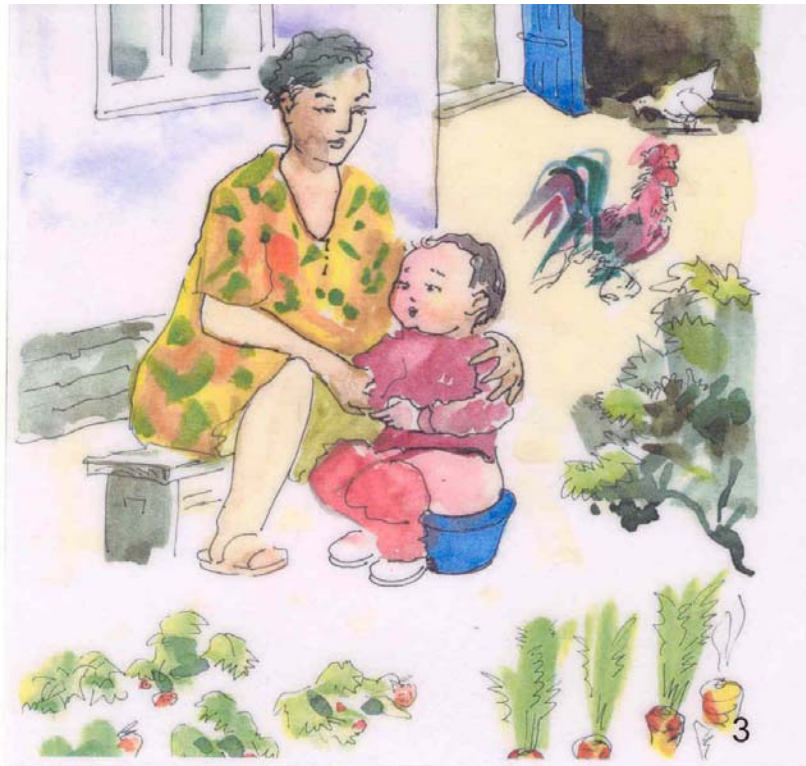
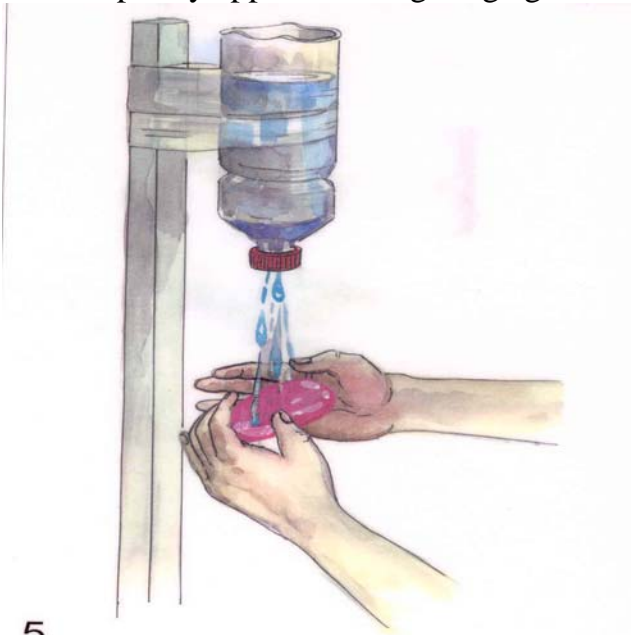


PHAST for an Emergency



(Participatory Hygiene and Sanitation Transformation)

Participatory approach in fighting against diseases with faecal-oral transmission



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Editor: Dr. Maigul Turatbekova
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PART I

INTRODUCTION

For decades, many developing countries have undertaken various hygiene programs with the help of international agencies. The objectives of the most of the programs have been an improvement of health status, decreasing morbidity and mortality caused by the communicable diseases, especially those in children. However the programs did not obtain the desired outcomes and, later on, the causes of those failures became clear. The causes were as follows:

- the information was delivered to people as lectures or presented as a directive, from “the top down”. Therefore, the information was not assimilated. It has been scientifically proved that people memorize:
 - 20% of what they hear;
 - 40% of what they hear and see;
 - 80% of what they hear, see and DO.
- the aspect of desires, interests, personal experience, the audience’s opinions and abilities to solve their problems on their own were not taken into account. In such cases people do not assimilate the highlighted problem as their personal one and do not consider themselves to be responsible for its solution even if it is health related.
- most people’s participatory efforts were not considered.

Consequently, specialists faced the following problems: “How should we present the information, how can we awake people’s interests, draw their attention to the causes of their own and their children’s diseases, how should we motivate people to take responsibilities for their health?”

In the 1970s the idea of a “participatory approach” to draw communities or groups to decision making and social problem solving planning processes appeared. This idea is considered the SARAR method (self-esteem, associative strengths, resourcefulness, action planning and responsibility). In the early 1980s the SARAR method was the basis for UN Development Program “PROWES” (Promotion of the Role of Women in Water Supply and Environment Sanitation Services). Over the years the method has experienced improvements and it was adjusted for use in a number of social and health situations. In 1993 in accordance with the joint program initiated by WHO, World Bank and USAID the SARAR method was applied to hygiene skills and improving sanitation in four African states, and called PHAST (Participatory Hygiene and Sanitation Transformation). The experience of programs which change the hygiene behaviour and sanitation services support, through this approach, led to good results in fighting faecally transmitted diseases.

The PHAST method can be applied to solving a number of health problems linked to behaviour and the environment, including diarrhoea and parasitic diseases, *Brucellosis*, *Echinococcosis*, *Viral Hepatitis* and *Malaria*. The method can be adjusted to deal with AIDS, alcohol and drug abuse as well.

THE BASIC IDEA OF A “PARTICIPATORY APPROACH” IS

- Participation in solving problems of not only one, two or three people, but those of a larger group of various age, sex, social origin and education, whose joint wish and interests have resulted in them all taking responsibility for changing their personal health, community situation and implementing these changes.

PHAST METHOD WITHIN THE FRAMEWORK OF AN EMERGENCY

PHAST is used for fighting against diseases related to unhygienic behaviour and dangerous sanitation conditions, namely, diarrhoeal diseases with faecal-oral transmission mechanism.

The goal for using PHAST is to **improve health**. This goal can be achieved by **changing the unhygienic behaviour** of people and the **creation of “safe” sanitation conditions**. PHAST is the tool that can be used to stimulate people to change their behaviour and create “safe” sanitation conditions.

THE BASICS OF PHAST METHOD:

- Joint revealing of health issues, connected with bad hygiene behaviour and hazardous sanitary conditions, during discussions;
- Cooperative analyses of these issues;
- Equal participation of people in discussions;
- Cooperative search for solutions to these problems;
- Solutions of problems with the help of joint efforts;

To help people to discuss their health problems as a group. To decide why they have these diseases and how they have each dealt with their illnesses. Why increasing their interest and level of understanding develops a sense of self confidence which contributes to their accepting more responsibility for their own health.

The role of PHAST trainers is:

- drawing people to discuss and analyze their health problems related to diseases with faecal-oral mechanism of transmission;
- helping to increase people’s knowledge of the causes of the spread of diarrhoeal and parasitic diseases and potential preventive activities;
- helping people to understand the link between personal health, personal hygiene behaviour and safe sanitary conditions;
- creating incentives for people to solve their health problems;
- helping people to take the responsibility for their own health.

This guideline is intended for PHAST trainers, and for those who deal with primary prevention as well.

MOBILISATION

Mobilisation is carried out by two master trainers in a small camp and three in a big camp. First, master trainers should arrange short meetings with people in several places of a camp. During a meeting trainers should:

- ❖ introduce themselves (who they are and which organisation they are representing)
- ❖ explain what the hygiene campaign is
- ❖ explain why (high density in the camp, resulting in disease)
- ❖ announce when the campaign is starting
- ❖ explain what PHAST means emphasizing the “participatory approach”
- ❖ the aim of PHAST programme (to improve adults and children’s health)

- ❖ how this programme is going to be implemented (trainers will conduct discussions with the camp dwellers about their health problems related to hygiene and sanitation and how to prevent diseases without medical assistance).

During the meetings give out the leaflets (if available).

Tell participants that you need about 10 people who would like to be trained on PHAST and work among the inhabitants as “volunteer camp trainers” during a month. Then conduct PHAST training for camp trainers during one day.

THE COMPOSITION OF CAMP TRAINING TEAM:

Quantitatively the composition can vary – that depends on the extent of interest of people to participate in health promotion. In selecting, it is preferable to include in the team people with higher education (preferably doctors and teachers), active, enthusiastic, motivated people, especially if they are respected among the people.

The basic criteria in selecting trainers are:

- wish to cover the course on PHAST and become a trainer;
- wish to deal with people for a year, and more - if needed;
- ability to communicate the information;
- ability to awake people’s interest;
- ability to bring people together

In preparing camp trainers for the course, it is recommended to enrol two trainers for every 200 camp population. These trainers, working 5 hours a day, would be able to complete PHAST for 10 people in one day. However the sessions must be broken up as concentration is difficult after one hour.

THE NOVICE TRAINER SHOULD:

- Make written notes on the most important details related to PHAST method during the course:
 - the sense of the method;
 - the goal of the work;
 - names of modules;
 - tasks for modules;
 - methodology of conducting sessions (how to start the class, develop the discussion, involve the people into the discussion, awake their interest)
- Thoroughly read the guideline and revise the information obtained in the course
- Make sure that you understood entirely the main idea of the work as a trainer and how the sessions should be conducted
- Conduct several sessions with the team of trainers
- Discuss mistakes, disadvantages in conducting the sessions within the team of trainers
- Conduct a few individual sessions with yourselves, friends or family members, to learn by practice the PHAST principles.

IMPORTANT POINTS IN THE TRAINER’S WORK

The PHAST trainer is not a teacher but a conductor between the goal of every session and participants. The trainer has to know the methodology of setting up sessions and the information to be delivered in discussion.

To achieve the goal of each session, the trainer has to be able to:

- draw people to participate actively at the PHAST session ;
- present the topic for discussion;
- draw all participants to do the modules and then to discuss problems actively;
- keep up the interest in the discussed topic;
- develop the discussion on the necessary topic
- facilitate the participants to come to the right conclusions after each module, not to take the wrong understanding.

1. HOW IT IS POSSIBLE TO AROUSE PEOPLE'S INTEREST

- Telling about PHAST the trainer should emphasize a “participatory approach” to solve problems.
- Tell the people about the intention of the meeting at each session. These intentions can be:
 - ❖ participatory approach to care about any participants’ children
 - ❖ participatory approach to identify health problems related to hygiene and sanitation
 - ❖ participatory approach to discuss the reason for contamination
 - ❖ participatory approach to identify hygiene behaviour
 - ❖ participatory approach to stop diseases transmitted through hands, soil, water, vegetables, fruits and other food
- Create friendly and free atmosphere during the sessions.
- **The trainer shouldn’t dictate** the information, **give the right answer directly** or **force the participants to take the trainer’s opinion.**
- **Let the participants themselves “achieve”** the key conclusions of the session.
- Encourage the participants to come for the next meeting, briefly explaining its topic.

2. HOW TO PRESENT THE TOPIC OF THE MODULE AND THE GOAL OF THE SESSION?

- Emphasize to participants’ the name of the module and the goal of the sessions which are clearly and accurately explained at the very beginning of the session
 - the goal of the session is described at the beginning of every module
 - the topic is specified in the title of every module.

3. HOW TO DRAW ALL PARTICIPANTS TO ACTIVE IMPLEMENTATION OF MODULES AND KEEP UP THEIR INTEREST TO THE TOPIC DISCUSSED?

- During the presentation involve as many participants as possible.
- **Let the participants do all activities themselves** (e.g. hang the “tool-kit” on the wall, make notes on the paper etc.).
- Distribute to the participants all the materials (pens, paper etc.) so that they can prepare their presentation more visually and interesting.
- Involve all the participants in the discussion giving questions to everyone.
- Listen to every participant’s opinion carefully and with interest.
- Neutralize the “dominating” participant via explaining the value of the common discussion and drawing his attention by an individual task.
- **Encourage** participation in the discussion and **any answer, even the wrong one.**
- At the end of the session ask participants what was the new information for them.
- Ask the participants to keep the most important material and notes so that they can revise the material when needed.

4. HOW TO DEVELOP THE DISCUSSION?

The discussion must be developed only after the presentation. Make questions so that they were informative and at the same time provoked the people to participate in discussion (ask more “open” questions).

- With the help of questions the trainer:
 - presents the information related to the topic of the session;
 - encourages people to discover their own health problems, solutions and other related matters;
 - focus participants’ attention on the main topic.

Discussion contributes to:

- awake interest in the topic of the discussion
- create mutual understanding among participants
- encourage better assimilation of the topic
- develop an internal analysis of the discussed topic
- awareness about the topic
- raise individual confidence
- raise self-esteem
- encourage personal responsibility

5. WHAT IS NEEDED TO LEAD PARTICIPANTS TOWARDS THE RIGHT ANSWER?

- The trainer has to have some medical knowledge
- The trainer has to know the basic idea of every picture of the PHAST tool-kit
- **Avoid explicit remarks as a response to wrong answers** of participants
- The trainer has to be able to develop the discussion even from a wrong answer, giving the answer back to audience as an offer: “Let’s discuss this point all together...” or, making out a task: “According to your point of view, in these conditions (give an example) you will do as follows (give an example)?”, “what will you do if...(give an example)?”
- If participants move aside from the basic idea of the topic discussed then they have to be directed back via asking questions, developing the discussion in the right direction
- Make joint conclusions
- At the end of session ask participants what new things they have learned from the session

6. WHAT CAN ENCOURAGE PEOPLE TO CHANGE BEHAVIOUR AND SANITATION FACILITIES?

To make people change their behaviour, habits etc., they must, apart from knowledge and understanding of the problem, have incentives to change. Below are examples of incentives for the sake of which a man might change. The trainer should use these aspects in his questions in sessions. For instance, he can ask this question: “Disease affects the physical and mental growth of children. Do you want your children to be tall and well-built?” or:

- Wish to live in an attractive and clean atmosphere
- Save money by spending less on medicine
- Feel respect from people
- Comfort
- Pleasant aroma
- Emotional experience (fear of getting sick, aversion to smell or infection etc.)
- In women: desire to have good looks and be liked by men

- In men: desire to be strong and be liked by women
- Desire to have healthy and pleasant children who live to adulthood
- Harmony in family
- Prosperity
- Dignity and self-respect

Apart from the listed incentives for changing there are others. Every person has his individual incentive to change behaviour.

7. WHAT DEVELOPS AND SUSTAINS RESPONSIBILITY IN PEOPLE FOR THEIR HEALTH?

- Being informed
- Increase comprehension and perception of the problem
- Incentives for changing
- Positive effect by surrounding people, verbal or real approval, e.g. a gift
- People's interest and checking progress (therefore the trainer, together with other participants, should be interested in progress of changes and evaluate them).

8. WHAT THE TRAINER SHOULD NOT DO:

- Manage participants in sessions
- Repetitively present the information as a lecture
- Carry out activities in a participant's place
- Give correct answers and decisions to the participants directly
- Directly give prompts or nudge the answer for the question.

9. COMMUNICATION SKILLS

In sessions, the trainer communicates verbally and non-verbally, with the audience. This contact is called interpersonal communication, - exchange of information between two or more people. To make the session fruitful, to keep the audience's attention and to lead the discussion, the trainer has to know:

a) Verbal communication is communication through words:

- Trainer has to be able to awake interest through conversation, express ideas and present the information so that all participants can understand the core of what the he is saying, using simple words and appropriate tone of voice
- Avoid mannerism in words

b) Non-verbal communication – this is communication through moves, gesture, glance, mimic and sounds.

In non-verbal communication it is important to:

- Make a pause at the beginning
- Use open gesture
- Avoid mannerism in gestures
- Set a visual contact with participants (see the whole audience, look at all participants)
- Be at the optimal distance for viewing the whole audience and so that people can hear the trainer well (distance is about 2-3.5 meters)
- Avoid monotony in voice

c) Values and perception

- Everyone has his own individual image on what is correct, desirable and useful. Therefore, in sessions it is preferable to apply questions to every participant, forming them so that they would express their point of view on the topic discussed. The trainer has to keep in mind that every person perceives only what he wants to hear and see. Therefore, before presenting information the trainer has to know what the participant's life is, i.e. their problems, interests, routines and desires.

d) Conducting discussion

- In sessions the trainer should, through questions and discussion, provide participants with needed information and receive feedback, i.e. time to time the trainer should ask questions which revise what has been told. The trainer can thus define how far the participants have assimilated information.
- The trainer should form questions based on the goal of the session, so that the questions allow discussion on the basic idea of the topic.

These are the following types of questions:

- **“Open” questions** which suppose various answers. Open questions are used to identify participants' opinions. For example,
 - “What do you think of...?”
 - “What is benefit of ...?”
 - “What will you do if ...?”
 - “What will you treat if ...?”
 - “What are the positive activities about health that you can see in the pictures?” etc.
- **“Closed” questions** which suppose a single meaning answer “yes” or “no” or “I do not know”. As a rule it is impossible to develop discussion without “closed” questions. Therefore, in discussion, after asking a “closed” question you have to ask a relevant “open” question.

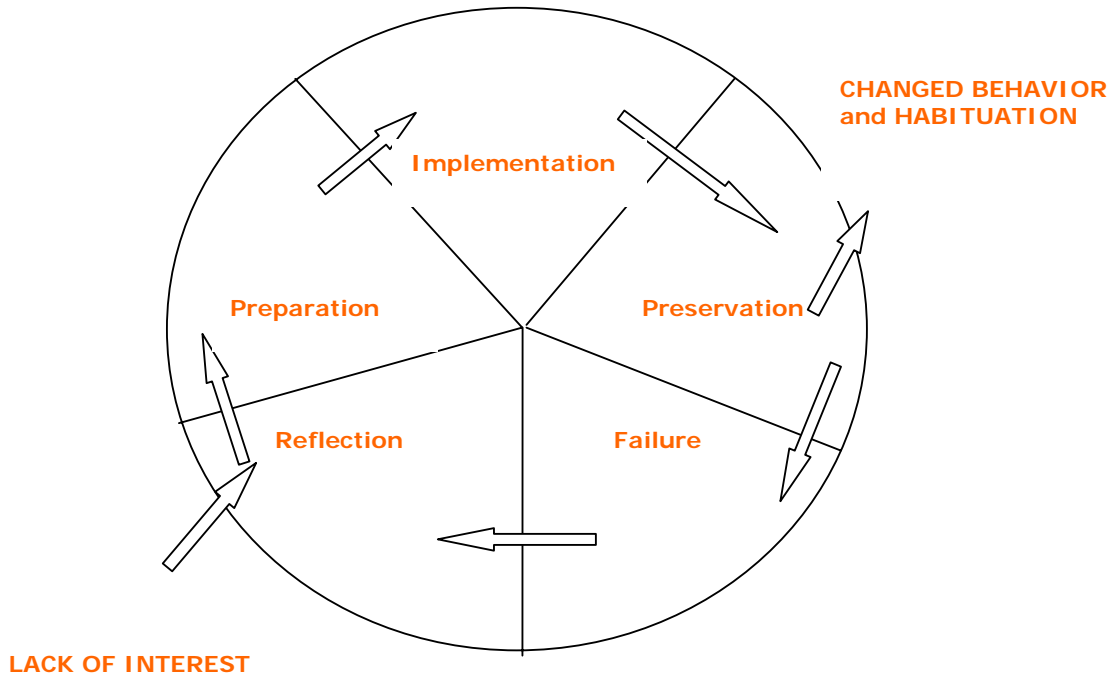
For example, “Would you like your children to be nice and intelligent?”- this is a “closed” question. **“What could you or what would you like to do for this?”**- this is an “open” question.

- **“Testing” questions** which suppose the determining the cause, motive of an opinion, action. For example,
 - “Why do you think that?”
 - “Why have you decided this?”

If in discussion the conflict arises, then it can be solved with the help of words, which reflect feelings and thoughts of the speaker. For example,

- “I understand your disagreeing... ”
- “I feel you are about to propose something different...”
- “You say this because ...?”
- **Active hearing** – this is showing you are listening to a person with the help of gestures and mimic (e.g. nodding etc.)

Stages of changing (Prochaska and De Climente's circle)



This circle shows stages, which are to be passed to change behaviour. The trainer leads all these stages. At the stage of “preservation” a trainee experiences stoic changing in behaviour. But still the “failure” is possible accompanied by losing interest. In such cases the trainer’s task consists of bringing the trainee back to the stage of “preservation” and contributes to changing behaviour.

MEDICAL INFORMATION

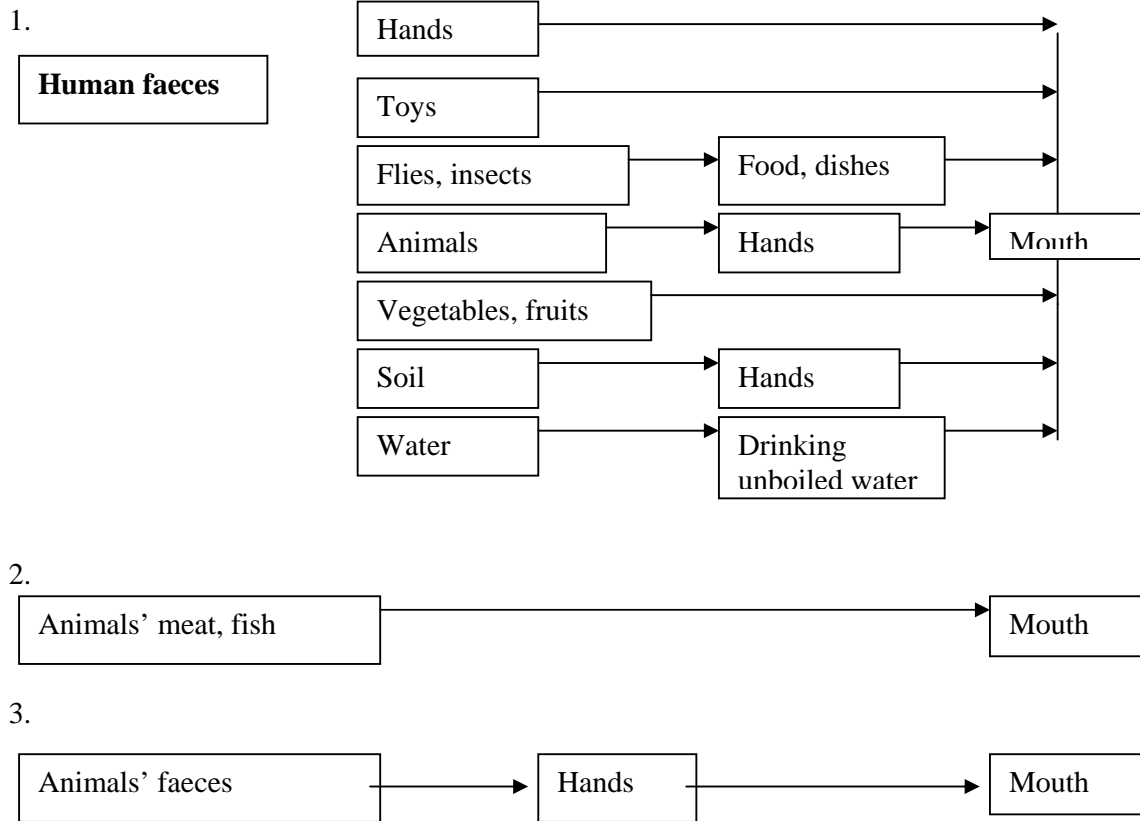
Infectious intestinal diseases are transmitted by hands, water, products, things (toys) and dishes. They include diarrhoeal and parasitic diseases (caused by helminths and protozoa), hepatitis A and E.

Infected people are the primary source of most infections. Infected faeces enter soil and water, then the pathogens fall on unwashed hands, infects dishes and other things as well as from unwashed fruits, vegetables and unboiled water.

Some parasites/helminths are transmitted in beef, mutton or pork, which have not undergone appropriate cooking, similarly dried and under baked fish.

In some cases the infection is spread by flies, insects and pets (dogs, cats, cows, sheep, hens etc.)

Scheme of transmission:



“DIARRHOEAL DISEASES” – this is a collective term for diseases appearing with diarrhoea (Dysentery, Salmonellosis, Typhoid Fever, Cholera, Campilobacteriosis, Esherichiosis, Cryptosporidiosis etc). Diarrhoea is liquid stool 3 and more times a day. Some parasitic diseases can also appear with episodic diarrhoea. Diarrhoea in children can lead to death due to dehydration.

In parasitic diseases the absorption of nutrients and vitamins in the intestine is broken which causes weakened immunity, slow mental and physical growth in children and anaemia.

HELMINTHIC DISEASES are divided into Geohelminthiasis, Biohelminthiasis and contact Helminthiasis. In first case eggs of helminths mature in soil. Infection occurs from swallowing eggs and larva. In all Geohelminthiasis man is the only source of infection. Biohelminths grow in the body of “intermediate hosts”- animals. Infection occurs in eating meat, which is not appropriately cooked. Contact Helminthiasis is transmitted from human to human in everyday contact (eg. Enterobiosis, Hymenolipedosis).

PART II

Practical Training

Step 1: Problem identification

Step 2: Problem analysis

Step 3: Selecting options for solutions

TWO STEPS TO A JOINT PLANNING OF DISEASE PREVENTION TRANSMITTED THROUGH HANDS, SOIL, WATER AND FOOD		
Step	Module	Tool
1. Problem identification	1. Family and community health problems related to hygiene and sanitation	
2. Problem analysis	2. Investigation of community hygiene practices 3. Good and bad hygiene behaviours 4. How diseases spread	2. Pocket-chart (washing hands, faeces elimination, defecation) 3. Three-pile sorting 4. Transmission routes
3. Selecting options for solutions	5. Blocking the Spread of Diseases with faecal-oral transmission	5. Ways of blocking

SESSIONS, MODULES, their ORDER and TOOLS

Sessions are divided into stages, and each session covers its particular modules. The modules should be delivered in accordance with stages as they are interrelated (in covering one step the participants discuss issues which are needed for covering the following step). If the order of the modules is not followed, problems with understanding and assimilation of the topic being discussed can happen. The **order of the “Steps” and modules should follow each other**. This manual consists of **3 Steps** which include **5 modules**. Each module has its own, intrinsic subject for discussion and its goal.

LIST OF MODULES PROPOSED FOR SCHOOLCHILDREN AND ADULTS

“family and community health problems related to hygiene and sanitation (for 7-11 grades and adults)

“Investigation of community hygiene practice” (for 1-11 grades and adults)

“Good and bad behaviours” (for 1-11 grades and adults)

“How diseases spread” (for 1-11 grades and adults)

“Ways of blocking” (for 1-11 grades and adults)

TRAINING TERMS AND CONTINGENT OF PARTICIPANTS

One pair of trainers can cover 150 people within 1 month. Considering local traditions, it is recommended to conduct PHAST sessions in three different groups: male, female and schoolchildren. In a small camp (200-500 people), trainers should at least consist of two men (for male groups) and four women (for female groups and schoolchildren). In a big camp (500 and more), trainers should consist of 4-6 men and 6-8 women.

The break in training different groups must not be long; trainers should try to cover all the groups within the same time. Actually, to achieve the work outputs the trainers have to carry out

intensive sessions and cover 75-80% of the population “simultaneously”, in short time periods, without prolonging the training for months.

- It is best for trainers to work in pairs
- Divide the camp by trainers
- It is better to conduct sessions with 10-12 participants. If the group is large then you can divide it into 2 small groups – and give the same modules to the each group (presentation is undertaken by one group and the second group makes comments)

In order to know how many families have been covered by PHAST it is recommended to register the family head’s name only one time at the first PHAST session. Then, just mark the number of modules completed by any member of the family. As for schoolchildren, they should also be registered once. It is recommended to summarise at the end of a month the total number of families and schoolchildren who have completed PHAST (from 1st (or 2nd for 1-6 grade schoolchildren) modules to 5th module).

TASKS OF CAMP PHAST TRAINERS:

- Helping people identify their health problems related to unhygienic behaviour and “hazardous” sanitation conditions
- Helping people analyze these problems and help people to understand how their health problems are related to behaviour and sanitation conditions
- Helping find possible solutions
- Motivating people in deciding to change their unhygienic behaviour

STEP 1

PROBLEM IDENTIFICATION

This step includes Module 1:

1. Family and community health problems related to hygiene and sanitation.

MODULE 1: FAMILY AND COMMUNITY HEALTH PROBLEMS RELATED TO HYGIENE AND SANITATION

DESTINATION OF THE MODULE

- Assist participants to identify:
 - health problems connected with human behaviour and water sources (diarrhoeal diseases and virus hepatitis A and E).

TIME

- 40 minutes

MATERIALS

Tools: Flipchart paper, markers

METHODS

First of all a trainer should explain to the participants the aim of their meeting and topic of the session.

Purpose:

- ❖ discussion and identification health problems in the participants’ families.

Topic:

- ❖ family and community health problems related to hygiene and sanitation.

DISCUSSION

1. Ask the participants: “what do you think good hygiene behaviour means?”
The answers should be written on the flipchart by the participants. If participants cannot answer this question, move to the next question.
2. “What kind of diseases can be linked to bad unhygienic behaviour?”
The answers should be written on the flipchart by the participants. If the participants cannot answer this question, move to the next question.
3. “What kind of diseases can be linked to latrines or a water source?”
The answers should be written on the flipchart by the participants. If the participants cannot answer this question, move to the next question.
4. “What are the common diseases our children usually have?”
The answers should be written on the flipchart by the participants. If the participants still do not mention diarrhoeal diseases, then move to the next question.
5. “Do you know what diarrhoea is?”
The answers should be written on the flipchart by the participants.
6. “Is diarrhoea a disease?”
7. If the answer “yes” for the above question, ask them:
“Could you describe some symptoms of diarrhoea?”
The answers should be written on the flipchart by the participants.
8. “Who of you or your children have had diarrhoea?”
9. “Do you think if it is possible to prevent diarrhoeal diseases without medical assistance?”
10. “Would you like to learn more about preventing diarrhoeal diseases or virus hepatitis A?”
11. Invite them and explain that at the next session they will be identifying hygiene practices.

COMMENTS

1. The description is presented not only by one team member but by several taking turns (trainer should involve as many participants as possible in the presentation to make it less boring for participants to be at the session)
2. Discussion will demonstrate to a trainer what lack of information on interrelation of health problems, human behaviour and sanitary conditions is the participants' problem. This will give a trainer an idea in which direction should the discussion be led next time in order to meet the group's lack in knowledge.
3. When people identify at the minimum diarrhoeal diseases, then the trainer may summarise the session and finish.

INFORMATION FOR MASTER AND CAMP TRAINERS

Hygiene behaviour means measures taken to prevent human infectious diseases. To prevent faecal oral transmitted diseases (diarrhoeal and parasitic diseases and Virus Hepatitis A and E), the notion “hygiene behaviour” includes the following:

- hand washing with soap, especially after visiting a latrine, before meals, feeding children, cooking, breast feeding
- drinking of boiled or chlorinated water
- defecation in the latrines
- safe faeces disposal
- safe water handling

All these above-listed measures are considered to be good hygiene behaviour. There are some other forms of hygiene behaviour. Any human behaviour that prevents him from getting infections can be called hygiene behaviour.

Sanitation includes everything that surrounds a person and can cause hazards for a person to be infected. For instance, such objects as latrine and water sources can also be referred to as sanitation. If water is infected, a person can become infected with a disease when drinking this water. If latrines are full of flies which then settle on food, a person can be infected by eating this food.

STEP 2

PROBLEM ANALYSIS

This step consists of 5 modules:

Investigating community practices: reveals present forms of human behaviour and allows participants to analyze this data.

Good and bad hygiene behaviours: discovers the level of people's understanding of bad and good hygiene behaviours; reveals present forms of behaviour; presents information about hygiene behaviour; reveals affects of behaviour on health.

How diseases spread: reveals level of knowledge among the population about faecal and oral mechanism of infections; helps understand ways of transmission; provides information about interrelation of good and bad hygiene behaviours and human health.

MODULE 2: INVESTIGATION OF COMMUNITY HYGIENE PRACTICES

DESTINATION OF THE MODULE

- Reveal forms of hygiene behaviour in private life
- Start analyzing causes and forms of unhygienic behaviour

TIME

- 1 hour

MATERIALS

Tools: drawings in set 1: *variations of «washing of hands», «elimination of faeces» «defecation in a latrine and in the open»,.*

Pocket-chart

Paper tokens

METHODS

a) HABITS OF WASHING HANDS

Announce the purpose of the meeting and its topic

Purpose: Reveal forms of hygiene behaviour in private lives of people

Topic: "Investigation of community hygiene practices"

2. Put pocket-chart on the wall or clear space on the floor
3. Use the vertical row, place drawings with various images of washing hands in a stream, using a jug with soap, without soap and heading card «*hands not washed*».

POCKET-CHART WITH PICTURES

Trainer asks a question: «**What did you do after the last visit to the latrine or after latest contact with children's faeces?**»

Insert the following cards:
washing hands using a jug with soap
washing hands using a jug without soap
washing hands in a stream
hands not washed

4. Distribute one colourful paper token to participants for their voting.
5. The pocket-chart should be placed in such a way to allow voting process to be secret (turn it on the other side to face the participants or hang it in another room) to allow participants give frank answers to questions. Or ask the people to leave the tent and complete on the floor by bringing in one by one.
6. Trainer should not accompany a participant. The participant must hide the token behind the picture.
7. If participants do not understand how to vote, a trainer should demonstrate.
8. After finishing the process of voting count the number of tokens together with participants and write down these results in the notebook.
9. Ask one of the participants to announce results: how many of participants washed hands, did not wash, where and how they washed them.

DISCUSSION (examples of questions asked by trainer to participants):

1. Why do you think people washed hands after visiting latrines and after exposure to children's faeces? The answers should be written on the flipchart by the participants.
2. Why do you think some of you did not wash hands after visiting a latrine and after contacting children's faeces? The answers should be written on the flipchart by the participants.
3. Which of the above answers are the most important? Highlight the answers on the flipchart.
4. What is the difference between washing hands with soap or without it? The answers should be written on the flipchart by the participants.

b) PRACTICES OF FAECES ELIMINATION (conducted among young mothers)

POCKET-CHART WITH PICTURES

The trainer asks a question: «**How did you get rid of baby's faeces from a chamber-pot/basket after latest defecation of your child?** »

Insert the following cards:
Throw faeces from children's chamber-pot into a latrine
Throw faeces from chamber-pot outside/into the camp

1. Voting and summary as in “habits of washing hands” above.

DISCUSSION

1. What do you think is the reason why some of you threw children faeces away into your camp or outside? » The answers should be written on the flipchart by the participants.

c) WHERE WE DEFECATE

POCKET-CHART WITH PICTURES

1. The trainer asks a question: “**Where did you last defecate?**”

Insert the following cards:
defecation in a latrine
defecation in the open

1. Voting and summary as in “habits of washing hands” above.

DISCUSSION

1. In your opinion what is the reason people defecate openly outside but not in a latrine?

The answers should be written on the flipchart by the participants.

2. Which of the above-mentioned reasons are the most common in your opinion?

The answers should be written on the flipchart by the participants.

Summarize the session by asking participants:

1. What new information have you gained by taking part in this module?

2. Inform participants that the next lesson will be devoted to revealing hygiene behaviour.

MODULE 3: GOOD AND BAD BEHAVIOUR (hygienic and unhygienic behaviour)

DESTINATION OF THE MODULE

- Reveal ideas of participants about good and bad hygiene behaviours.
- Discuss present forms of good and bad behaviours among participants
- Assist participants in defining forms of hygiene behaviour
- Discuss how behaviour affects our health

TIME

- 1 hour

MATERIALS

- **Tools:** set drawings 2 of the three-pile sorting
- Heading cards with expressions «good for health», «bad for health» and «in-between»
- Flipchart, markers

METHODS

1. Announce the session's title to the whole group followed by its purpose - reveal and discuss common types of “good” and “bad” behaviours and their affects on our health.
2. Provide drawings from three-pile sorting to the group and give a task:
«Think and then sort drawings into three rows:
 - «**Good for health**» - drawings with actions which are useful for our health from hygiene’s perspective according to your opinion.
 - «**Bad for health**» - drawings consisting of actions that are bad for our health from hygiene perspective according to your opinion.
 - «**in-between**» - drawings with actions which are not good and at the same time not bad for our health. Heading card with «in-between» is also used in a situation when you are in doubt about your reply.
3. Ask one of the participants to hang the pocket-chart on the wall (or use a flat surface), put cards with words «good», «bad», «in-between» in the upper horizontal row of the chart.
4. Upon the completion of this task by the group, participants put drawings into pockets of the chart which correspond to heading cards with «good for health», «bad for health», «in-between» and share why they referred some of the drawings to one or another definition: «good», «bad», «in-between».
5. The trainer should involve all the participants into sharing their stories
6. After the presentation of the task the trainer initiates a discussion.

DISCUSSION (examples of questions asked by trainer at the session):

1. “Are there any other ideas or opinions?”
If there are some corrections coming from participants, discuss them together with the group giving one of the participants a chance to change drawings from one row to another according to these corrections.
2. "Why did you put this drawing in a row «good for health» or «bad for health» or «in-between»?" (this question concerns some debatable pictures, eg. some that demonstrate bad hygiene behaviour but participants placed them «good for health»).
3. “Which behaviour is considered as hygienic?”

COMMENTS

The trainer should, through discussion, lead the group to the right interpretations. For example if the group put a picture showing “good” behaviour under “bad” or “between”, the Trainer by means of questions – “why?” – should help them realize why it is “good” behaviour. Special attention should be paid to the drawings from which arose some disagreements among participants.

Trainer should remember that the main idea of each drawing is connected with good and bad hygiene behaviour of a person. During discussions, the trainer should lead the group to the main idea, for instance, participants do not possess sufficient knowledge and understanding of hygiene behaviour. Although, the trainer should direct the group to the main idea in some roundabout way – i.e. not saying openly what action is depicted on a drawing. If participants during their discussion went in a slightly different direction from the main idea, the trainer should draw their attention to the main action on the drawing formulating questions in the following way:

“What do you see on this drawing?”

“Who can remind us about the task for this module?”

“We should have divided pictures into these groups «good for health», «bad for health», «bad» and «good». Please, find on your drawings, actions that can affect our health: in a good way, bad way or in an in-between way (the trainer should put a stress on the work «health»)”.

“Is it possible to interpret this drawing in a different way?”

Summarize the session by asking participants:

1. “What new information have you gained by taking part in this module?”
3. Tell participants that during the next session they will discuss disease transmission routes.

INFORMATION FOR TRAINERS

If participants have a hard time during discussions the trainer may wish to assist them but not by providing the main idea of the drawing directly or imposing on them his opinion. Instead, the trainer should ask questions to make participants think, gradually guiding them to the correct understanding of an action depicted on the drawing.

Main forms of hygiene behaviour:

- Washing of hands with soap after visiting a latrine
- Washing of hands with soap after contacting children's faeces
- Washing of hands with soap after contacting animals
- Washing of hands with soap before food preparation and meals
- Washing of children’s hands after they play outside
- Using washed vegetables and fruit
- Using of boiled or chlorinated water for drinking
- Defecating only in a latrine
- Disposing children's faeces from a chamber pot into a latrine
- Scooping of water from a bucket with a long handled dipper to prevent touching water with fingers
- Nail-cutting
- Safe refuse disposal

Unhygienic behaviour:

- Eating of food with unwashed hands
- Eating unwashed vegetables and fruit
- Use of unchlorinated or unboiled water for drinking
- Drinking of water from a river
- Defecation in the open (eg. in the camp) or next to a water source (eg. river)
- Discharging of children's faeces on to the ground
- Touching water with fingers when scooping it from a bucket
- Discharging used water to the ground creating a puddle

Remember that a trainer knowing all these forms of good and bad hygiene behaviours should lead participants with the help of a discussion to a clear understanding and realization of these forms of behaviour. In no case should the trainer list all of them himself. They should give a chance to participants to discuss and analyze these forms of behaviour by themselves.

MODULE 4: HOW DISEASES SPREAD

DESTINATION OF THE MODULE

- Discuss faecal-oral mechanism of infections
- Show participants visual correlation between bad behaviours and infestation

TIME

- 1 hour

MATERIALS

- **Tools:** set of drawings 3 «Transmission routes» and arrows
- Flipchart or large sheets of paper (if necessary)
- Markers, scotch tape (if necessary)

METHODS

1. At the beginning of the session the trainer should ask:
 - What new information have participants learnt during previous session?
2. Tell the group the purpose of the meeting and then the title of the module.
Purpose of the meeting is:
 - ❖ Determine the routes of how infections travel from faeces to a human's mouth and then down to the intestine
 - ❖ Discuss these transmission routes of infections together with the group.
3. Distribute to participants all the necessary material for this session.
4. Show participants 2 drawings; one with faeces and second with mouth. Give them a task:
“Discuss all the drawings of this set and make a chart of possible transmission routes of infection that travel from faeces through the human mouth to the intestine”.

Comments: The task can be completed on a large sheet of paper drawing arrows between pictures for depicting transmission routes or right on the table if there is no flipchart.

5. When participants have prepared their chart, ask them to present it giving explanations.
6. The trainer should involve all the participants in telling the story
7. After presentations of the completed task the trainer should encourage a discussion.

DISCUSSION

1. “Are all the participants agreed with the presented solution? What additions do you have?”
If there are any corrections coming from participants, allow them to make changes to the given answers.
2. “Why faeces can have pathogens (infections)?”
3. “Under what circumstances can an infection from faeces get into a human body?”
4. “Under what conditions can an infection get from a water source to a human body?”
5. “Please, describe the route that an infection travels from soil to a human body”
6. “Could you please identify what is the connection between these routes and people’s behaviour?”
7. “Please name diseases that you know are transmitted to humans from dirty hands, water, food?”
Ask one of the participants to write down answers on the flipchart.
8. “Why do you think our children, mothers and fathers are sick with these illnesses?”
9. “What conclusions can you make from our session today?”

The trainer should make sure that all the participants understand the transmission routes.

Summarize the session by asking participants:

1. What new knowledge have you learnt today?
2. Inform participants that the next session will be devoted to ways of blocking the disease transmission routes.

COMMENTS

1. If participants were not able to determine all the transmission routes when they were completing their task independently, the trainer can assist the group in naming all possible routes of infections' transmissions during discussion.
2. The trainer should not prompt any options of transmission routes to participants directly.
3. Participants can make a different chart, their own chart of transmission routes for diseases. This is quite possible. The trainer should not say openly what is right and wrong. And they should not request a totally perfect chart. Though, if participants did not follow a logical connection for a lot of details, the trainer should discuss these drawings and with the help of leading questions assist participants in making more or less logical chart.

The trainer's primary task at this session:

Facilitate people to understand and realize the importance of washing hands after being exposed to human and animal faeces and before meals, after contact with animals or soil; importance of defecation only in a latrine and elimination of faeces into a latrine, usage of boiled water and washing fruits and vegetables.

INFORMATION FOR TRAINERS

An example of «transmission routes»:

1. First column of the transmission route chart:
 - Faeces with parasites
2. Second column of the transmission route chart:
 - Defecation in the open
 - Domestic animals defecating and drinking
 - Unsafe disposal of faeces to the garden

3. Third column of the transmission route chart:

- Water contaminated by pathogens (infection)
- Contact of hands with infected soil in the garden
- Children eating unwashed fruit and vegetables, where there are human and animal faeces on the ground

4. The fourth column of the transmission route chart:

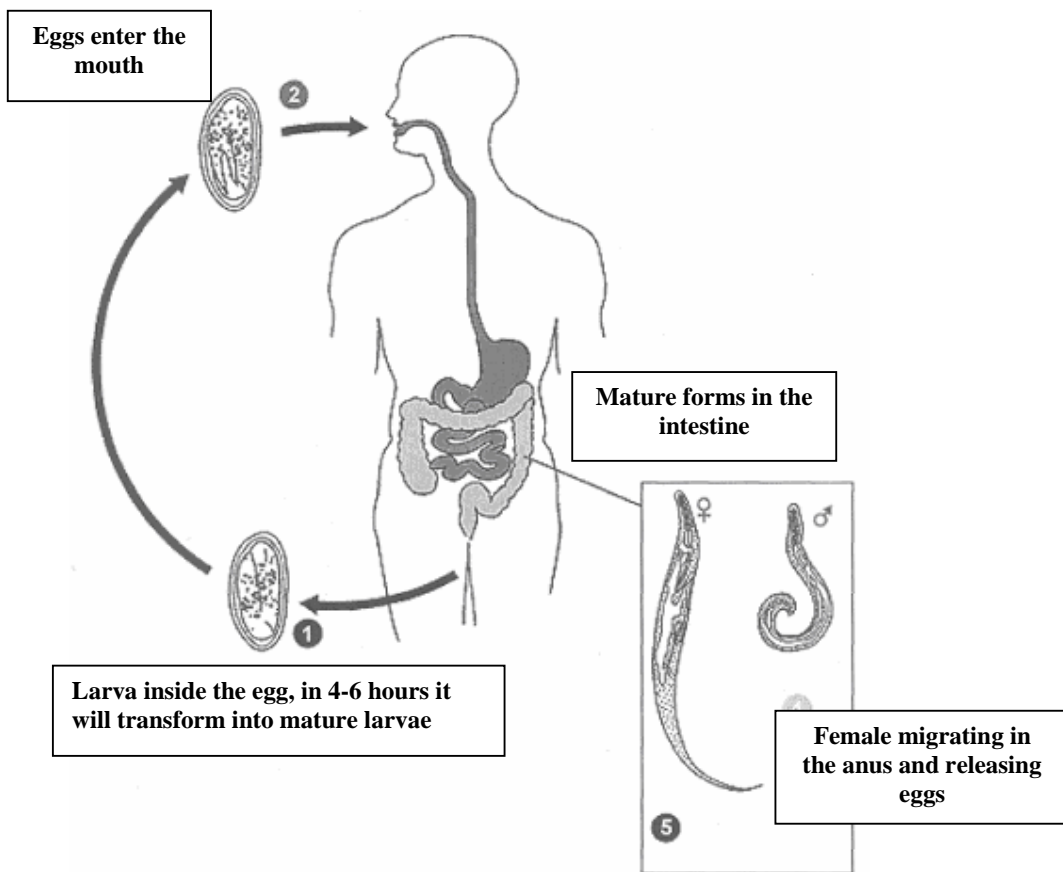
- Taking water from the stream
- Open window; flies enter through an open window, food on the table

5. The fifth column of the chart:

- Drinking raw water
- Dirty hands

6. The sixth column of the chart:

- Mouth



PREVENTION OF INFECTION

Diarrhoeal and parasitic diseases can be prevented through the following ways:

- ❖ Washing hands with soap after contacts with soil
- ❖ Washing hands with soap after visiting lavatory/latrine
- ❖ Washing hands with soap after other contact with human or animal's faeces
- ❖ Washing hands with soap before eating, cooking, and feeding children
- ❖ Washing vegetables, fruits before eating
- ❖ Boiling drinking water
- ❖ Chlorination of water (chlorine disinfects water during 24 hours, so that it is recommended to chlorinate water every day)
- ❖ Protection of water sources and safe water storage at home
- ❖ Defecation only in the latrines/lavatories, but not in the open
- ❖ Defecation straight to the pit in the latrine, but not on the floor of the latrine
- ❖ "Safe" latrines (with a ventilation pipe and at least 10 metres from a water source)
- ❖ Disposal of child faeces into the latrine
- ❖ Composting food waste and faeces
- ❖ Prohibiting the fertilization of plants with fresh human and animal faeces

Apart from this, parents should carefully watch their children so that they:

- Do not put fingers, toys or other things into mouth, especially when they are playing outside
- Wash hands after playing outside
- Do not take chewing-gums, candies etc. from other kids' mouths

STEP 3

SELECTING OPTIONS FOR SOLUTIONS

MODULE 5: METHODS OF PROTECTION FROM DISEASES WITH FAECAL-ORAL TRANSMISSION

DESTINATION OF THE MODULE

To identify methods to prevent the spread of faecal-oral diseases

TIME

- 1 hour

MATERIAL

- **Tools:** drawings set 4: «**Ways of Blocking**» and set 3 «**Transmission Routes**»
- Sticky tape

METHODS

1. Please tell the purpose of the meeting and the title of the module
The purpose of the meeting is:
 - ❖ identify methods of prevention from diseases spread through hands, soil, water and food
2. Distribute to participants drawings from the set «**Ways of Blocking**» and give them a task:
«On the previous session we discussed transmission routes of diseases. With the help of drawings "Ways of blocking", find protection methods by means of which it is possible to

block these routes. Drawings «Ways of blocking» put on the top of drawings «Transmission routes».

Comments: The task can be completed on a table or on the wall attaching drawings using tape.

3. After discussions and completing the module, ask participants to present their findings.
4. The trainer should involve all participants into presenting their material by taking turns
5. After the participants' presentation the trainer initiates a discussion.

DISCUSSION

1. Who has got any additions?
2. Repeat once again with participants each option for blocking ways separately asking them the following questions:
 - What should be done to avoid infection through vegetables and fruit?
Answers of participants are written down on the flipchart that is placed on the wall.
 - What should be done to avoid infection after playing with animals?
Answers are written on the flipchart.
 - What should be done to block an infection after touching the soil (for example, after working in a garden)? Answers are written down.
 - What precaution should be undertaken to block an infection through water? Answers are written down.
 - What should be done to prevent contamination of food and dishes from flies? Answers are written down.
 - What should be done to encourage children to wash vegetables and fruits before eating raw? Answers are written down.
 - How can we change children and adults to drink chlorinated or boiled water? Answers are written down.
 - How can we encourage children and adults to wash hands with soap after visiting the latrine, before eating or preparation of food, after contact with soil and animals?
3. Please tell which barriers can we create in our every day life?
4. What conclusion can you make from what you have learnt from this session?

Summarize the session by asking participants:

Can we protect ourselves and our children from faecal infections by our own means?

COMMENTS

1. In a case of an unclear connection between various drawings, a trainer should specify these moments by asking participants: could you please explain why did you place this picture right here?

ANNEX 1
SUMMARY INFORMATION FOR MASTER TRAINERS

- 1. Participatory Hygiene and Sanitation Transformation: PHAST Method**
- 2. Topic Earthquake Emergency: Diseases with Faecal-oral transmission:**
 - a. **Diarhorreal Diseases:** dysentery, Salmonellosis, typhoid fever, cholera, Esherichiosis
 - b. **Virus Diseases:** Hepatitis A and E
 - c. **Parasitic Diseases:** Enterobiosis, Ascariasis, Giardiasis and others
- 3. Monitoring PHAST:**
 - a. **1st Round:** baseline data
 - b. **PHAST- intervention**
 - c. **2nd Round:** proving data
- 4. Method of Verification: examples:**
 - a. **Household survey questionnaire**
 - b. **Laboratory stool sample examination**
 - c. **Statistical data:** eg from Basic Health Unit, hospital outpatients record etc
- 5. The PHAST Method:**
 - a. **Is NOT LECTURING OR DICTATING!**
 - b. **It is eliciting the answer from the participants by questions**
- 6. The Basics of PHAST: see page 3**
- 7. The Role of the Trainers: see page 3**
 - a. **People can memorise:**
 - i. **20% of what they hear**
 - ii. **40% of what they hear and see**
 - iii. **80% of what they hear see and DO!**
- 8. Community Mobilisation: (1 day)**
 - a. **Two Master Trainers: small camps**
 - b. **Three Master Trainers: large camps**
 - c. **AIM:**
 - i. **To inform people of the start of the PHAST programme, 1/3rd of a day**
 - ii. **To explain the purpose of the PHAST programme, 1/3rd of a day**
 - iii. **To get people interested in the PHAST programme, 1/3rd of a day**
- 9. Camp Trainers' Training (2 days):**
 - a. **To select the right people for Camp Trainers, and conduct their training during two days**
 - b. **Master Trainers should inform the Camp Trainers:**
 - i. **Camp Trainers should complete the training of the camp people within one month of start**
 - ii. **Master Trainers should give practical advice: see page 11, section 2 & 3**
 - iii. **Registration of families trained by Camp Trainers;**
 - iv. **Registration of schoolchildren trained by Camp Trainers;**
 - c. **Reporting Forms after PHAST Training and Supervision Visits: for Master Trainers to complete**

10. Faecal transmission route: see page 10

11. Key Hygiene Behaviour is:

- a. hand washing
- b. drinking of boiled or chlorinated water
- c. defecation in the latrines
- d. safe faeces disposal
- e. safe water handling
- f. protecting food from flies etc

ANNEX 2

ACTION PLAN

When people complete all the five modules, ask them:

ANNEX 3

PREVENTION OF SCABIES

MOBILISATION

During the community mobilisation the master trainer should explain:

- ❖ that within the current hygiene campaign there is a short programme on a skin infection disease that the trainer would like to discuss with the camp dwellers.
- ❖ explain why this programme is included in the current hygiene campaign (high density in the camp, deficit of hot water and some other supplies, resulting in skin disease)
- ❖ the aim of the programme (to help people protect themselves from infectious skin disease)
- ❖ announce when and where the session is supposed to be held and who will conduct it (master or camp trainers)

MODULE: “SCABIES”

DESTINATION OF THE MODULE

To identify Scabies

To identify the ways of spreading of Scabies

To identify the ways of blocking (protection)

TIME

- 1 hour

MATERIAL

- **Tools:** drawings set A «**Transmission Routes**» and drawings set B «**Ways of Blocking**»
- Pocket-chart or flipchart with markers and “arrows”
- Flipchart

METHODS

PART ONE of the module:

1. “Would you like to start protecting your children and yourselves from skin diseases?”
2. “What kind of skin disease do people mostly have in the camp?”

When people identify Scabies, ask next question.

3. “Could you describe how Scabies appears?”
The answers should be written on the flipchart by the participants.
4. Show participants the drawings «**Transmission Routes**». Give them a task:
“Discuss all the drawings of this set and make a chart of possible Scabies transmission routes from a person with Scabies to a healthy person.”
5. After their discussion and completing the module, ask them to present their findings.
6. The trainer should involve as many participants as possible into their presentation.

SUMMARISE the first part of the module by asking participants:

1. “Who has got any additions?”
2. Briefly repeat the ways of transmission:
 - Hand to hand
 - Through a bed-linen
 - Through clothes
 - Through personal things such as a towel and flannel etc.

PART TWO of the module:

1. Show participants the drawings «**Ways of Blocking**». Give them a task:
«With the help of drawings “Ways of blocking”, find protection methods by means of which it is possible to block these routes. Drawings «Ways of blocking» put on the top of drawings «Transmission routes».
2. After discussions and completing the module, ask participants to present their findings.
3. After the participants' presentation the trainer initiates a discussion.

DISCUSSION

1. “Can you block transmission by yourselves?”
2. “What should be done to avoid infection through hand to hand?”
The answers should be written on the flipchart by the participants.
3. “What should be done to avoid infection through a towel or flannel?”
The answers should be written on the flipchart by the participants.
4. “What should be done to avoid infection through bed linen?”
The answers should be written on the flipchart by the participants.
5. “What can you do to arrange hand washing in the camp?”
6. “What can you do to arrange a hot shower for your children and yourselves in the camp?”
7. “Do you know where in the camp you could iron your clothes?”
If people don’t know where they can iron the clothes, give them the direction.
8. “What conclusion can you make from what you have learnt from this session?”
9. “Where do you should apply in case of Scabies?”

The trainer should encourage people to apply to a doctor. If there is no medical unit in a camp, the trainer should know the nearest camp with the medical unit in order to give this information to the participants.

COMMENTS

1. If participants have difficulties to identify Scabies as the main problem in the camp or to identify the ways of transmission and blocking, the trainer should help them asking questions in a way of tip (**remember** that a trainer should not dictate or give the right answer directly!).

INFORMATION FOR TRAINERS

An example of «transmission routes»:

1. First column of the transmission route chart:
 - Boy's stomach and hands with scabies rash
2. Second column of the transmission route chart:
 - Children playing with the same toys, shaking and holding hands
 - Sleeping in one bed with a person with Scabies
 - Using the same towel with a person with Scabies
 - Using the same flannel with a person with Scabies
 - Cloth: a shirt, underpants and trousers.
3. Third column of the chart:
 - Boy's body free of Scabies

Hygiene behaviour to block the contraction of Scabies («ways of blocking»):

- Hand washing with soap
- Body washing
- Ironing the clothes, bed linen
- Using only individual towels and other personal things

ANNEX 4

PREVENTION OF ARI

MOBILISATION

During the community mobilisation:

- ❖ the master trainer should explain that within the current hygiene campaign there is a short programme on Respiratory Infection
- ❖ tell people that the reason for this programme is the thousand cases of Acute Respiratory Infection (ARI) in the camps
- ❖ ask the camp dwellers if they would be interested to participate in a session.
- ❖ the aim of the programme (to help people protect themselves from ARI)
- ❖ announce when and where the session is supposed to be held and who will conduct it (master or camp trainers)

DESTINATION OF THE MODULE

To identify symptoms of Acute Respiratory Infection (ARI)

To identify the ways of spreading of ARI

To identify the ways of blocking (protection)

TIME

- 40 minutes

MATERIAL

- **Tools:** drawings set C «**Transmission Routes**» and drawings set D «**Ways of Blocking**»
- Pocket-chart or flipchart with markers and “arrows”
- Flipchart

METHODS

PART ONE of the module:

1. “What do you know about symptoms of ARI? Could you give some examples?”
The answers should be written on the flipchart by the participants.
2. “What do you usually do in case of ARI?”
The answers should be written on the flipchart by the participants.
3. Show participants the drawings «**Transmission Routes**». Give them a task:
“Discuss all the drawings of this set and make a chart of possible transmission routes of acute respiratory infection from a person with ARI to a healthy person.”
4. After their discussion and completing the module, ask them to present their findings.
5. The trainer should involve as many participants as possible into their presentation.

SUMMARISE the first part of the module by asking participants:

1. “Who has got any additions?”
1. Briefly repeat together with the participants the ways of transmission:
 - Through hands
 - Sneezing

PART TWO of the module:

1. Show participants the drawings «**Ways of Blocking**». Give them a task:
«With the help of drawings “Ways of blocking”, find protection methods by means of which it is possible to block these routes. Drawings «Ways of blocking» put on the top of drawings «Transmission routes».
2. After discussions and completing the module, ask participants to present their findings.
3. After the participants' presentation the trainer initiates a discussion.

DISCUSSION

1. “Can you block transmission by yourselves?”
2. “Could you describe how infection can be contracted through hands.”
3. “What should be done to stop spreading in case of sneezing?”
The answers should be written on the flipchart by the participants.
4. “If a young mother has got flu, what she should do in order to protect her child from flu?”
The answers should be written on the flipchart by the participants.

5. “If your child under 1 year old has got flu, where do you should apply?”

The trainer should encourage people to apply to a doctor. If there is no medical unit in a camp, the trainer should know the nearest camp with the medical unit in order to give this information to the participants.

6. “What conclusion can you make from what you have learnt from this session?”

INFORMATION FOR TRAINERS

An example of «transmission routes»:

1. First column of the transmission route chart:

- A child with rhinitis, red eyes and high temperature

2. Second column of the transmission route chart:

- Open sneezing
- Shaking hands and then rubbing the eyes

Hygiene behaviour to block ARI («ways of blocking»):

- Hand washing
- Use of handkerchief
- Use of mask