

**DIOCESE OF KUMBO
SOCIAL WELFARE DEPARTMENT
Caritas Kumbo**

**HYGIENE AND SANITATION PROMOTION TRAINING MANUAL FOR
CARITAS KUMBO BENEFICIARY COMMUNITIES**

Animated and Compiled by

Vocational Centre for International Development-VCID

www.vcidafrica.org

January 2018

Contents

Introduction.....	3
Why Hygiene and Sanitation Manual?	3
Objective of the manual	3
Unit 1: Understanding hygiene and sanitation promotion	4
Unit 2: Some key hygiene and sanitation behaviors.....	6
Unit 3: Common hygiene/sanitation diseases and transmission routes	8
Unit 4: Understanding how behaviors change	10
Unit 5: Hygiene and sanitation Promotion strategies	12
Unit 6: Developing hygiene and sanitation messages.....	14
Unit 7 : Developing a hygiene and sanitation action plan	17
Unit 8: Water, Sanitation and Hygiene (WASH) Promotion in schools.....	18
Unit 9: Planning for Monitoring and Evaluation.....	20
References.....	



Introduction

This manual is compiled to facilitate the work of community leaders leading various water projects in their local communities implemented by Caritas, Kumbo. This work comprehensively takes into account the contributions of various community leaders who took part in two day training on hygiene and sanitation promotion, thereby reflecting the realities on the ground.

This step- by- step training manual is designed to help personnel involved in the implementation of Water, Sanitation and Hygiene (WASH) activities improve their knowledge and skills to facilitate community engagement processes. The principal aim of the manual is to enable practitioners and facilitators/trainers involved in hygiene promotion to adapt innovative methods in learning, planning with groups and working with communities.

Why Hygiene and Sanitation Manual?

After the training, it is important that these community leaders have some documentation to constantly refresh their mind on the issues discussed during their work on the field. Some manuals on hygiene and sanitation promotion have been produced in the past but these do not contain some key behaviours and appropriate approaches to support the delivery of hygiene and sanitation components of the WASH programme. Hence the need to harmonize and develop quality hygiene and sanitation promotion training materials and manuals for community leaders involved in WASH program in the CARITAS project sites.

Objective of the manual

The general objective of this manual is to improve the level of understanding of hygiene and sanitation behaviour change process and facilitate achievement of programme objectives in a sustained manner through participatory and coordinated learning events.

The specific objectives are to:

- Provide personnel working in Water supply, Sanitation and Hygiene with a model for sensitizing, and motivating communities to adopt safe hygiene and sanitation behaviour.
- Provide personnel involved in supporting communities to adopt safe hygiene and sanitation behaviours with tools for empowering communities to identify, plan, implement and monitor interventions that can result in sustained safe hygiene and sanitation behaviour.
- Provide WASH personnel with methods and approaches that can lead to sustained hygienic use of water and sanitation facilities.

Unit 1: Understanding hygiene and sanitation promotion

This unit introduces hygiene, sanitation and promotion and brings forth some key concerns regarding hygiene and sanitation practices and promotion.

1.0 Introduction

The levels of sanitation and hygiene coverage in the country are generally low, especially in rural communities. It is primarily important for us to understand these words to better know how to improve on the hygiene and sanitation issues at household and community levels.

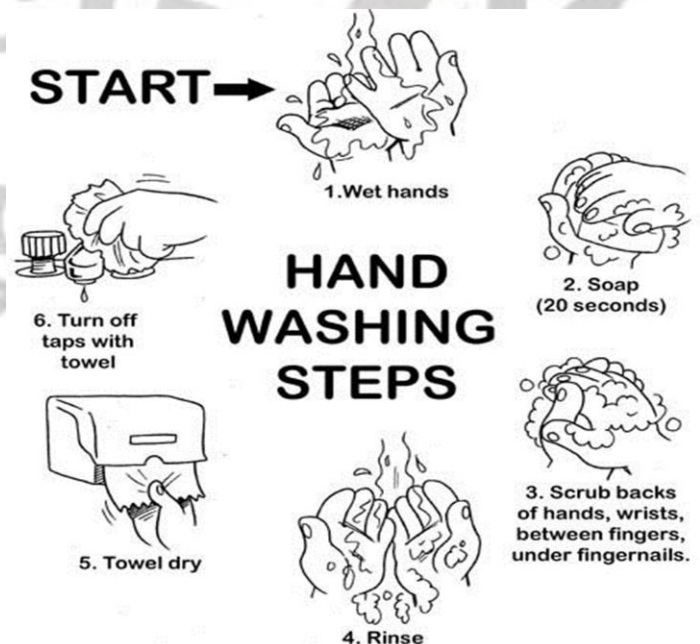
1.1 Some basic definitions

A. What is hygiene?

Some common definitions of hygiene are;

- General cleaning of our teeth, fingernails, body and food
- Cleanliness in all aspects of life for example; feeding, ourselves, environment
- Keeping our bodies, food and water clean
- Hygiene refers to conditions and practices that help to maintain health and prevent the spread of disease

In summary, hygiene is a set of personal practices (things we do) that prevent the spread of diseases and contribute to good health. It includes things like hand-washing, bathing and cutting hair/nails. *Hand-washing is the single most important activity we can all do to encourage the stop of disease.* Hygiene is often associated with the human body.



B. What is sanitation?

Some basic definitions of sanitation are;

- Keeping our environment clean which includes, our compound, houses, toilets, water tap and catchments clean
- Practical part of hygiene like building toilets and keeping them clean
- Sanitation is the maintenance of hygienic conditions, through services like garbage collection and wastewater disposal

In summary, sanitation is the effective use of tools and actions that keep our environment healthy. These include latrines or toilets to manage waste, food preparation, and hand washing stations, effective drainage and other such mechanisms.

C. What is promotion?

The word '**promotion**' could mean different things to different people, it could mean;

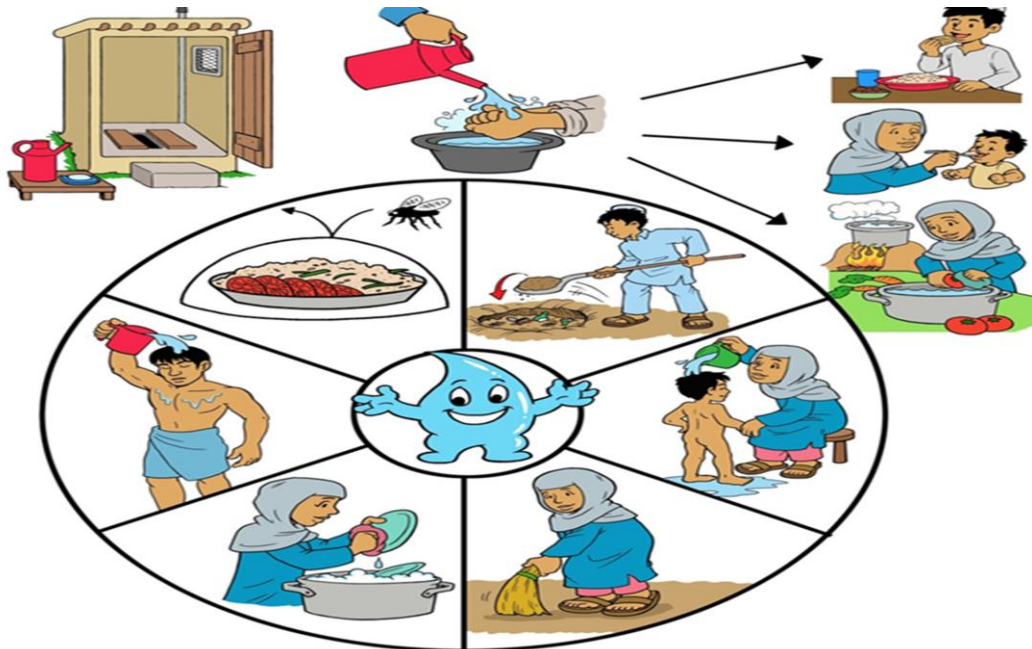
- i. Sensitizing and teaching people to do hygiene and sanitation practices through motivation and practical examples and behaviours
- ii. Encouraging the involvement of community members to improve on the practices of hygiene and sanitation for a healthy community life

A working meaning of the word promotion could be "*Increasing knowledge and an effort or a push to get people to do what they may already know*".

1.2 Some important hygiene and sanitation promotion issues

1. Effective hand washing at critical times
2. Safe excreta disposal
3. Safe water chain
4. Environmental sanitation
5. Food Hygiene (This involves keeping food clean and free from contamination and spoilage)
6. Personal Hygiene

Some good hygiene and sanitation practices



Source: UNICEF Nigeria training manual on H&S, 2009

Healthy sanitation and hygiene =



A place to relieve oneself (urinate and defecate)



A way to clean oneself after

+



Keeping urine and feces away from food and water

+



Making sure that toilets stay clean and safe

+



Turning urine and feces into a healthy resource

Source: The Hesperian Foundation, 2016

Unit 2: Some Key Hygiene/Sanitation Behaviours in communities

The objective here is to enable you know and identify key hygiene and sanitation practices in communities that give the highest health benefits.

2.1 Some common acceptable hygiene and sanitation practices in the communities

Personal hygiene

- Wash hands daily with clean water and soap (ash) first thing when you come home (see annex 1a and 1b for a proper illustration of the hand washing steps)
- Wash hands with water and soap (ash) after using the latrine
- Wash hands before and after eating with water and soap (ash)
- Bathe/teach the child to bath every day
- Brush your teeth everyday
- Cut nails to keep away germs

Domestic and Environmental Hygiene (Households/domestic)

- Wash your raw fruits and vegetables before eating
- Cover food properly
- Safe disposal (in latrine or bury deep in the ground) of young children's excreta
- Cleaning and maintenance of latrines and environment
- Clean catchment water points and water tanks regularly (monthly is advisable)

Use and Protection of Water Sources

- use safe water for drinking, cooking, washing baby
- use clean containers to carry and store water
- drainage around the water source
- Water treatment: filtering, boiling, and so on



Teach the child how to use the latrine

Examples of some acceptable practices or behaviours in pictures



10 mins

Cook food well before eating



Hand washing with soap

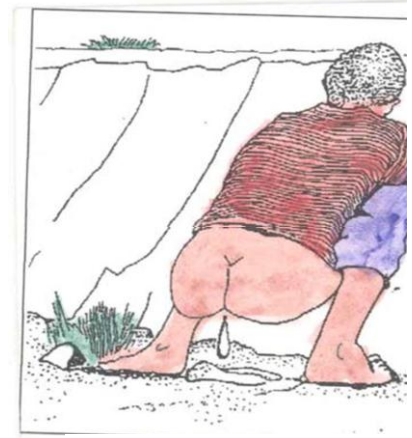


Keeping the latrine clean

Source: Adapted from Norwegian Refugee Council training manual, 2015

2.2 Some bad hygiene and sanitation practices that need improvement or stopped?

- Hand washing with water only
- Not washing your hands after using the latrine
- Not washing your hands before and after eating
- Defecating in the bushes
- Leaving children's stool around the compound
- Careless urination around the house,
- Defecating in the bush and around the water catchment
- Keeping long nails
- Eating unwashed fruits
- Using the same bowl to cook and to bathe
- Sharing the same hand washing bowl
- The spraying of chemicals around the water catchment

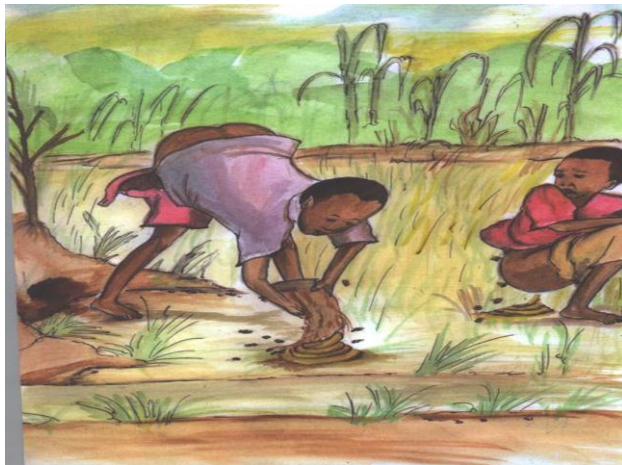


Bad hygiene practice

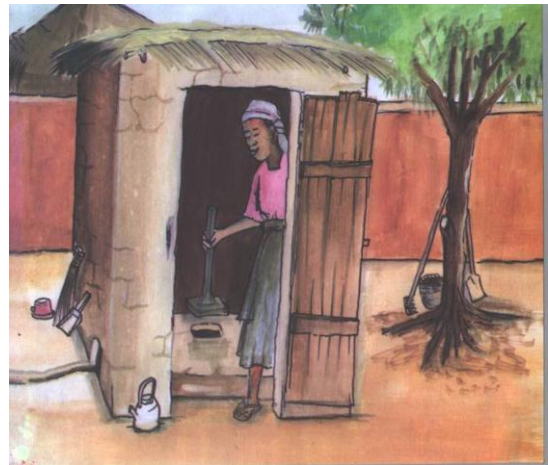
2.2.1 In-between habits that need to be improved on

- Community members use the latrine but forget to wash hands after use
- Using dirty containers to carry clean water
- Poor handling of food – exposing food to flies

Scenarios depicting good and bad hygiene and sanitation practice (Before and after)



Before' situation where hygiene behaviours were bad



A sample of an improved pit latrine

Unit 3: Common diseases associated with poor hygiene and sanitation and routes of transmission

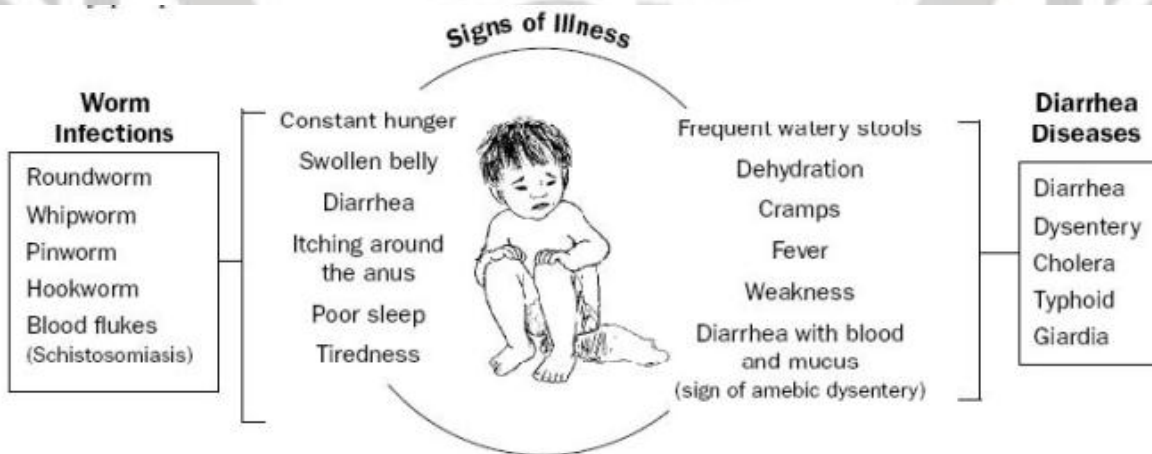
The objective here is to know some common diseases in the community associated with poor hygiene and sanitation practices, and also the different modes and routes of transmission, so as to be able to know how to prevent them.

3.0 Introduction

Many of the diseases common in our communities are caused by GERMS, as a result of poor hygiene and sanitation practices at household and community level. It is important we are able to identify these diseases, and how they are spread by germs. In this way, we can make the appropriate behaviour changes to prevent the spread of these diseases or get rid of the germs. Some of the most common diseases are Cholera, Typhoid, Diarrheal, Malaria, Dysentery and food poisoning.

3.1 Some causes of Water, Sanitation and Hygiene related diseases

- i. Drinking water or eating food contaminated with germs
- ii. Poor hand washing practices
- iii. Eating raw and unwashed fruits e.g. Mangoes, guavas
- iv. Drinking from dirty containers
- v. Mosquitoes breeding in standing water and bushes

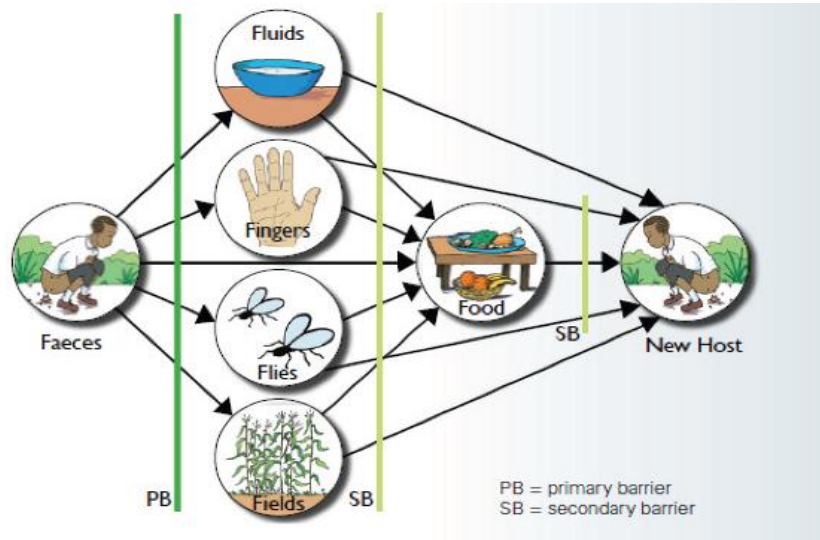


Source: The Hesperian Foundation, 2016

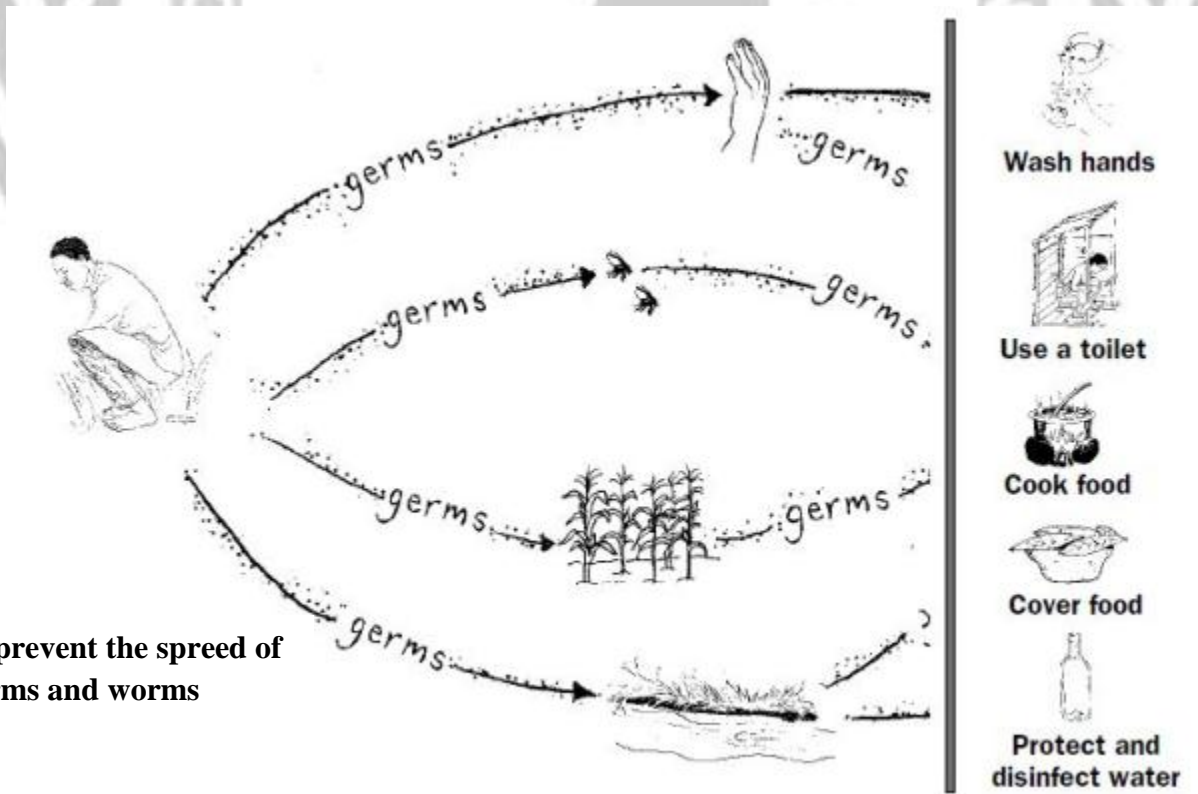
3.2 Main routes of transmission of diseases and how to prevent them

Common routes of transmission include through Food, Flies, faeces, fluids and the hands

The F-Diagram



Source: Adapted from Norwegian Refugee Council training manual, 2015



Ways to prevent the spread of germs and worms

Source: The Hesperian Foundation, 2016

3.3 Examples of some diseases and ways of preventions

Table 1: Diseases and preventive practices

Disease	Causes	Preventive practices
Cholera	<ul style="list-style-type: none"> - Caused by some germs (bacteria) found in contaminated food and water. - It is spread through faeces to mouth (faeco –oral) route - Drinking water and eating food contaminated with the germs 	<p>Drink and use safe water:</p> <ul style="list-style-type: none"> - Boil or treat with chlorine, - always store water in covered container <p>Always wash hands with water and soap (ash)</p> <ul style="list-style-type: none"> - Before eating or preparing food - Before feeding small children - After using the latrine - After changing the baby diapers <p>Use latrines or bury faeces Wash raw fruits and vegetables before eating Keep water catchments clean</p>
Typhoid	<ul style="list-style-type: none"> - Caused by a germ (Salmonella typhii) through contaminated food and water 	<p>Drink and use clean water Treat unsure water sources before use Wash hands regularly with clean water and soap Wash raw fruits and vegetables before eating Always reheat your food before eating</p>
Diarrheal	<ul style="list-style-type: none"> - Eating food or drinking water contaminated with germs - Eating with unwashed hands - Eating poorly handled food 	<p>Washing hands regularly with clean water and soap Treating water (boiling) before drinking Always reheat your food before eating</p>
Malaria	<ul style="list-style-type: none"> - Caused by a germ known as <i>Plasmodium</i>, - Infected mosquitoes carry the germ and give it to us when they bite us. 	<p>Sleep under a bed-nets to prevent mosquito bites. Cut down the bush around houses and schools Proper drainage to prevent standing water.</p>

Unit 4: Understanding How Behaviours Change

This unit seeks to explain how behaviours can be influenced or changed and highlight some important factors that can influence change in behaviour in the community. At the end, it is expected that readers can understand some approaches towards bringing about individual/group positive hygiene and sanitation practices in the community.

4.0 Introduction

Most health interventions fail because implementers are more concerned with health education and the provision of sanitary facilities, without investing in aspects of promoting positive behaviour change campaigns. Behaviours take a life time to develop and may take even longer to change. However, understanding the reasons behind a particular action could be a cue to influencing that behaviour. Hygiene behaviours will not change simply by “telling” people to do something. What then influences a person to start a new practice?

4.1 Factors that could influence behaviour change

Among others, we are focusing on three of such factors, these include;

- a. **Individual beliefs:** these are the individual’s beliefs about a particular aspect. It may have been influenced by culture or experience. Personal beliefs may be influenced through education, a new experience, understanding need, risks and benefits of a new behaviour.

For example; what could be one reason for an individual to want a latrine, and one reason for not wanting a latrine?

- i. I want a latrine because it is important to have some privacy when I am using the toilet.
- ii. I don’t want a latrine because my child may fall in it

- b. **Influence of other people around the individual:** Social pressure and Support for new Practice. Do the people the person looks up to around support the new behaviour?

For example: My neighbour has a beautiful latrine, and I want to build one just like his.

Some people who can influence ones actions may include; a neighbour, village head, Religious leaders, visitors/guest, health personnel, community health champion

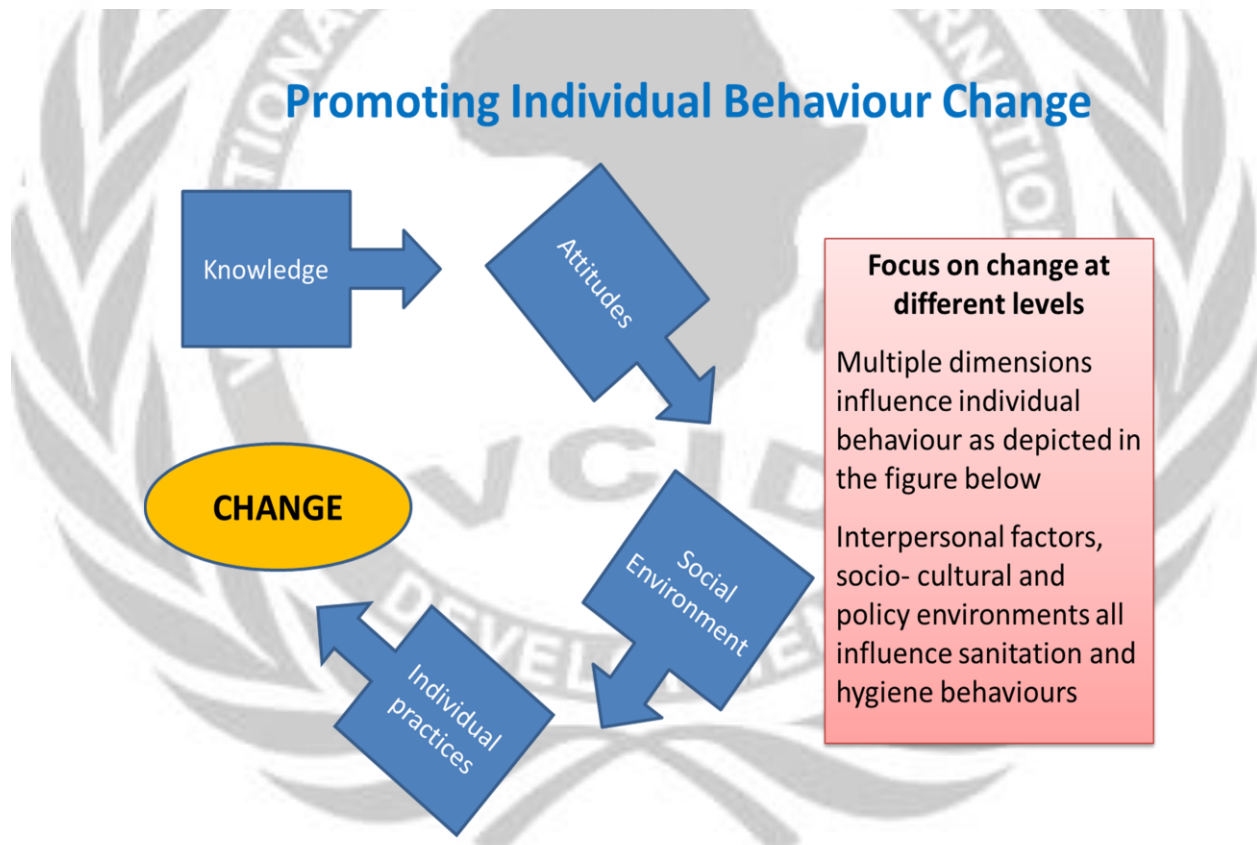
- c. **Enabling Factors:** These make it easy or facilitate engagement in up taking the new behaviour. For example, to build a latrine we can have enabling factors like;
 - Village solidarity
 - Local materials available
 - Cost of building materials

- Acceptability in the community
- Special skills needed

“Introducing a new idea or project in a community is usually challenging. We have developed a simple acronym to depict some of the behavioural changes in the community...”

S.A.R.A.H = Shock, Angry, Reject, Accept and Habit

*When people receive information on a new behavioural change, they are initially **shocked** about what they heard and **angry** about it, and therefore **reject** the information. However, over time, they may slowly get to **accept** the information about the change and eventually cultivate it as a **habit**. (From a participant during the training, 2018)*



Source: Adapted from UNICEF Water, Sanitation and Hygiene Advocacy and Communication Strategy Framework 2012-17

4.2 Are there any benefits from practicing good hygiene and sanitation or having facilities?

Responses from participants;

- Having a latrine prevents you from excreting anywhere
- Avoid sicknesses
- For our village and environment to be clean
- For the promotion of hygiene and sanitation
- To facilitate nature call during public gatherings
- To promote a good standard of living
- To avoid straying animals especially pigs
- To act as a good promotion of health in our environment
- To avoid shame and fill free in the latrine
- To avoid shame in our families, and communities at large
- To avoid land pollution and the contamination of the environment
- To become a model and influence the positive behaviour of other members in the community
- To prevent the spread of diseases in the community
- To avoid sanctions from local authorities
- To avoid interpersonal conflicts amongst community members



Unit 5: Hygiene and sanitation promotion strategies

There are some strategies commonly employed with great success over time to promote hygiene and sanitation behaviour change. These strategies are sometimes used in combination or singly depending on the objectives or scope of the intervention.

1) Education and training

It involves teaching or transferring knowledge/skills to a person/group. Participants are made to understand the importance, need, risks and benefits of the topic of discussion. Usually water management community members are trained on a particular skill to better manage the water projects implemented by CARITAS in Bui division. In order to carry out a successful training, you should make a plan that considers the following;

- i. The purpose of the training e.g. training on managing water catchments
- ii. The target participants (men, women, children) e.g. men and women with FSLC
- iii. Dates and location of workshop
- iv. Names of the leading trainers or facilitators and their organizations
- v. What you expect participants to know after the workshop.
- vi. The specific exercises in this manual that may be included in the training work
- vii. Inputs needed for the training
- viii. Budget?
- ix. The follow up of participants after the workshop and to see what participants do with the training afterwards.

2) Sanitation

- Plan an intensive sanitation activity
- Engage large proportion of the community in this activity in order to achieve some level of success
- Describe the specific roles each group of the community has to play
- Make a plan. Add a budget if you wish
- Examples include community cleaning, building of latrines

A sanitation plan that leaves women or any other group of people without toilets will not prevent illnesses in the community



Source: The Hesperian Foundation, 2016

3) Campaigns

- Plan a short hygiene promotion campaign
- It could be demonstration of proper hand washing, or body cleanliness
In implementing a campaign, consider the following;
- Purpose of the campaign, expected outcomes, target audiences. Check to make certain that you are reaching those you want to reach in the campaign. Also consider the fact that women are very important in hygiene and sanitation issues.
- Also think about the materials and equipment that will be required to carry out a successful campaign

4) Integrate message

- Plan to integrate hygiene or sanitation messages at all levels
- Design short specific and clear messages
- Identify target audience for the messages
- Location and channels of communication
- Everyone can be a hygiene promoter. Everyone can say and discuss important hygiene messages. This can happen during site visits (engineers), construction areas, schools, mosques, churches, clinics

5) Water, Sanitation and Hygiene (WASH) in schools

- Plan a school water, sanitation and hygiene education programme as an entry point to the community
- Identify overall responsibilities – who constructions
 - (a) Water
 - (b) Sanitation facilities
- Prepare a work plan using the format provided. Here is an example of implementation steps, although you may think up your own.

Check your work plan carefully. These questions can help to review the plan:

- Will your plan result in sanitation and water facilities that are used as intended by all pupils – gender taken into account?
- Will families support the school WASH programme and be committed to it?
- Will the facilities be maintained?



Unit 6: Developing Hygiene and Sanitation Messages

The objective here is to enable you develop basic hygiene and sanitation messages targeting different audiences and also develop a communication plan for the message.

6.0 Introduction

Hygiene promotion often starts with messages about avoiding diseases such as cholera or worms. It should also start by finding out what the community likes about the target practices. A basic idea of hygiene promotion is to use people's existing values to promote safer practices.

6.1 Developing hygiene and sanitation messages

Developing the right message is very important for the success of any activity or action. Messages should be developed from the information collected in a community. When developing a hygiene and sanitation message, focus on the understanding on what people have and on what people see as problems, causes and solutions.

- Example of key message for children: Wash your hands everyday with water and soap to kill germs
- Example for women: Always cover your hair when cooking to prevent hair falling in your food

6.2 Identifying Communication Channels for Hygiene Messages

In order to gain a better understanding of how people receive information at community level, it is necessary to explore the channels of communication currently being used and the preferences of community members in terms of what, who, how, when and where they like to receive information. This will assist in the channelling of information and communication materials for use in the community.

a. Some communication channels

There are many ways in which message concerning hygiene and sanitation can be communicated to members of the community.

- Television/newspaper
- Songs
- Town or village announcers
- Churches/mosque
- Njangi/manjong houses (as indicated by participants)
- Local radio stations
- Beer parlors

b. Some key questions to ask when trying to identify communication channels in the community

- Where did you last receive any information on health?
- How often do you receive information from this source?
- Who gave you that message?
- How did you receive the information?
- How would you like to receive information?
- What is most important – who gives the message, the way the message is given or where the message is given?
- What is the last message you received?
- If there is need to give you some information what suggestions would you make?

c. How to communicate messages

When you develop a hygiene and sanitation message it is important to know who (target audience), where (channel of communication) and how to communicate the message. When this happens, it facilitates the formation of a hygiene promotion and education plan.

Below is a sample hygiene and sanitation message developed with the; who, where and how questions answered.

Table 2: Sample of hygiene and sanitation message plan

HYGIENE MESSAGE	Where? For what target group?	Responsible (Persons in charge)	Materials required	Other inputs needed? From whom?
Stop Open Defecation!!!	Community; Men, Women, Youths and Children	Local council, community heads, WASH Unit, water management committee Members	Posters, Leaflets, town criers, Drums.	Dramas, Hygiene Songs, From School Pupils

Table 3: Other hygiene and sanitation message examples

Key Message: Properly dispose faeces of young children in the latrine (my neighbours will respect me and people can't step on them)			
Target audience	Where or Channel of communication	Communication activities	Who communicates this?
Mothers, grandmothers	Households, njangi groups, church, mosque, Adult literacy schools	Home visits, participatory learning activities, Community dialogues	Women's groups, community leaders, religious leaders, women in water and sanitation committees,
Fathers, grand-parents, teachers, neighbours,	Neighbourhood, meeting places, bars, churches,	Community meetings, celebrations, dialogues,	Community leader, water and sanitation committee

aunts, uncles	mosques, sports	theatre for development	
Religious, community and traditional leaders, local councils and traditional authorities	Offices, manjong houses, churches, mosques, Health centres,	Meetings, leaflets, workshops, radio, video, Community dialogues, theatre for development	Field worker, project officers, Health Officers, Water, Sanitation and Hygiene Committee, Interfaith leaders.

Source: Adapted from the UNICEF Nigeria H&S training manual, 2009



Unit 7: Developing a hygiene and sanitation promotion action plan

At the end of this unit, you should be able to demonstrate your understanding of how to make an action plan using one or more strategies from those mentioned above.

7.0 Introduction

To successfully carry out a simple and effective hygiene and sanitation promotional activity in the community, you need an action plan. These are some basic step by step activities constituting your action plan.

Step 1: Key Problem Identification

- Identify a hygiene/sanitation issue (s) which may require change or improvement
- Identify the underlying cause/motive for the hygiene/sanitation action

What specific hygiene or sanitation practice in the community do you wish to change or improve on? What diseases do you wish to stop or reduce in the community?

There could be many poor hygiene and sanitation practices in the community, or a large number of people suffering from a particular disease such as cholera. The following are some ways to identify poor practices or prevalent diseases;

- Observations in the community
- Community group discussions – where community members are asked to list the main health problems
- Group discussions with a few particular persons in the community (focus group discussions)
- Statistical reports from community health centres

You can't solve all of them at once, you have to identify a key few and prioritize (1 or 2) with the help of community people. E.g. Poor hand washing practices

Step 2: Identify possible causes to the key problem(s)

Work out the possible causes and potential acceptable solutions to the problems with a few community representatives. Each possible cause is a potential point of action or intervention.

Never presume to know more than the community people, always involve them in all activities.

Remember, you cannot solve a problem concerning me, without involving me at all stages of planning

Step 3: Select a Strategy (ies) (Intervention/program)

Select a strategy or a combination of strategies that will best address your program objectives.
 Example 1- High malaria prevalence – carry out a sanitation campaign (cutting down bushes)

Example 2 - Poor hand washing practices in the community- carry out education and hygiene campaigns.

Note: The strategy to be used may also vary with the intervention target group. For example, interventions targeting children are best implemented in schools and are usually large scale (WASH, deworming, Education)

Step 4: Work plan

This is a template that guides you to plan your actual activities in activities in the field

Table 4: Work plan template with an example of an activity

S/N	Activity	Target Group	Resources needed	Person (s) responsible	Time frame	remarks
Ex.1	Construction of latrine in schools	School children	Manpower, building materials, money	PTA, Contractor, Donor	January – March	

Unit 8: Water, Sanitation and Hygiene (WASH) Promotion in Schools

The objective here is to enable you describe one way the community can use to develop a micro-plan for WASH in Schools. It is also to enable you demonstrate at least 3 ways of working with children. And lastly, list at least 5 steps in the formulation of a WASH in Schools

8.0 Introduction

It is now known that not only the quality of teaching influences learning. The school environment including availability of safe drinking water and sanitary facilities also influences learning.

Water supply, Sanitation and Hygiene (WASH) programmes generally aim at reducing frequency of ill-health among pupils through provision of safe water sources, adequate and safe excreta disposal facilities as well as sustained behavioural change among pupils and community members.

Most schools being an integral part of the community have been observed to have inadequate water supply and sanitation facilities. These poor states of Water, Sanitation and Hygiene facilities have contributed significantly to low enrolment, attendance and withholding in schools especially among girls. A good number of schools in the country are without safe sanitary excreta disposal and water supply facilities. In few cases where these facilities are available, they are grossly inadequate and unsafe especially for girls.

8.1 Approached to WASH in schools

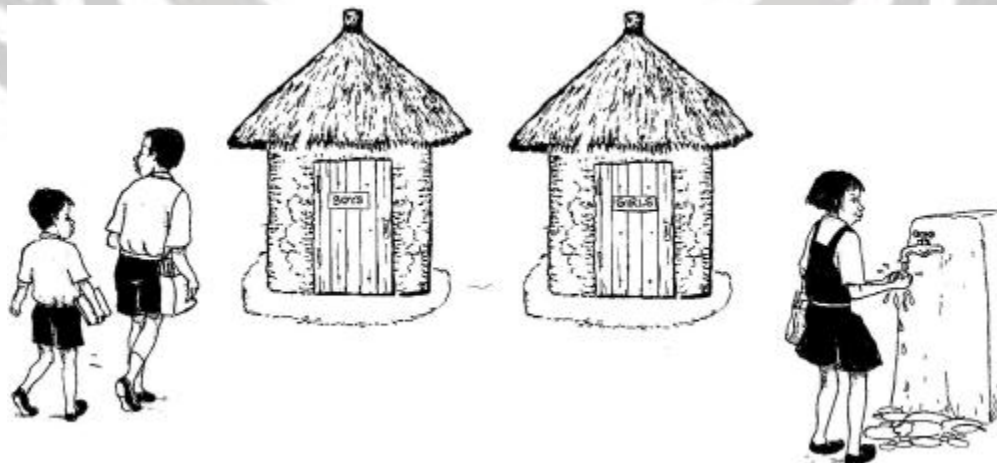
1. **Child to child approach:** The Child to Child Approach is based on the principle that children enjoy learning through active participation and interaction with other children and community members. This helps them learn better and makes teaching more fun and effective. By spreading and sharing ideas, children also improve their own health and hygiene.
2. **Gender issues in school hygiene and sanitation**
 - a. **Menstruation and Puberty Issues**

Puberty issues among both adolescent boys and girls have been largely ignored in schools. However, these changes are a reality in their lives and they need to be taught to understand them. Issues relating to menstruation and menstrual hygiene have also been avoided and are not discussed freely by community members and parents. This needs to become an integral part of the health curriculum

b. Facilities for boys and girls

The facilities provided for in most schools do not take into consideration the fact that girls require facilities that are “girl-friendly”. That means that they need to have washing facilities for those “accidental” times. This is a fact that makes most girls not attend school during such period within the month. The female section of school toilets should also be able to afford some level of privacy.

When facilities are planned, the preferences of both girls and boys should be taken into account. Depending on the number of boys and girls, the number of separate facilities should be decided. Urinals may be constructed for both boys and girls.



Unit 9: Planning for Monitoring and Evaluation

This unit would help you identify at least 3 steps in establishing a monitoring Planning and evaluation system for communities.

9.0 Introduction

Monitoring is the process whereby information about water supply service is collected, checked and analysed in order to improve on a bad situation.

Community members need to find out when and where their water supply and sanitation project goes wrong and they need to know what action to undertake to solve the problem. If this is not done, it drops the service level and people may no longer be willing to pay for operation and maintenance.

Sample monitoring chart

Table 5: Monitoring and evaluation protocol for a hand washing program

Issue to monitor	Measurable indicator	How to collect information	Who collects and how often	Action taken
Hand washing	No of household members washing their hands at critical times i.e. before and after handling food and after defecation.	Observation and assessment.	Village Hygiene Promoter Collects every 3 months a year	More hand washing campaigns for target groups. Community sanction.

9.1 Monitoring and evaluation process: Participatory Evaluation

When you implement an activity or program, you have to create ways or means to be sure set activities objectives are being achieved as planned. Monitoring and evaluation are now a part of programs, to assess the degree and extent of implementation and feedback. This activity should involve lots of people and it's termed participatory. The participatory evaluation should therefore involve as many people as possible from the community as well as other community workers, officials, and perhaps representatives of neighbouring communities.

During the evaluation, consider the following:

- How much has been done in the community
- How much of the plan still needs to be done
- What has been successful
- Are there gaps in implementation?
- What is responsible for these gaps?
- How can the gaps be filled?

- Any problems or difficulties encountered?
- Any corrective action that is needed?

Annex 1a: Key moments with hand washing

DIOCESE OF KUMBO

Caritas
Social Welfare Department
Kumbo

Please, wash your hands...

Caritas
Social Welfare Department
Kumbo

Please, wash your hands...
Before Meals

Please, wash your hands...
After Using the Toilet

Please, wash your hands...
Before Taking Medication

Please, wash your hands...
After Meals

Please, wash your hands...
Before Breast feeding

Please, wash your hands...
After Work

Please, wash your hands...
Before Cooking

Please, wash your hands...
After Playing with animals

Please, wash your hands...
Before Administering Medication

Please, wash your hands...
After Administering Medication

Please, wash your hands...
Before Changing baby napkins

Please, wash your hands...
After Shaking hands

Please, wash your hands...
Before Serving water

Please, wash your hands...
After Changing baby napkins

Please, wash your hands...
After Playing

MISEREOR
IHR HILFSWERK
PROGRAMME SPONSOR

KATA
KUMBO ASSOCIATION FOR
TECHNICAL ASSISTANCE (PARTNER ORGANISATION)

Annex 1b: Social welfare/Caritas Kumbo four steps to hand washing

DIOCESE OF KUMBO

Our Hands come into contact with a lot of germ and bacterial every moment !!!
Proper cleaning of the hands saves us from contracting many illnesses

Step I:
Wet your hands
with clean water !

Step II:
Apply Soap !

Step III:
Rub your hands
for at least 20
seconds !

Step IV:
Rinse your hands with
clean water and dry-up !

Partners: BISTUM LIMBURG, World Church Desk Diocese of Limburg, MISEREOR Aachen - Germany

References

- Trainers Participatory Hygiene and Sanitation Promotion Manual (Undated)
- Training Manual on Hygiene and Sanitation Promotion and Community Mobilization for Volunteer Community Health Promoters (VCHP) - undated



Basic Information about the program

Project Title

Forth phase of village pipe borne water supply programme and accompanying rural populations on water systems management and water safety measures 2017 - 2020 in the Diocese of Kumbo

Project Donor:

MISEREOR/Katholische Zentralstelle für Entwicklungshilfe e.V (KZE)
and the Diocese of Limburg

Project Implementation Unit:

Social Welfare Department/Caritas, Kumbo

Capacity Development Partner:

Vocational Centre for International Development (VCID)

