover to discourage flies
- Latrine should provide privacy and comfort.

For keeping latrines clean:

- Check the structure daily to make sure it's firm and verify the platform is firm
- Keep latrine covered
- Wash down or sweep into the hole any fecal material that's on the slab
- Keep animals out of the latrine
- Clean the slab daily

4. Ask each group to come up with some reasons why latrines are not used, or used improperly.

5. When each group has worked for a few minutes, write some responses on cards or a flipchart.

6. In plenary, for each reason that a latrine is not used, have participants come up with a solution.

7. Discuss some points about the some of the key good practices on latrine use.

Good practices on latrine use

- Place a tippy tap near the latrine
- Keep a supply of anal cleansing materials handy inside the latrine
- Respect people's privacy

Key Points to remember

1

The first defense against open defecation is proper construction of latrine and use by every member of the family/school, hand washing with soap or ash, and proper water storage and treatment.

2

A safe latrine keeps the excreta away from people, and should have a cover to prevent flies and people from coming into contact with the feces.

3

Latrines have the added advantage of providing privacy when they have walls and a door or curtain. Women and girls in particular appreciate the privacy that latrines provide.

4

After using the latrine, a person should wash his/her hands to prevent feces from making him/her sick.

5

Care needs to be taken to make sure that all feces, including the feces of infants and children, are disposed of in a latrine or buried. Infants' feces actually contain more contaminants than even adult feces!

Unit 6: Key WASH practice: hand washing with soap

Unit Objectives

- Understand the importance and reasons for hand washing and the critical times to practice
- Demonstrate the correct way to wash hands with soap/ash
- Build a tippy tap from locally available materials
- List the advantages of using a tippy tap in schools and households

Handwashing with soap/ash at critical times makes a huge impact on the health and well-being of individuals and families. Hands are used for anal cleansing after defecation and no matter what material are used for anal cleansing, hands still get contaminated with feces, even if the feces cannot be seen or smelled. Hands should also be washed when leaving the latrine and before handling any kind of food. Both hands should be washed with running water and a cleansing agent.

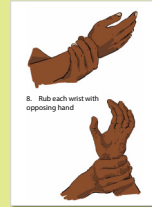
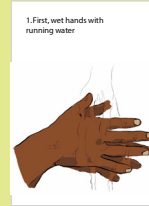
Materials needed

- Bowl of turmeric or chalk powder
- Basin
- Container of water that you can pour
- Soap/ash
- An empty plastic bottle, a gourd, or an old jerry can
- A pen casing, a small bamboo stem—anything that is hollow
- A sharp knife, a nail, or a screwdriver to make a hole in the vessel for the tube

Activity 1

Importance of Handwashing

1. Dip the palms of your hand into bowl filled with chalk / turmeric powder
2. Shake hands with the participants, re applying the chalk/ turmeric powder as necessary
3. Ask participants to greet one another and shake hands too
4. Touch other surfaces of the room, leaving a trail of chalk/ turmeric powder
5. Ask the participants these questions:
 - What has happened to our hands and our friends' hands as we shook them?
 - Where else do you see the chalk powder?
 - If the chalk powder were feces or germs, how fast do you think contamination can occur?
 - How about in the school where there are so many people staying close together?
6. Tell the participants to imagine that they were about to sit and enjoy a meal. Just before they began to eat, they noticed their hands were covered with chalk/ turmeric powder. The powder represents just a fraction of the germs from feces on our hands. Would they want to eat food with such hands? What would they do?
7. Ask the participants what might happen if they ate food without washing hands that are covered with germs? What might happen if one prepared food with germ hands?



Activity 2

Current hand washing practices

1. Ask participants to think about themselves/ourselves.
 - How many of them washed their hands before lunch?
 - How about before tea?
 - How about after using the toilet!
2. Ask the group to identify some of the current hand washing practices in many homes and schools within their vicinity? And what is the common practice after defecation? And what about after changing baby's napkins?
3. List the responses provided

Activity 3

Demonstration on correct way of washing hands

1. Avail a basin, a jug, soap and water
2. Ask the participants to give ideas on the correct way to wash hands (indicate that they will watch a demonstration)
3. Request for a volunteer who will demonstrate the correct way to wash hands. Pour the water over the volunteer and ask the volunteer to explain each of the steps to the rest of the group.
4. After the demonstration, ask the participants whether there were any gaps? Whether all spots on the hands were washed and rinsed? How the hands were dried? Talk about these gaps and how to correct them. Review the process of correct hand washing and give a chance to other participants to practice correct hand washing.
5. Emphasize the importance of the washing process: In the washing process the soap or ash lifts the dirt and germs, breaks

up seen and unseen filth on the hands, and the water then whisks it all away when hands are rinsed. The water must be flowing. Rubbing hands together is important, too.

6. After the demonstration and practice by the group, ask what are the correct steps to hand washing and list these on a flip chart.

7. Show the participants the “How do we wash our hands” poster. Review the steps on the poster and compare this with the list of steps generated by the volunteer and participants.

8. Explain to the participants that if soap is not available, or affordable, people can use ash, sand or even mud as an alternative to soap as long as they rinse with running water. The sand or ash act as an abrasive and “rub off” the dirt and germs.

How to Wash Hands Correctly

- 1. First, wet hands with running water
- 2. Apply soap/ash to cover all the surface of the hands
- 3. Rub hands and fingers well with the soap or ash
- 4. Rub hands palm to palm
- 5. Rub each palm over the back of the other hand
- 6. Rub palm to palm with fingers interfaced
- 7. Rub each thumb clasped in opposing palm
- 8. Rub each wrist with opposing hand
- 9. Rinse hands with clean running water and air dry

Activity 4

When to wash hands

1. Ask the participants to think of a typical family or a school community and what it means for them to improve their hand washing practices and wash their hands correctly at all times.

2. Distribute the set of pictures cards of images of human activity

3. Tell the participants to sort all the images/pictures into two groups: in one group put pictures of people doing things that require them to wash hands before they do them; in the other group put pictures of people doing things that require them to wash their hands after they do them.

4. Give them some few minutes to sort the pictures. Walk around as they work.

5. Have groups report the results of their sorting exercise. Let the reports be the basis for some discussion.

6. Some possible questions could be:

- a. How many "before" pictures do you have?
- b. How many "after" pictures do you have?
- c. What did your group notice about the pictures?
- d. Can your group estimate how many times someone would wash his or her hands if that person washed when recommended?
- e. What do you think are the most critical times for washing hands?



Critical times for hand washing

1

After using the latrine

2

Before eating

3

Before breast-feeding/feeding a child

4

Before preparing food

5

After changing a baby's nappy

Activity 5

Tippy Taps

1. Ask the participants if people in their community have enough water for their needs. If not, ask them what people do to conserve or minimize the use of water.
2. If water is scarce or has to be carried to the house from an outside water source, mention that one way to help economize water for hand washing is to use a tippy tap.
3. Explain to the group that often water is scarce in the community or has to be hauled long distances to the household and that by building tippy taps, families can do effective hand washing with just a little bit of water.
4. Mention that having a tippy tap in one or more key places near the house is a good reminder that hands should be washed and enables people to do so more easily.
5. Ask where people should place tippy taps.

Making a Tippy Tap for Hand Washing (demonstration)

1. Divide the participants into groups of four and have each group make a model tippy tap.
2. Encourage groups to be innovative.
3. Provide each group with group with materials to make a tippy tap:
 - An empty plastic 1 litre water bottle, to litre or a five litre jerry can.
 - A pen casing, a small stem, a straw or anything that is hollow
 - A sharp knife, a nail and candle, to make a hole in the vessel for the tube
4. Hand out the instruction sheet and/or explain carefully to the groups how to make a tippy tap, using the instruction sheet as your guide.
5. Let each group make a different type of tippy tap (innovation)
6. At the end of the activity, participants should visit each site to see the tippy taps.
7. Select a volunteer from each group to wash hands with the tippy tap they have constructed.
8. Conclude by reminding the participants of the advantages of tippy taps
 - Serve as a reminder to wash
 - Allow for handwashing with flowing water
 - Allow for "proper wash" with much less water
 - Allow for the flow of water to be regulated, to minimize the amount of water required to wash hands thoroughly
 - Remind that soap/ash/sand is "at hand" whenever handwashing takes place
 - A convenient and fun way to wash

9. Wrap up by enlightening the participants on factors that influence the behavior of hand washing

- Specific knowledge: when and how to wash. Knowledge is necessary but not sufficient or enough to change behaviors.
- Skills to wash hands correctly.
- Access to soap/ash/sand
- Access to water. A tippy tap can help create access.
- Social norms: people important to you think you should wash your hands after using the latrine, before preparing food, and before feeding and eating!

A tippy tap is a simple handwashing device made of locally available material.

- Tippy taps are easy to build.
- Tippy taps allow people to wash their hands using very little water.
- Tippy taps may be made out of locally available materials.
- Tippy taps remind us to wash our hands and help us to do it better.
- Good places to place a tippy tap are in the food preparation area and near a latrine.

Unit 7: Personal Hygiene

Unit Objectives

In this unit the children should be able to articulate the benefits and practice of good personal hygiene.

Activity I

Personal Hygiene



Singing and miming

a) Prepare a song for the children that allow them to mime specific habits of personal hygiene. For instance:

"This is the way we wash our face....we wash our face....we wash our face. This is the way we wash our face...early in the morning. This is the way we comb our hair, etc. Brush our teeth ...Cut our nails," etc. until all personal hygiene activities have been covered.

b) Encourage children, in open discussion, to describe their personal hygiene habits.

c) Encourage the children to come up with their own examples of hygiene.

d) After singing, stimulate a group discussion on, for example,

- why each practice is important;
- what you need for it;
- what else you can use, e.g. certain twigs for a toothbrush, ashes for soap;

Train Game

- a) This game combines movement with hygiene learning and habit formation.
- b) To start off, choose some children to staff a number of train stations: the 'hair station', 'teeth station', 'face station', 'nails station', etc.
- c) Make sure that choices are fair so that station staff include girls and boys
- d) Line the other children up as train passengers. Tell them that their destination is 'Our Healthy Home'.
- e) Ask the children to pass each station and station staff to check each passenger.
- f) Give each station supervisor a number of beans and ask them to award one or two beans to every child according to their knowledge on questions about hygiene for various parts of the body.
- g) When all children have reached their destination, ask them to count or add up their marks. The higher the score the more questions they answered correctly.

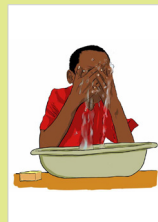
Demonstration Exercises

1. Hold the picture of a child who is not well groomed and ask participants what they observe. Take a few answers
2. Distribute the picture cards depicting various hygiene practices by school children.
3. Ask the participants to write down some actions that they could take within the school to ensure children practice good personal hygiene. Demonstration Exercises
4. Take the participants in groups through the various good grooming exercises (tooth brushing, face washing, hair combing)
5. When the groups are done, collect suggestions from around the room. Record answers on a flipchart.
6. Hold the picture of a well-groomed child and let the participants discuss what they observe.

Activity 3.1

Face Washing Exercise

1. Ask the participants why they think it is important to wash their faces regularly. Note their views on the flipchart.
2. Discuss further some of the diseases which are related to the facial hygiene e.g. trachoma.
3. Select two volunteers to come in front and demonstrate proper face washing with the rest paying careful attention.
4. To wrap up the session, emphasize that the proper procedure for face washing involves washing your hands, wetting your face, applying soap over your face and scrubbing well using a face towel/sponge or any locally available material, rinsing your face with clean water and dry your face with a clean dry soft towel (do not share towels).
5. Once this activity is done to satisfaction, the session may be closed with a song on a hygiene theme.



Activity 3.2

Tooth Brushing Exercise

1. Display a poster showing a child brushing his/her teeth
2. Ask the children/participants to brainstorm on the benefits of brushing teeth. After you have received various answers, explain that proper tooth brushing helps to:
 - Prevent tooth decay, erosion and infections;
 - Prevent gum diseases;
 - Maintain fresh breath.
3. Explain and demonstrate to the participants/children the proper procedure for tooth brushing. You should emphasize on the proper rhythm of brushing, duration and the surfaces to be brushed including the teeth, gums and tongue.
4. Wrap up the session with a song on proper tooth brushing.

Demonstration Exercises

1. Use of a stick from a suitable tree
2. Washing of the tooth brush/stick
3. Chewing the stick until the bark of the top is removed and the fibers are soft like a brush
4. Brushing of the upper front teeth from top to bottom several times
5. Brushing of the other teeth of the upper jaw from left to right
6. Brushing of the backside of the upper jaw and the chewing surfaces
7. 7. Brushing of the lower jaw

Good Hygiene Practices (Good Grooming)

1

Keeping hair clean

2

Keeping nails short

3

Wearing clean clothes

4

Bathing regularly with soap

5

Wearing shoes

6

Nose hygiene

7

Ear hygiene

8

Skin hygiene

Unit 8: Action Planning

Unit Objectives

- Identify their own doable actions to support children and communities adopt good WASH behaviors
- Develop action plans to promote the doable actions in schools, households and communities

Activity

1. Divide the participants into their specific schools and give them the task of developing an action plan to integrate WASH into their school activities and plans. This will be a list of their own identified doable actions.
2. Explain that they will use the sample template provided
3. Carefully go through each column of the template to explain what information is required.
4. Give the groups 45 minutes to plan. Walk around to ensure groups are understanding and moving ahead with planning.
5. Have each group present their plan in just 5 minutes.
6. Review the completed action plans with the participants to ensure they are consistent with the objectives of this training and the current school projects.
7. Remind participants that these plans should be integrated into their existing school plans Interventions. Emphasize that follow up is important to ensure success.
8. Remind groups that you will “follow up” with them to see how their plans are progressing.

Sample Action Plan Template

Key Results Area	Proposed Action	Time Frame	Indicators	Responsibility

Unit 9: Evaluation

1. Write one (or two) ideas, skills, tools that you learned today that you think will really be useful in your work.
2. Describe one thing that wasn't clear or needs to be strengthened for future trainings.
3. Name one thing you would eliminate from the training that did not seem valuable, needed.
4. Give one word to summarize your overall experience during this training.

School Health Clubs

Definition of School Health Club

A School Health Club is a voluntary club formed and managed by pupils and teachers to promote good health/hygiene practices and behavior change in the school and the surrounding communities. The club works in conjunction with the school's health prefect. The structure is headed by the School health committee, which is a working committee of the School Management Committee (SMC).

Why have a School Health Club?

Children spend more than five hours of each day in school. This makes the school an important place through which their health can be influenced positively. The main aim of forming and strengthening School Health Clubs and committees is to promote and maintain behavioral change towards good hygiene practices and proper use and maintenance of hygiene and sanitation facilities in schools. Children are more receptive to new ideas and practices and therefore provide a suitable opportunity to introduce knowledge and habits at a young age. Having adopted good practices from an early age, young children are likely to continue so as adults, enabling reduction of water and sanitation related diseases. In addition, children can be catalysts for positive change in their household and communities.

Objectives of the School Health Club

1. To stimulate and increase children's awareness of improved hygiene; to promote the adoption of good practices related to the collection, handling and use of water, to promote safe disposal of faeces and good personal hygiene habits including hand washing with soap at critical times.
2. To influence other family members and ultimately the community by popularizing good hygiene practices and healthy habits.
3. To make pupils aware that the health of a person/an individual is the health and wealth of the family and society.

4. To challenge children to take up leadership roles and responsibilities

Club executives

The school health club has 4 executives. These are the Club President, Club Vice President, Club Secretary and the Club Organizing Secretary. The Club President or the Club Vice President and any other two (2) members present form a quorum to start a meeting and also take a decision. The club executives are selected among the pupils/students. The WASH champion is also the club patron and provides leadership and advice to the club.

Club President

- Calls and chairs meetings
- Oversees and directs the activities of the Club
- Plans activities of the Club
- Liaises with school authorities on issues concerning the Club

Club Vice President

- Supports the President to run the Club
- Chairs Club meetings in the absence of the President

Club Secretary

- Helps to plan and conduct Meetings
- Informs members about Meetings
- Takes Minutes during Meetings
- Keeps records of the Club's activities

Club Organizing Secretary

- Mobilizes members to participate in Club activities
- Supports Club President to organize Club activities

Who can join the school health club?

All pupils in the school qualify to be members of the school health club. This applies to both boys and girls. The club needs members to survive and be active so it is important that at all times, an effort is made to get more pupils to join the club. Membership of the school health club should always be open at all times – a pupil can join at any time during the term and on voluntary basis. The school should ensure that the club represents the whole school population with regards to age, gender, socio-economic, religious and ethnic backgrounds

5 Easy Steps to form a school health club

- 1. Awareness creation with staff and pupils:** The Head teacher/WASH champion briefs other teachers about the formation of the club and get their commitment to support the club and its activities. The intention to form a School health club in the school is also announced to pupils.
- 2. Announcing the formation:** When the necessary sensitization has been done, the head teacher/WASH champion announces the establishment of the Club in the school during a morning or evening assembly and invites interested pupils to register as members.
- 3. Registering Interested Pupils:** Class prefects in each class are then tasked to take down names and ages of all who wish to be members of the Club. Membership of the School health club is open throughout the school year. Subsequent to the initial registration, a pupil can always register to be a member at any time during the school term.
- 4. Announcing first meeting:** One week after the first announcement, the WASH champion should announce the date and time for the first meeting of the School health club. This should be done at both morning and evening assemblies.
- 5. Conducting the first meeting:** On the scheduled date and time, hold the first meeting of the School health club. The first meeting of the Club should be conducted by the Head teacher and the WASH champion. This is to enable members understand about the club and elect their leaders.

Composition/ membership and formation of School Health Clubs

A School Health Club is composed of pupils of different classes. It is important to have representation of the school management, teachers and pupils in the SHC; it should hence comprise of:

- Pupils in upper primary
- Pupils in lower primary
- Pupils with disabilities
- WASH Champion, as the patron
- PTA female member

School Health Club works voluntarily for the benefit of the school; its selection is spearheaded by the head teacher and teachers in the school. Club members (Teachers and Pupils) should be selected upon the basis of the interest by the members and their potential for being champions (influential figures in the school and community).

Roles and responsibilities of the SHC

- Conducting training of pupils on sanitation and hygiene
- Ensuring children drink safe water
- Orienting pupils on how to use sanitation facilities and ensuring children use latrines properly
- Mobilizing pupils, teachers and parents to provide anal cleaning materials or water for handwashing facilities
- Advocating for facilities for physically disadvantaged children

- Mobilizing communities to participate in sanitation and hygiene activities.

Methods/Approaches the SHC can employ

- Pupils can hold sessions/exhibitions in schools and communities to promote good hygiene practices through:
- Stories, poems, role plays, drama, debates
- Conducting baseline of the school sanitation and hygiene practices and making findings known to all
- Carrying out out-reach activities to children within and out of schools
- Pairing the children for mentorship by older pupils
- Writing notice board news or articles on sanitation and hygiene
- Conducting health/hygiene parades
- Senior female together with club members holding menstrual hygiene sessions
- Nominating and recognizing the smartest pupils/class/community of the term.

Monitoring activities of School Health Clubs

- The SHC should be able to follow up and monitor some changes in the school, i.e. behavior change and knowledge/ attitudes change among the pupils through:
- Collecting baseline information on their school facilities and practices before they start their work.
- Developing a monitoring tool for collecting data/records on personal hygiene, sanitation facilities and practices, school compound and water facility.
- Setting up clear schedules for meeting (can be monthly or biweekly) to discuss progress and way forward
- Sharing action points developed with teachers in staff meeting, SMCs meetings to gain support of the school on desired actions which may require financial support. Also identify other forums to share this information
- Motivating/ recognizing best performers
- Documenting stories of change and sharing them.



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